WHAT DO YOU DO IF YOU HAVE A COMPLAINT AGAINST YOUR MEDICAL SCHEME

There are 4 easy steps to resolve a complaint:

1) COMPLAIN TO YOUR MEDICAL SCHEME

- Firstly contact your scheme by phone or write to the Principal Officer of the scheme giving him / her full details of your complaint.

- If you are not satisfied with the response from the Principal Officer, you can ask that the matter be referred to the Disputes Committee of your scheme.

- If you are not satisfied with the decision of the Disputes Committee, you can appeal against the decision within 3 months of the date of the decision, to the Council. The appeal should be in the form of an affidavit directed to the Council.

2) COMPLAIN TO THE REGISTRAR OF MEDICAL SCHEMES

- Your complaint must be in writing and detailing the following:
  
  Name and surname, membership number, benefit option, contact details and full details of the complaint with any documents or information that substantiates the complaint.

- The Complaints Adjudication Unit also provides telephonic advice and personal consultations, when necessary.

How complaints are resolved:

- The complaints Adjudication Unit will analyse your complaint and refer it to the medical scheme for a response within 30 days.

- After receiving the scheme’s response, the Unit will finalise the matter in the form of a ruling that binds both parties.

3) APPEAL TO COUNCIL

- If you are not satisfied with the decision taken by the Registrar’s office, you may lodge an appeal with the Council within 30 days of the decision.

- You may appear in person or through a representative and tender evidence or submit any argument or explanation to the Council in support of your case.
4) APPEAL TO THE APPEAL BOARD

- If you are not satisfied with the ruling made by the Council, you may appeal
  the decision within 60 days of the date of the decision. An amount of R 2 000
  is payable and depending on the outcome of the case it will be fully refunded.

- This is the final step in the complaints resolution procedures and the outcome
  thereof is binding on both parties.

HOW TO AVOID COMPLAINTS

1. Make sure you read and understand your scheme’s rules.

2. Study your benefit guide and familiarise yourself with the benefit option that you
   have chosen.

3. Read all the correspondence from your scheme, e.g. newsletters and statements.

4. Make sure your contributions are paid in full and on time each month.

REMEMBER

AVOID COMPLAINTS BY INFORMING YOURSELF

Complaints against medical schemes

Contact details:

Council for Medical Schemes (CMS)

Tel: 0861 123 267

complaints@medicalschemes.com

Complaints against healthcare providers (e.g. doctors)

Contact details:

Health Professionals Council of South Africa (HPCSA)

Tel: 012 338 9300

LegalMed@hpcsa.co.za
Complaints against nurses

Contact details:

South African Nursing Council (SANC)
Tel: 012 420 1000
registrar@sanc.co.za

Complaints against hospitals

Contact details:

Hospital Association of South Africa (HASA)
Tel: 011 478 0156
contact@hasanet.co.za