



Anglo Medical Scheme, reg. no. 1012 | Administered by Discovery Health (Pty) Ltd, reg. no. 1997/013480/07, an authorised financial services provider | PO Box 746 Rivonia 2128 | Call: 0860 222 633, WhatsApp 011 292 8797 | member@angloms.co.za; www.angloms.co.za

Application for special payments made from the Medical Savings Account

1. Main member details

Membership number

ID or passport number

Member's name

Member's surname

2. Claims Details

Date of treatment

Name of healthcare provider

Practice number Amount claimed R

Treatment description

Please read this important information before sending your application.

1. Print this form and complete it clearly in black ink, or complete it electronically by typing into the fields below.
2. If you complete the form electronically, you will need to apply your signature with a digital certificate, through an approved digital signature service provider. Learn more about the approved list of digital signature providers we accept.
3. Please attach the original claim(s) to this application form.
4. The approval of this application, is subject to the funds you have accrued in your Medical Savings Account (MSA) at the time we receive the claim. If the payment of the attached claim(s) is approved, it will be paid from your Medical Savings Account during the next claims payment run.
5. There are certain criteria that you need to be aware of before you apply for a special payment from your Medical Savings Account:
 - 5.1. The main member must complete and sign this application form.
 - 5.2. A valid account is needed to approve your special payment. The account must be attached to this application form. Special payment will not be approved on quotations, as you may only apply for a special payment for procedures or treatment already received – not for future expenses.
 - 5.3. Special payments from your MSA will only be considered for claims where the healthcare provider is appropriately registered with the Board of Healthcare Funders (BHF). This means the healthcare provider must have a BHF practice number.
 - 5.4. Scheme exclusions will be considered based on clinical evidence and Scheme Rules.
 - 5.5. Special payments from your MSA must be for a valid and recognised medical procedure, treatment or product.
 - 5.6. Special payments from your MSA for Prescribed Minimum Benefits cannot be requested.
 - 5.7. If you have a waiting period, you will not be allowed to apply for a special payment from your MSA.
 - 5.8. Special payments from your MSA are always subject to an approval process.
 - 5.9. If approved, the special payment from your MSA will be made to you, the member, and not directly to the provider, as you are responsible for ensuring payment of medical accounts.
 - 5.10. Claims must be for a minimum of R100 (one hundred rand).
6. The above decision, one that the Scheme terms an "MSA exception" is made on a discretionary basis.

Please address your application to:

MSA Special Payments, email member@angloms.co.za

Once we have reviewed this application, we will inform you of our decision.

Signature of main member

Date

Refer to our website for the AMS [Privacy Statement](#).