

Travel/ International Claims Form



NB: This form must be submitted within four months of the date of service. Claims older than four months will not be processed.

This form should be completed when medical costs are incurred outside the borders of the Republic of South Africa. Please ensure that this claim form is accompanied by the original account as well as a translation into English.

Please complete all the applicable details in full.

Section A: Member details

Membership no.

Persal/employee/pension no

Organisation

Surname

Full first name/s

Initials Title (Mr, Mrs, Ms or other) Gender M F

ID no. Date of birth

Tel no. (H) () (W) ()

Cell phone no. () Fax no. ()

Email address

Section B: Claim information

Country where treatment was received or services were rendered

Nature of trip Business Private

- If for business, are the costs covered by your employer? Yes No
- Are you currently residing in RSA or abroad? RSA Abroad

If abroad, please provide details of your length of stay. Length of stay

Are you claiming from travel insurance? Yes No

Details of travel insurance, i.e. insurance number and contact details

Kindly provide a reason if you are not claiming from travel insurance

Type of doctor (e.g. General practitioner, pathologist, etc.)

Kindly indicate where the treatment or service was rendered: Hotel/house Doctor's room

In hospital Other, please elaborate

Date of service or treatment

Diagnosis

Type of treatment

Section C: Treatment/service rendered in hospital

Name of hospital

Date admitted Date discharged

Details of diagnosis and type of treatment received in the hospital

Type of ward in which the treatment was received (e.g. General, ICU or special ward)

Actual number of days spent in the ward Was an operation performed? Yes No

If yes, please state the type of operation performed

Provide details of other procedures performed such as x-rays, blood tests, etc.

Does the hospital fee include any doctor's fee not previously detailed? Yes No

If yes, please provide details

Section D: Declaration

I declare that the content of this form and its supporting documents are true, correct and complete.

Main member's signature _____

Date

NOTE: Payment of benefits in respect of all services and procedures performed will be subject to the rules of the Scheme.