Application to investigate a dispute 2026

Discovery Health Medical Scheme

Who we are
Discovery Health Medical Scheme, registration number 1125, is a not-for-profit organisation registered with the Council for Medical Schemes, and is the medical scheme that you are a member of. Discovery Health (Pty) Ltd, registration number 1997/013480/07, is a separate company and an authorised financial services provider and is the administrator and managed care organisation for Discovery Health Medical Scheme and takes care of the administration of your membership.

Contact us
Tel (members): **0860 99 88 77**; Tel (health partners): **0860 44 55 66**; **www.discovery.co.za**; PO Box 784262, Sandton, 2146;
1 Discovery Place, Sandton, 2196.

Purpose of the form

If you have escalated your complaints through the relevant channels and are still unsatisfied with the outcome, you have the option of either lodging a dispute by completing and sending this form to Discovery Health Medical Scheme, or lodging a complaint with the Council for Medical Schemes (CMS).

What you must do

Please go through these steps:

- Familiarise yourself with the disputes investigation process below.
- Fill in the form in black ink and print clearly or complete the form digitally. You can view the list of approved digital signature providers on **www.discovery.co.za**, under Medical Aid > Find documents and certificates > Application forms.
- All relevant sections must be signed by the main member. The main member must sign and date any changes.
- Please return the completed and signed form to the Benefit Compliance Review department through any of the following channels:
  - You can email it to **mydispute@discovery.co.za**
  - You can submit the form on **www.discovery.co.za** under Medical Aid > Get Help > Submit a document and follow the guided steps through our Virtual Agent
  - You can post the form to P.O. Box 786722, Sandton, 2146. Please ensure that the form is in a marked envelope addressed to the Benefit Compliance Review department.

Important information to note

The CMS can be contacted via email: **complaints@medicalschemes.co.za**, by calling the Customer care centre: **0861 123 267** or via their website: **www.medicalschemes.co.za**. You can view and read our Privacy Statement on **www.discovery.co.za** > Medical aid > **About Discovery Health Medical Scheme**.

1. Dispute investigation process

1. **Purpose of lodging a dispute**
   If you have escalated your complaints through the relevant channels through the Administrator and are still unsatisfied with the outcome, or if you feel that the Scheme has not abided by its registered rules or the provisions of the Medical Schemes Act, then you may lodge a dispute in terms of Scheme Rule 27.

   By completing this form, you are initiating an investigation of your complaint. Upon receipt of this completed form, we will investigate the matter and provide you with a written outcome of the investigation.

2. **Duration to investigate and respond to the dispute**
   While we endeavour to provide you with a response as soon as possible, the registered rules makes provision for 30 days. Should we require a longer period to investigate and respond to your dispute, we will let you know.

3. **Recourse of the dispute investigation outcome**
   If you are not satisfied with the outcome of the investigation, you may then request that a Disputes Committee Hearing be scheduled in response to the outcome of the investigation.

4. **Contact the Council for Medical Schemes ("CMS")**
   You may contact the Council for Medical Schemes (CMS) at any stage of the complaints process, but are encouraged to follow the internal Scheme process as described above to resolve your complaint before contacting the CMS directly. Members who wish to approach the CMS directly for assistance, may do so in writing to: Council for Medical Schemes Complaints Unit, Block A, Eco Glades 2 Office Park, 420 Witch-Hazel Avenue, Eco Park, Centurion, 0157 or email **complaints@medicalschemes.co.za**. Customer care centre: **0861 123 267** or website **www.medicalschemes.co.za**

Discovery Health Medical Scheme, registration number 1125, is regulated by the Council for Medical Schemes and administered by Discovery Health (Pty) Ltd, registration number 1997/013480/07, an authorised financial services provider.

2. Main member's details

Membership number

ID or passport number

Member's surname

Member's name

3. Details of the case you want to refer for a Scheme Rule 27 dispute process

Considering Discovery Health Medical Scheme rules, as well as the provisions of your chosen health plan, please give us an outline of your dispute. You can also include medical tests and other information you may feel necessary to support your case. Should the space below be insufficient, please feel free to add in additional pages of information.

Have you attempted to resolve this matter with Discovery Health Medical Scheme and/or the administrator directly? If yes, please provide the details of these attempts and give the enquiry reference numbers, 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 form for a Scheme Rule 27 dispute process.

Do you allege that one or more sections of the Medical Schemes Act has been contravened? Yes No

If the answer to the above is “yes”, please specify which sections you believe have been contravened:

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Do you allege that one or more sections of the regulations promulgated in terms of the Medical Schemes Act have been contravened? Yes ☐ No ☐

If the answer to the above is “yes”, please specify which regulations you believe have been contravened:

Do you allege that one or more provisions of the registered Discovery Health Medical Scheme Rules have been contravened? Yes ☐ No ☐

If the answer to the above is “yes”, please specify which rules you believe have been contravened:

Is a financial adviser assisting you Yes ☐ No ☐

If yes, is your financial adviser assisting you with this dispute? Yes ☐ No ☐

4. Consent by member to outside representation (if applicable)

I, ID or passport number

hereby give consent to ID or passport number

to represent me in this complaint and any hearing that may arise from this complaint. I also agree to Discovery Health (Pty) Ltd collecting and collating my relevant Personal Information from other relevant sources, including medical practitioners, contracted service providers, financial advisers, credit bureaus, entities that are part of Discovery Limited or industry regulatory bodies (“Sources”), any information in the public domain and further processing of such information to consider my dispute/complaint.

Representative’s name (if applicable)

Representative’s relationship to member

Signature of representative Date D D M M Y Y Y Y

5. Processing your personal information

By signing this form, you agree to Discovery Health (on behalf of Discovery Health Medical Scheme) collecting and collating my relevant personal information from external relevant sources, including medical practitioners, financial advisers, healthcare facilities, that pertain to my dispute.

Signature of main applicant Date D D M M Y Y Y Y

Please only sign if the information is true, complete and correct.