

Disputes process

Who we are

Engen Medical Benefit Fund (referred to as 'the Fund'), registration number 1572, is a not-for-profit organisation, registered with the Council for Medical Schemes.

Discovery Health (Pty) Ltd (referred to as 'the Administrator') is a separate company and an authorised financial services provider (registration number 1997/013480/07). Discovery Health (Pty) Ltd takes care of the administration of your membership for the Fund.

Contact us

You can call us on **0800 001 615** or visit www.engenmed.co.za.

The first steps to getting your query or complaint resolved

You can direct your healthcare funding-related queries or complaints to the Fund directly on **0800 001 615**.

You must follow this internal process before sending your query to the Council for Medical Schemes (CMS), or lodging a formal complaint:

1. Contact the Fund's Client Service Department on **0800 001 615** during office hours and try to resolve your query.
2. If the result is not considered to be satisfactory by you, you may ask that it be escalated to more senior resources in the Administrator's Service Team, such as a Team Leader or Manager.
3. If you are not satisfied, you may in writing request the Principal Officer of the Fund to attend to the matter. You can send the query to the normal email address of the Fund, but address it to the Principal Officer.

What proof must you have to show that you have given the Administrator a chance to resolve your complaint before sending it to the Principal Officer?

1. A reference number for the complaint. You will get this from the call centre consultant or from the Client Relationship Manager.
2. If you do not have a reference number, please send the names of the people you dealt with and the dates when you lodged your complaint, made enquiries or had discussions with the Administrator to us as proof.

You may declare a dispute

Once you have exhausted all the internal processes of the Fund and you are still not satisfied with the outcomes, you may declare a dispute. The Fund will then call together its Disputes Committee to decide on the matter.

You must lodge a complaint in writing, for the attention of the Fund's Disputes Committee; c/o The Principal Officer, (the details are available on the website).

More about the Fund's Disputes Committee

The Disputes Committee is an independent body that makes fair and honest decisions. The members of this Committee are not associated with, or working for the Fund, and look at all the facts of the dispute before making a decision.

The process works like a legal arbitration

1. You will be given the first opportunity to set out the details of your case.
2. A representative of the Fund will then have an opportunity to respond.
3. The Disputes Committee will make their decision and let us know.
4. You will receive written confirmation of the decision.

If you are not satisfied with the ruling of the independent Disputes Committee, you may lodge an appeal with the CMS.

You may ask the Council for Medical Schemes to assist you with your query or complaint

If you are not satisfied with the ruling of the Fund's Disputes Committee, you can file a formal complaint directly with the CMS. The CMS will then make a ruling based on submissions received from all parties involved.

The Council for Medical Schemes

The 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.

It is the CMS' mission to regulate the medical schemes industry in a fair and transparent manner to, amongst others:

- 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 medical schemes are handled appropriately and speedily.

Complaints sent to the Council for Medical Schemes

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

If you are not satisfied with the decision of the Disputes Committee of the Fund, you may appeal to the CMS within three months of the date of the decision. The appeal should be in the form of an affidavit directed to the CMS.

How to submit complaints to the Council for Medical Schemes

Complaints be submitted by letter, email or in person at the CMS Offices from Mondays to Fridays (08:00 to 16:30).

The complaint must in writing and be lodged on the applicable form, which is available from www.medicalschemes.co.za.

The following details must be provided:

- Full name of the member
- Membership number
- Benefit option
- Contact details
- Full details of the complaint supported by any documents or information to substantiate the complaint.

The CMS details are as follows:

Council for Medical Schemes Complaints Unit,
Block A, Eco Glades 2 Office Park,
420 Witch-Hazel Avenue,
Eco Park,
Centurion,
0157

Email: complaints@medicalschemes.co.za

Customer care call centre: 0861 123 267