



Private Bag x 82081, Rustenburg, 0300 • Tel: 014 590 1700 | 080 000 6942 • A/H Emergency 082 800 8727 • Email: plathealth@platinumhealth.co.za

EX GRATIA APPLICATION FORM

Purpose of the form:

An Ex Gratia application is considered in cases where members incur exceptional medical expenses not covered by the benefits available and/or the Rules of the Scheme and as a consequence the member has experienced, or is likely to experience, financial hardship.

- Please complete all the relevant sections of this form in BLOCK LETTERS.
- The application will only be forwarded to the Ex-gratia Committee for consideration if this form is completed in full and all the required reports, motivations and/or monetary quotes are attached.
- The Scheme's Ex Gratia Committee reviews the exceptional clinical circumstances and extreme financial hardship of each individual application, while considering fairness to the overall membership. As ex gratia is discretionary, the decisions made will not set a precedent, determine future benefits or affect Platinum Health rights in any way.
- It is important to note that your completion of the Ex Gratia Application form in no way implies that you will receive an Ex Gratia award, or that Platinum Health accepts any liability whatsoever for any amounts that you owe to any registered medical service providers. Any such amounts owing, therefore remain your sole responsibility.
- Please attach all supporting documentation where deemed necessary
- The main member must physically sign all relevant sections. The main member must sign and date any changes.
- You will receive a letter confirming the Ex-gratia Committee's decision only after the BOT has finalised the matter.

Please complete this form in full and email the completed form with the relevant supporting documents to plathealth@platinumhealth.co.za

Supporting documents for your Ex gratia application

Supporting Documents	Tick if included with your application
The Main Member and/or Spouse's most recent salary slip or pension advice and one month's current bank statements	
All relevant and current clinical and supporting clinical information e.g. radiology, pathology, treating doctor/practitioner motivation	
Detailed cost effective quotes on the treatment requested or if retrospective, current account statement and relevant claims	
Motivation for application by member	

Date of application:

C	C	Y	Y	M	M	D	D
---	---	---	---	---	---	---	---

Basis for your request:

Financial hardship	Exceptional circumstances	Both
-----------------------	------------------------------	------

Medical scheme number:

--	--	--	--	--	--	--	--	--	--

MEMBERSHIP DETAILS - main member

Name of Member:

Scheme Option: Age:

ID Number:

Number of dependants:

Ages of dependants:

Employer: Workplace:

Cell Number: E-mail:

Previous Ex Gratia: YES NO Amount:

BENEFICIARY/PATIENT DETAILS:

Name of Beneficiary/Patient:

Dependent Code: Date of Birth:

PH Address:

Tel no (Home): Tel no (Work):

Cell Number: E-mail:

MOTIVATION FOR APPLICATION (to be completed by member)

(Please be specific and clear)

- Kindly explain why you are applying for an ex gratia consideration
- All motivation, explanations and reasons should be attached. List all the documentaion you are submitting with your ex gratia application, for example Healthcare Professional's report or X-rays or test or scans.

DIAGNOSIS:

Date of Diagnosis:

Cost involved (rand value)

- Kindly attach quotations or invoices or treatment plans or all of these
- Approximate figures will not be accepted

MEDICAL REPORT (to be completed by a registered medical service provider)

How long have you treated the patient?

C C Y Y M M D D

DIAGNOSIS:

Medical Diagnosis:

[Empty text box for Medical Diagnosis]

ICD 10 Code:

[Empty boxes for ICD 10 Code]

Comments: (Severity & prognosis)

[Empty text box for Comments]

MEDICAL/SURGICAL HISTORY

History: (Past examinations/Diagnosis/Procedures/Functional Status)

[Empty text box for History]

TREATMENT REQUIRED/WHY DO YOU BELIEVE PLATINUM HEALTH SHOULD APPROVE THIS REQUEST?

[Empty text box for Treatment Required]

DOCTORS ASESSMENT AND OPINION ON THE EXCEPTIONAL MEDICAL CIRCUMSTANCES TO BE CONSIDERED

[Empty text box for Doctor's Assessment]

Doctor's Name:

[Empty text box for Doctor's Name]

Signature:

[Empty text box for Signature]

Practice nr:

[Empty boxes for Practice nr]

Date:

C C Y Y M M D D

Tel no:

[Empty boxes for Tel no]

E-mail Address:

[Empty text box for E-mail Address]

FINANCIAL DISCLOSURE (to be completed by the member)

Gross Household Income and/or Pension per Annum (including wife/partner)

R0-R50K R50-R100K R100-R300K R300-500K R500-R750K R750K+

Number of family members who contribute to the household income: 1 2 3 4

Who is the breadwinner?:

Principal Member Band (category)

Note: The Scheme requires the following supporting documentation to confirm financial information:

Payslip 1 Month's bank statements

	MEMBER	SPOUS	TOTAL
Gross salary	R <input type="text"/>	R <input type="text"/>	R <input type="text"/>
Gross pension	R <input type="text"/>	R <input type="text"/>	R <input type="text"/>
Other income	R <input type="text"/>	R <input type="text"/>	R <input type="text"/>
Total	R <input type="text"/>	R <input type="text"/>	R <input type="text"/>
Total deductions	R <input type="text"/>		
Total net income	R <input type="text"/>		

GENERAL COMMENTS

Note: The Scheme reserves the right to ask for documentation that can confirm information captured in this form. Incorrect information that materially changes the application will be met with decisive action.



I,

Please print your name and by signing below, I hereby give permission for, acknowledge and/or agree to the following:

By my signature below, I agree to give Platinum Health consent to process my (and where applicable, my dependant's) personal information in terms of the Protection of Personal Information Act (No. 4 of 2013) for purposes of assessing and adjudicating this Ex-Gratia application. I confirm that I am legally competent to provide my dependant's personal information. Details of Platinum Health's privacy practices are set out in the Platinum Health privacy policy (located on Platinum Health's website).

- The ex-gratia Committee decides according to the merits of each individual case and the decision may not be used to justify a similar decision in future.
- The ex-gratia Committee does not have to approve the request.
- The ex-gratia Committee will base their decision on the information I have supplied.
- My (or my minor dependant's) doctor may provide clinical information regarding my/minor's condition to the Ex -gratia Committee
- Any information concerning this application will remain confidential at all times
- Platinum Health shall not accept responsibility for any act, errors or omissions, loss, damage or consequences of individual responses to the treatment authorised or not authorised for funding by the Scheme.

Signed at (town or city)

Date:

C	C	Y	Y	M	M	D	D
---	---	---	---	---	---	---	---

Signature of main applicant

Please only sign if information is true, complete and correct.

