Customer Care Tel: 0861 123 267 **Complaints Email:** complaints@medicalschemes.com
Complaints Fax: 0866 732 466

COMPLAINT LODGED IN TERMS OF SECTION 47(1) OF THE MEDICAL SCHEMES ACT 131 OF 1998

Name and surname of member:

Name and surname of complainant: (applicable if complaint is submitted on behalf of member)

Postal Address:	
Postal Address:	
Postal Code:	
Contact Number:	
Fax Number:	
E-mail address[1]:	

Do hereby lay a complaint against:

Medical Scheme:	
Member Number:	
Benefit Option:	

Or:

Broker / Brokerage:	
Broker Number:	

Or:

Managed Healthcare Organization:	

[1] Kindly note that confidential and / or medical information will be communicated to the e-mail address provided. Please ensure that you provide the correct e-mail address for this purpose. The CMS does not accept responsibility for sensitive information being sent to the wrong address.

FACTS OF THE COMPLAINT:

Please provide a summary of the facts of the matter and attach any supporting documentation i.e. accounts, statements, doctor's reports, broker letters etc. to substantiate your complaint.

Please type here:

DETAILS OF DISPUTE RESOLUTION PROCESSES FOLLOWED WITH THE MEDICAL SCHEME / ADMINISTRATOR / MCO / BROKER:

Please indicate if you have followed all internal processes with the entity / person complaining against before approaching the Registrar's Office and if so, please provide details of the process followed.

Please type here:

WHAT RECOURSE DO YOU REQUIRE?

Please type here:

COMPLAINANT **DATE**