

Bankmed Dispute Investigation Form 2024

(application to investigate a dispute)

Please use this form to apply to investigate a dispute.

Who we are

Bankmed (referred to as 'the Scheme'), registration number 1279, is a non-profit organisation, registered with the Council for Medical Schemes. Discovery Health (Pty) Ltd (referred to as 'the administrator') is a separate company and an authorised financial services provider (registration number 1997/013480/07) which takes care of the administration of your membership for the Scheme.

Purpose of the form

If you have escalated your complaints through the relevant channels with the administrator and are still unsatisfied with the outcome, or if you feel that the Scheme has not abided by its registered Rules or the provisions of the Medical Schemes Act, then you may lodge a dispute by completing and sending this form to Bankmed Medical Scheme as set out below.

What you must do

Please go through these steps:

- Familiarise yourself with the disputes investigation process below.
- Fill in the form in black ink and print clearly, or complete the form digitally.
- All relevant sections must be signed by the Principal Member. The Principal Member must sign and date any changes.
- Please return the fully completed and signed form to the Bankmed Compliance Department. The form may be received through any of the below avenues:
 - You can post the form to Bankmed, Private Bag X2, Rivonia, 2128. Please ensure that the form is in a marked envelope addressed to the Bankmed Principal Officer, or
 - You can email it to enquiries@bankmed.co.za, addressed to the Bankmed Principal Officer.
- **IMPORTANT:** Confidential and/or medical information attached to this form must be communicated to the correct address/email provided. Bankmed does not accept responsibility for sensitive information being sent to the wrong address or receipt thereof by unauthorised persons/parties.
- **Upon signing this application, you confirm that the information provided is true and correct.**

1. Dispute investigation process

1.1 Purpose of lodging a dispute

By completing this form, you are initiating an investigation of your dispute. Upon receipt of this completed form, the Scheme will facilitate the necessary investigation of your dispute and will provide you with a written outcome of the investigation.

1.2 Dispute investigation and response duration

While we endeavour to provide you with a response as soon as possible, the registered Rules makes provision for 30 days. Should we require a longer period to investigate and respond to your dispute, we will let you know.

1.3 Recourse of the dispute investigation outcome

If you are not satisfied with the outcome of the investigation, you may request that a disputes committee hearing be scheduled in response to the outcome of the investigation. Bankmed's Principal Officer will refer the matter to the disputes committee for adjudication in terms of Rule 30(3).

A written notice to convene the dispute committee meeting will be provided to all entities 21 days prior to such meeting, stating the date, time, and venue of the meeting (including electronic communication and virtual meetings facilitated by way of virtual meeting tools/software) and particulars of the dispute. The disputes committee may determine the procedure to be followed.

The decision taken by the dispute committee will be communicated to all parties in writing and where a further appeal arises, this must be lodged in writing with the Council for Medical Schemes, indicating the complainant's right to appeal in terms of Section 47 of the Act.

1.4 Contact the Council for Medical Schemes ("CMS")

- You may contact the Council for Medical Schemes at any stage of the complaints process but are encouraged to follow the internal Scheme process as described above to resolve your complaint before contacting the Council for Medical Schemes directly.

4. Consent by Principal Member to outside representation

I, _____, in my capacity as the Principal Member,
(full name(s) and surname as per ID/passport)

with ID/passport number:

hereby give consent to: _____
ID/passport number

to represent me in this dispute and any hearing that may arise from this dispute.

Signature of Principal Member:

Date:

Representative name (if applicable): _____

Representative's relationship to member: _____

Signature of representative:

Date:

5. Privacy Statement and Terms and Conditions

5.1. Privacy Statement

We process your personal information in accordance with the provisions of our Privacy Statement. Please read our Privacy Statement on the [Bankmed Website](#).

5.2. Terms and Conditions

The Bankmed Rules record your rights and responsibilities pertaining to your membership of Bankmed. They may change from time to time. You may ask us for a copy at any time or you can access it on the website www.bankmed.co.za

5.2.1. Giving and obtaining information

You must provide true, correct and complete information.

To consider your application to investigate your dispute, the information contained in this application form, as well as any supporting documentation, must be true, correct and complete.

We may obtain information about you from other relevant sources.

To consider your dispute application, you agree that we may obtain information about you from other relevant sources. These include any entity that is part of Bankmed, medical practitioners, financial advisers, credit bureaus or industry regulatory bodies. We may (at any time and on an ongoing basis) verify with the parties mentioned in this section that the information you provide on this application and in respect of any matter pertaining to or that arises during your membership of Bankmed, is true, correct and complete.

By accepting these Terms and Conditions and/or by providing personal information to us, you agree and give consent to the provisions of our Privacy Statement. If you do not agree or give consent to us using your personal information, we may not be able to provide our products or services to you.

5.3. Confirmation of acceptance of Terms and Conditions, and Privacy Statement

Please only sign if you have read and understood the terms and conditions, and privacy statement.

I, _____, in my capacity as the Principal Member,
(full name(s) and surname as per ID/passport)

with ID/passport number:

hereby confirm my acceptance of the terms and conditions, and Privacy Statement and declare that the information contained in this application form, as well as supporting documentation, is true, correct and complete.

Signed at: _____
(town or city)

Signature of Principal Member:

Date:

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