

## Who we are

Discovery Health Medical Scheme, registration number 1125, is a not-for-profit organisation registered with the Council for Medical Schemes, and is the medical scheme that you are applying to become a member of.

Discovery Health (Pty) Ltd, registration number 1997/013480/07, is a separate company and an authorised financial services provider and is the administrator and managed care organisation for Discovery Health Medical Scheme and takes care of the administration of your membership.

## Contact us

Tel (members): 0860 99 88 77, Tel (health partners): 0860 44 55 66, [www.discovery.co.za](http://www.discovery.co.za), PO Box 784262, Sandton, 2146, 1 Discovery Place, Sandton, 2196.

## Purpose

Complete this form if you have international medical claims.

## What you must do

- Please email the following supporting documentation to [Claims@Discovery.co.za](mailto:Claims@Discovery.co.za) or through get help on [www.discovery.co.za](http://www.discovery.co.za) under Medical Aid > Get Help > Submit a document and follow the guided steps through our Virtual Agent.
- Please provide us with the following documentation:
  - Completed International travel claim form
  - Proof of travel dates in the form of air ticket stubs or passport stamps
  - A detailed invoice/account in English
    - If the original invoice/account is in another language, please provide the original invoice/account and a translated version of the account
    - The Invoice needs to include the following details: patient name and surname, description of diagnosis, provider details, date of service, treatment description and cost of the treatment
  - Proof of payment for all attached claims in English
  - Confirmation of diagnosis or a medical report from the doctor in English.
- All relevant sections must be signed by the main member.
- Submit all the correspondence in English including claims as the Scheme and the administrator do not offer a translation service.
- Fill in the form in black ink and print clearly, or complete the form digitally.
- Please make sure you send all claims within 120 days of the days of the date of service to avoid the claims being rejected as late submissions to the Scheme.

## 1. Travel and personal information

Membership number	<input type="text"/>	Reference number	<input type="text"/>
Patient's first name(s)	<input type="text"/>		
Patient's surname	<input type="text"/>		
Patient's ID or passport number	<input type="text"/>		
Telephone (H)	<input type="text"/>	Telephone (W)	<input type="text"/>
Cellphone	<input type="text"/>		
Email	<input type="text"/>		

## Physical address while in South Africa

Suite/Unit number	<input type="text"/>	Complex name	<input type="text"/>
Street number	<input type="text"/>	Street name	<input type="text"/>
Suburb	<input type="text"/>	Post code	<input type="text"/>
Departure date	<input type="text"/>	Return date	<input type="text"/>
Are you living outside the borders of SA?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Did you purchase your ticket by credit card? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please supply the name of your bank	<input type="text"/>		
Do you have independent travel insurance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	



#### 4. Declaration

I declare that the information I have given is true and correct.

Signed at (town or city)

on

D	D	M	M	Y	Y	Y	Y
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Signature of main member



**Please only sign if information is true, complete and correct.**