

SAMWUM+ED

Real Heritage. Real People. Real Health Care.

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CHECKLIST FOR EX-GRATIA REQUEST

CLM004

ITEM	YES	NO	NOT APPLICABLE
Summary of ex-gratia application	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ex-gratia application	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proof of income (member / dependant / spouse)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recent medical practitioner reports and motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Copies of related medical accounts / quotations (when applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical input by Manage care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Scheme opinion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Affidavits (when applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Copies of claims advices and shortfall statements (when applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Committee decision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other correspondence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Signature: _____

Date:

