



The complaints procedure.



ENGLISH

For you. For health. For life.



WHO CAN COMPLAIN TO THE REGISTRAR'S OFFICE?

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 Council for assistance.

1. You can contact your scheme by phone or writing to the Principal Officer of the scheme, giving her/him full details of your complaint.
2. If you are not satisfied with the response from your Principal Officer, you can ask the matter to be referred to the Disputes Committee of your scheme.

3. 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.

Complaints can be submitted by any reasonable means such as a letter, fax, e-mail or in person at our Offices from Mondays to Fridays during 08:00 - 17:00. The complaint form is available on 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 substantiates the complaint.

The Council for Medical Scheme's Complaints Adjudication Unit also provides telephonic advice and personal consultations, when necessary.

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WHO CAN YOU COMPLAIN ABOUT?

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The Council for Medical Schemes governs the medical schemes industry and therefore your complaint should be related to your medical scheme.

If your complaint is related to any other aspect of the health industry, please visit the relevant websites:

- For complaints against Health Professionals (doctors) and allied health professional such as physiotherapists, occupational therapists etc - www.hpcsa.co.za or call **012 338 9300**
- For complaints against Private Hospitals - www.hasa.co.za or call **011 784 6828**
- For complaints against Nurses - www.sanc.co.za or call **012 420 1000**
- For complaints against Brokers - www.faisombud.co.za or call **012 762 5000**
- For complaints in respect of other health insurance products - www.osti.co.za (short term insurance ombudsman) or call **012 762 5000** or
- www.ombud.co.za (long term insurance ombudsman) or call **021 657 5000**

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TIME LIMITS FOR DEALING WITH COMPLAINTS



Our aim is to provide a transparent, equitable, accessible, expeditious as well as a reasonable and procedurally fair dispute resolution process.

The Registrar's Office will send a written acknowledgement of a complaint within 3 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 Registrar's Office within 30 days.

The Registrar's Office shall within 4 days of receiving the complaint from the administrator, analyse the complaint and refer a complaint to a medical scheme for comments.

Upon receipt of the response from the medical scheme, the Registrar's Office will analyse the response in order to make a decision or ruling. Decisions/rulings will be made within 120 working days of the date of referral of a complaint and communicated to the parties.

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THE REGISTRAR'S RULING AND APPEAL TO COUNCIL

Section 48 of the Act makes provision for any party who is aggrieved with the decision of the Registrar to appeal such a decision. This appeal is at no cost to either of the parties.

An appeal must be submitted within three months and should be in the form of an affidavit directed to the Council. The operation of the decision shall be suspended pending review of the matter by the Council's Appeal Committee.

The secretariat of the Appeals Committee will inform all parties involved of the date and time of the hearing. This notice should be provided no less than 14 days before the date of the hearing.

The parties may appear before the Committee and tender evidence or submit written arguments or explanations in person or through a representative. The Appeals Committee may after the hearing confirm or vary the decision concerned or rescind it and give another decision they deem to be just.

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THE SECTION 50 APPEAL'S PROCESS



Any party that is aggrieved with the decision of the Appeals Committee may appeal to the Appeal Board. The aggrieved party has 60 days within which to appeal the decision and must submit written arguments or explanation of the grounds of his or her appeal.

The Appeal Board shall determine the date, time and venue for the hearing and all parties will be notified in writing.

The Appeal Board shall be heard in public unless the chairperson decides otherwise.

The Appeal Board shall have the powers which the High Court has to summon witnesses, to cause an oath or affirmation to be administered by them, to examine them, and to call for the production of books, documents and objects.

The decisions of the Appeal Board are in writing and a copy thereof shall be furnished to parties. The prescribed fee of R2000.00 is payable for Section 50 Appeals.

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PRO BONO LEGAL SERVICES


The CMS, together with ProBono.Org have set-up a Pro Bono Panel for medical scheme members. Legal representatives will render free services to members of medical schemes who are in dispute with their funds and have suffered hardship or cannot afford their own legal representation in cases serving before the CMS Appeals Committee or Appeal Board.

Not all cases will be referred to the Pro Bono Panel. The CMS Legal Services Unit together with ProBono.Org will use their discretion to refer matters where members have clearly suffered hardship. Some of the considerations will include the monetary value involved as well as the condition the member suffers from.



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HOW TO AVOID COMPLAINTS AGAINST YOUR MEDICAL SCHEME

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1. Make sure you have read and understood your scheme rules.
 2. Study your benefit guide and familiarise yourself with the benefit option you have chosen.
 3. Read all correspondence from your scheme, e.g. newsletters and statements.
 4. Make sure your contributions are paid in full and on time each month.
 5. Remember: Avoid complaints by informing yourself!

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Contact the CMS.



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Customer Care Centre

0861 123 267 | 0861 123 CMS



Reception

Tel 012 431 0500

Fax 012 430 7644

www.medicalschemes.com



General enquiries

E-mail

information@medicalschemes.com



Complaints

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E-mail complaints@medicalschemes.com



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