

EX GRATIA APPLICATION FORM

A. IMPORTANT INFORMATION

An Ex-gratia benefit will only be considered by the Ex-gratia Committee subject to the Scheme's clinical protocols and guidelines.

This is a discretionary benefit for items and/or procedures not covered by the Scheme and/or benefits above the allocated annual benefit limit

An application must be completed per member or beneficiary applying for Ex-gratia.

The application will only be forwarded to the Ex-gratia Committee for consideration if this form is completed in full and all the required reports, motivations and/or monetary quotes are attached.

All applications for Ex-gratia under R1 000 will not be considered.

You will receive a letter confirming the Ex-gratia Committee's decision.

Please send completed forms via fax: **041 395 4590**, mail: **PO Box 1672, Port Elizabeth, 6000** or email: ex-gratia@medimed.co.za

B. APPLICANT DETAILS

[illegible]

C. CONDITION AND TREATMENT DETAILS FOR EX -GRATIA CONSIDERATION (to be completed by doctor)

Description of condition(s)	ICD-10 - Diagnosis Code(s)																			

Is/are the above condition(s) approved on the Pharmacy Benefit Management Chronic Medication Programme?

Yes

No

If yes, Chronic Medication Authorisation Number(s)

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ADDITIONAL MEDICATION BENEFIT REQUESTED FOR THE FOLLOWING:[illegible]

