

2. Details of the case you want to refer to the Disputes Committee *(continued)*

Have you attempted to resolve this matter with the Discovery Health Medical Scheme directly? If yes, please provide the details of these attempts and give the name and contact details of persons you dealt with, where possible.

Please provide a short motivation of your expectations on the outcome of the review and why you are submitting this application to the Disputes Committee.

Main member's signature

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Date

Y	Y	Y	Y	M	M	D	D
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