

Disputes process 2018

Who we are

TFG Medical Aid Scheme (referred to as "the Scheme"), registration number 1578, is a non-profit organisation, registered with the Council for Medical Schemes.

Discovery Health (Pty) Ltd (referred to as "the Administrator"), is a separate company who is registered as an authorised financial services provider (registration number 1997/013480/07), administers TFG Medical Aid Scheme.

Contact us

You can call us on **0860 123 077** or visit **www.tfgmedicalaidscheme.co.za** for more information.

How to lodge a complaint against TFG Medical Aid Scheme

You have right to lodge a complaint. To ensure we resolve each complaint appropriately and efficiently, please follow the process below:

1. Contact us on 0860 123 077 and speak to a consultant. Get a reference number for your complaint. Members living or working in the vicinity of a 'Walk-in member support centre' can visit one of these centres, which are situated in Cape Town, Centurion, Durban and Johannesburg.
2. If you are not satisfied with the outcome of your complaint, you can escalate your complaint to the Scheme's Fund Manager and the Principal Officer by contacting us on 0860 123 077. We will need your reference number when you first make contact with us or at least the names of the consultants who assisted you.
3. After this, depending on the nature of your complaint, they may refer your complaint to a medical panel for consideration. The medical panel may request that you submit a motivation and clinical evidence for your request. Email the Scheme at service@discovery.co.za with your submission or to follow-up on your complaint.
4. If you are not satisfied with the outcome, you can ask that the Scheme's Board of Trustees review the outcome of any decision they make.
5. If you need to take a matter further, you may request that the matter be referred to the Scheme's Dispute Committee by contacting the Principal Officer or by lodging your request with the Scheme at the contact number provided herein. This committee is an independent body that can review decisions taken by the Scheme's Board of Trustees and rule whether the decision is in line with the Scheme Rules and policies. They do not make discretionary rulings.
6. Should all efforts to resolve your complaint fail or the outcome of the matter not be to your satisfaction, you may refer the matter to the Council for Medical Schemes (CMS) as set out below:

Lodging your complaint with the Council for Medical Schemes

What?

The Council for Medical Schemes (CMS) is a statutory body established in terms of the Medical Schemes Act 131 of 1998 to provide regulatory oversight to the medical scheme industry. The CMS's vision is to promote vibrant and affordable healthcare cover for all

Why?

It is the primary mission of CMS to regulate the medical schemes industry in a fair and transparent manner and to:

- Protect the public, informing them about their rights, obligations and other matters, in respect of all medical schemes.
- Ensure that complaints raised by members of the public are handled appropriately and speedily.
- Ensure that all entities conducting the business of medical schemes, and other regulated entities, comply with the Medical Schemes Act.
- Ensure the improved management and governance of medical schemes.
- Advise the Minister of Health of appropriate regulatory and policy interventions that will assist in attaining national health policy objectives.
- Collaborate with other entities in executing our regulatory mandate.

Who?

The CMS governs the medical schemes industry and therefore your complaint should be related to your medical scheme. Any beneficiary or any person who is aggrieved with the conduct of a medical scheme can submit a complaint.

It is, however very important to note that a prospective complainant should always first seek to resolve complaints through the complaints mechanisms in place at the respective medical scheme before approaching the CMS for assistance as set out herein.

When?

When you need us! The CMS protects and informs the public about their medical scheme rights and obligations, ensuring that complaints raised are handled appropriately and speedily. We are for health.

How?

Complaints against your medical schemes can be submitted by letter, fax, email or in person at our Offices from Mondays to Fridays (08:00 to 17:00). The complaint form is available from www.medicalschemes.com

Your complaints should be in writing, detailing the following: Full names, membership number, benefit option, contact details and full details of the complaint with any documents or information that substantiate the complaint.

The CMS' Customer Care Centre and Complaints Adjudication Unit also provides telephonic advice and personal consultations, when necessary.

Our aim is to provide a transparent, equitable, accessible, expeditious, as well as a reasonable and procedurally fair dispute resolution process. The CMS will send a written acknowledgement of a complaint within three working days of its receipt, providing the name, reference number and contact details of the person who will be dealing with a complaint.

In terms of Section 47 of the Medical Schemes Act 131 of 1998, a written complaint received in relation to any matter provided for in this Act will be referred to the medical scheme. The medical scheme is obliged to provide a written response to the CMS within 30 days.

The CMS shall within four days of receiving the complaint from the scheme or its administrator, analyse the complaint and refer the complaint to the relevant medical scheme for comments.

You can contact the CMS

Customer Care Centre

0861 123 267

0861 123 CMS

Reception

Tel: 012 431 0500

Fax: 012 430 7644

General enquiries

Email enquiries: information@medicalschemes.co.za

www.medicalschemes.com

Complaints

Fax: (086) 673 2466

Email: complaints@medicalschemes.com

Postal address

Private Bag X34

Hatfield

0028

Physical address

Block A, Eco Glades 2 Office Park

420 Witch-Hazel Avenue

Eco Park, Centurion

0157