



Contact details

Tel: 0860 101 252 • PO Box 652509, Benmore 2010 • www.retailmedicalscheme.co.za

# Claim form for medical costs incurred outside South Africa

## Who we are

Retail Medical Scheme (referred to as "the Scheme"), registration number 1176 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 administers Retail Medical Scheme.

## How to complete this form

1. Please use one letter per block, complete with black ink and print clearly, or complete the form digitally.
2. To avoid administration delays, please make sure this form is completed in full.
3. Please submit all supporting claims or documents to Retail Medical Scheme with this form.
4. You need to report/submit all claims in 60 days of your return to South Africa or in three months, if you live outside the borders of SA.
5. Please attach a copy of your passport with entry and exit stamps or tickets.
6. Please email the completed form and supporting documentation to [claims@retailmedicalscheme.co.za](mailto:claims@retailmedicalscheme.co.za).

**Claims incurred outside of South Africa will not be funded as Prescribed Minimum Benefits, but can be funded from the applicable non-Prescribed Minimum Benefits.**

### 1. Travel and personal information

Membership number	<input type="text"/>	Reference number	<input type="text"/>
Departure date	<input type="text"/>	Return date	<input type="text"/>
Do you live outside the borders of SA?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Did you buy your ticket by credit card?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If "Yes", please supply the name of your bank	<input type="text"/>		
Do you have independent travel insurance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Member's surname	<input type="text"/>		
Member's first names	<input type="text"/>		
Member's date of birth	<input type="text"/>		
Postal address (Post collected from post box, suite or private bag)			
<input type="checkbox"/> PO Box	<input type="checkbox"/> Private bag	Box number	<input type="text"/>
<input type="checkbox"/> Suite	<input type="checkbox"/> PostNet Suite	Number	<input type="text"/>
Suburb	<input type="text"/>		
City	<input type="text"/>	Postal code	<input type="text"/>
Physical address			
Unit/Suite number	<input type="text"/>	Complex name	<input type="text"/>
Street number	<input type="text"/>	Street name	<input type="text"/>
Suburb	<input type="text"/>		
City	<input type="text"/>	Postal code	<input type="text"/>
Telephone (H)	<input type="text"/>	Telephone (W)	<input type="text"/>
Cellphone	<input type="text"/>		
Email	<input type="text"/>		

