



POLMED Client Service Call Centre: 0860 765 633

Postal address: Private Bag X16, Hatfield, Pretoria, 0001

Email: [polmedappeals@medicalschemes.com](mailto:polmedappeals@medicalschemes.com)

**COMPLAINT LODGED IN TERMS OF RULE 28 OF THE SCHEME RULES/SETTLEMENT OF DISPUTES AND COMPLAINTS**

**NAME AND SURNAME OF MEMBER:**

**NAME AND SURNAME OF COMPLAINANT:** *(The Third Party Consent form as required in terms of the Protection of Personal Information (POPI) Act must be completed and signed by the member/beneficiary – this is applicable if complaint is submitted on behalf of member/beneficiary).*

**MEMBER/BENEFICIARY DETAILS:**

Membership Number:	
Identity Number:	
Benefit Option:	
Dependant Code:	

**IMPORTANT:** *Kindly note that confidential and/or medical information will be communicated to the address/email provided. Please ensure that you provide the correct contact details (post/email/cellphone) for this purpose. POLMED does not accept responsibility for sensitive information being sent to the wrong address or receipt thereof by unauthorised persons.*

**CONTACT DETAILS:**

Postal Address:	
Postal Code	
Contact Number (Cellphone):	
Contact Number (Telephone):	
Email Address:	



**DETAILS/NATURE OF COMPLAINT:**

Please provide a summary of the facts of the matter and attach any supporting documentation i.e medical reports, claims, statements, applications, Scheme letters, etc.

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**DETAILS OF DISPUTE RESOLUTION PROCESSES FOLLOWED:**

Indicate what processes were followed before submitting this appeal.

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**WHAT RECOURSE DO YOU REQUIRE?**

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Complainant \_\_\_\_\_

Date

**RULE 28.6**

The complainant shall have the right to appeal to the Council for Medical Schemes (email: [complaints@medicalschemes.com](mailto:complaints@medicalschemes.com)) against the decision of the Complaints Dispute Resolution Committee.

Such appeal shall be in the form of an affidavit directed to Council and shall reach the Registrar not later than 3 months after the date on which the decision by the Disputes Committee was made.