

Application for special payments made from the Medical Savings Account



Contact details

Tel: 0860 002 133 • PO Box 10436, Johannesburg, 2000 • www.sabmas.co.za

This is an application form to make special payments from the Medical Savings Account.

Who we are

SAB Medical Aid (referred to as 'the Scheme'), registration number 1209, is a non-profit organisation, registered with the Council for Medical Schemes.

3Sixty Health (Pty) Ltd, registration number 1978/001109/07, is an accredited administration and managed care service provider responsible for administration of your membership on behalf of the Scheme.

How to complete this form

1. Please use one letter per block, complete in black ink and print clearly.
2. Please fax this completed and signed form with any supporting documents to 010 593 2074 or email it to info@sabmas.co.za
3. To avoid any delays, please make sure that this application is completed in full and signed.

Please note: Prescribed Minimum Benefits (PMBs) claims may, in accordance with the Act, not be paid from the Medical Savings Account.

By signing this application, you confirm that the information provided is true and correct.

1. Patient details

Title	<input type="text"/>	Initials	<input type="text"/>	First name/s (as per identity book)	<input type="text"/>	
Surname	<input type="text"/>	Membership number	<input type="text"/>			
Name	<input type="text"/>	Relationship to principal member	<input type="text"/>			
Postal address	<input type="text"/>					
	<input type="text"/>					
	<input type="text"/>				Code	<input type="text"/>
Telephone (H)	<input type="text"/>	<input type="text"/>	Work	<input type="text"/>	<input type="text"/>	
Cellphone	<input type="text"/>	<input type="text"/>	Fax	<input type="text"/>	<input type="text"/>	
Email address	<input type="text"/>					

2. Claim details

Date of treatment	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name of supplier of treatment	<input type="text"/>						
Amount being claimed	R	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Practice number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Treatment description	<input type="text"/>						
	<input type="text"/>						
	<input type="text"/>						

Please make sure you read this important information before sending in your application.

1. Attach the original claim/s to this application form.
2. The approval of this application depends on the money you have accrued (the amount paid to your Medical Savings Account, less any claims paid) in your Medical Savings Account at the time we receive the claim.
3. If SAB Medical Aid approves your application, and you later decide to withdraw your SAB Medical Aid membership, you agree that you are responsible for paying SAB Medical Aid any amount still outstanding on your Medical Savings Account.
4. There are certain things you need to be aware of before you apply for a special payment from your Medical Savings Account:
 - The principal member must complete and sign this application form.
 - You need a valid claim to get approval for your special payment. The claim must be attached to this application form.
 - Special payments from your Medical Savings Account will only be considered if your Healthcare Provider is appropriately registered with

the board of Healthcare Funders (BHF). This means the Healthcare Provider must have a BHF practice number.

- Special payments from your Medical Savings Account must be for a valid and recognised medical procedure, treatment, or product, on the Comprehensive Option and in terms of the Scheme Rules.
 - We do not approve special payments on quotations, as you may only apply for a special payment for a procedure or treatment already received and not for future expenses.
 - Special payments from your Medical Savings Account cannot be made for procedures or substances, that may be considered harmful, for example, anabolic steroids and slimming substances.
 - Special payments from your Medical Savings Account always depend on an approval process.
 - Claims must be for a minimum of R100 (one hundred Rand).
 - If you have a waiting period, you cannot apply for a special payment from your Medical Savings Account.
 - If approved, the special payment from your Medical Savings Account will be made to you, the member, and not directly to the Healthcare Provider, as you will be responsible for paying the Healthcare Provider.
5. This payment, which we call a Medical Savings Account exception is made at the discretion of SAB Medical Aid. That is, SAB Medical Aid has the freedom and authority to decide whether or not to make the payment. Making the payment is optional and not a requirement of SAB Medical Aid.
6. SAB Medical Aid will not be held responsible for any consequences, (whether medical, financial or otherwise), that may result from the healthcare service you claim for. By having the healthcare service and accepting the “Medical Savings Account exception” funding decision, you may not hold SAB Medical Aid responsible for any claims for loss or damages that may for any reason be brought against SAB Medical Aid by you or any third party.

3. How to submit your application

Please fax this completed and signed form with any supporting documents to 010 593 2074 or email it to info@sabmas.co.za, or post to: SAB Medical Aid MSA Special Payments, PO Box 10436, Johannesburg, 2000.

Once we have reviewed this application, we will let you know our decision.

Signed at (town or city)

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Signature of principal member

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Please do not sign an incomplete application form