



Complaints Fax: 012-431 0608

Complaints Email: complaints@medicalschemes.com

COMPLAINT LODGED IN TERMS OF SECTION 47(1) OF THE MEDICAL SCHEMES ACT 131 OF 1998

I, the undersigned,

(full names of member)

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If acting on behalf of member,

(full names of complainant)

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Postal Address:	
Postal Address:	
Postal Code:	
Tel / Cell Number:	
Fax Number:	
E-mail address:	

Do hereby lay a complaint against:

Medical Scheme:	
Member Number:	
Benefit Option:	

On the grounds of:

(Please select the applicable category/s)

Unpaid / short paid accounts	<input type="checkbox"/>	Non payment of PMB ¹	<input type="checkbox"/>	Membership terminated/suspended	<input type="checkbox"/>
Information not received	<input type="checkbox"/>	Non payment of non-PMB	<input type="checkbox"/>	Waiting periods	<input type="checkbox"/>
Contributions / Benefits	<input type="checkbox"/>	Short payment of PMB	<input type="checkbox"/>	Broker conduct	<input type="checkbox"/>

¹ "Prescribed Minimum Benefits" refers to emergency medical conditions as defined or any other condition stipulated in annexure A of the Medical Schemes Act.

