



Contact details

Tel: 0860 101 252 • PO Box 652509, Benmore 2010 • www.retailmedicalscheme.co.za

# Request to reverse the payment of a claim that Retail Medical Scheme received and paid

## Who we are

Retail Medical Scheme registration number 1176, referred to as "the Scheme" 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). Discovery Health (Pty) Ltd administers Retail Medical Scheme.

## How to complete this form

1. Please use one letter per block, complete in black ink and print clearly.
2. Please ensure the main member signs and dates the form
3. Once complete, please email signed form to **claimsadjustments@discovery.co.za**

**When you sign this application, you confirm that you have read and understood the requirements and that the information is true and complete.**

### 1. About the main member

Title	<input type="text"/>	Initials	<input type="text"/>	Surname	<input type="text"/>
Identity number	<input type="text"/>			Date of birth	<input type="text"/>
Passport number	<input type="text"/>			Membership number	<input type="text"/>
Telephone (H)	<input type="text"/>	<input type="text"/>		(W)	<input type="text"/>
Cellphone	<input type="text"/>	<input type="text"/>		Fax	<input type="text"/>
Email	<input type="text"/>				

### 2. About the claim that you want to the Scheme to reverse

Details of the claim paid by the Scheme that you wish to be reversed:

Service date	<input type="text"/>
Practice number	<input type="text"/>
Claim reference number (if available)	<input type="text"/>
Healthcare service	<input type="text"/>
Amount claimed	R <input type="text"/>
Amount that the scheme paid	R <input type="text"/>

Please provide a brief explanation as to why you require the payment for this healthcare service reversed


### 3. Important information about your request to reverse payment of a claim

1. Please be aware that when we reverse the payment we made for this healthcare service, the healthcare provider may still hold you responsible for the payment of this amount.
2. You agree that when the Scheme reverses the payment we made to you or to the provider, we will not process or pay this claim again.
3. You agree that we let the healthcare provider know of your request to have this payment reversed. We may also give this confirmation to the healthcare provider in writing.
4. Note, all dental claim reversal requests will be reviewed by the Dental Mediation Services Department.
5. The Scheme reserves its right to decline an instruction to reverse a payment if the request is not justified or is for reasons that may be antiselective towards the Scheme. Should the Scheme decline your instruction to reverse a payment you may query this decision by using the Scheme's internal complaints process as detailed on our website.
6. Any misrepresentation of the reason/s for the reversal/s could lead to the termination of your membership.

Main member's name

Main member's signature

Date

Y	Y	Y	Y	M	M	D	D
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**Please do not sign an incomplete application form**