International Claims Form

Please complete this form when claiming for any medical expenses you had to pay while travelling overseas.

Medical Scheme
Administered by Discovery Health

Contact details
Tel: 0861 638 633 • PO Box 652509, Benmore 2010 • www.netcaremedicalscheme.co.za

Who we are

Netcare Medical Scheme, registration number 1584, 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 and an authorised financial services provider (registration number 1997/013480/07), which takes care of the administration of your membership of Netcare Medical Scheme.

How to complete this form

1. Please use one letter per block, complete in black ink and print clearly.
2. To avoid administrative delays, please ensure this form is completed in full.
3. Please fax the following supporting documentation to **0860 329 252** or **+27 11 539 7001** with this completed claim form:
   - Copies of claims for medical expenses
   - Proof of payment of all claims submitted
   - A copy of your passport showing entry and exit stamps and/or flight tickets.
4. Please make sure you send all claims within 120 days of the date of service to avoid the claims being rejected as late submissions to the Scheme.

When you sign this application form, you confirm the information you have given is true and correct.

1. Travel and personal information

Membership number

Departure date D D M M Y Y Y Y Return Date D D M M Y Y Y Y

Are you living outside the borders of SA? Yes ☐ No ☐

Did you purchase your ticket via credit card? Yes ☐ No ☐

If yes, please supply the name of the bank

Do you have independent travel insurance? Yes ☐ No ☐

Patient's surname

Patient's first names
(as per identity document)

Patient's date of birth D D M M Y Y Y Y

Postal address

Code

Physical address

Code

Telephone (H) Fax

(Home) Cellphone

Email

2. Details of medical and related expenses incurred

Date of illness, injury or admission to hospital D D M M Y Y Y Y

Country where illness or injury happened

Full name of doctor consulted

Name of hospital admitted to

Total amount claimed in foreign currency for example US dollars, euro etc.

Did you settle these accounts yourself? Yes No

Have you received treatment or attention for this illness or condition in South Africa before? Yes No

3. Details of your treatment received whilst traveling

Please provide a brief explanation of the medical incident and details of cause of illness or injury, for example, car accident

(Dates of admission and discharge, medication and treatment received)

	Date of service	Dependent	Treatment	Claimed amount
1.	D D M M Y Y Y Y			
2.	D D M M Y Y Y Y			
3.	D D M M Y Y Y Y			
4.	D D M M Y Y Y Y			
5.	D D M M Y Y Y Y			
6.	D D M M Y Y Y Y			

4. Declaration

I declare that the information is true and correct.

Signed at (town or city) on D D M M Y Y Y Y

Signature of main member

Main member must sign and date any changes

Please do not sign an incomplete application form
I confirm the information is accurate and complete