



Administered by

Discovery Health

Contact details

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

Overseas treatment claim form

(Retail Essential Plus only)

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 who is registered as an authorised financial services provider (registration number 1997/013480/07), administers the Scheme.

Contact us

You can call us on 0860 101 252 or visit www.retailmedicalscheme.co.za for more information.

Purpose of the form

Complete this form if you want to submit medical claims incurred outside of South Africa.

Follow these steps to help us process your application

- Fill in the form in black ink and print clearly, or complete the form digitally.
All relevant sections must be physically signed by the main member. The main member must sign and date any changes.
Please submit all correspondence and claims in English as the Scheme and the administrator do not offer translation services.
Please email the following supporting documentation to OTB_APPROVEDCLAIMS@discovery.co.za.
Along with this completed Overseas Treatment Benefit claim form please send:
Copies of claims for medical expenses
Copy of Retail Medical Scheme's letter of approval for treatment received outside of South Africa
Proof of payment of all claims submitted
A copy of your passport showing entry and exit stamps and/or flight tickets.
Please make sure you send all claims within 120 days of the date of service, otherwise we may reject the claims as late submissions to the Scheme.

1. Travel and personal information

Form fields for patient's surname, first name(s), membership number, date of birth, departure date, return date, telephone (H), telephone (W), cellphone, and email.

2. Details of medical and related expenses incurred

Form fields for date of treatment or admission to hospital/medical facility, country you received medical treatment in, full name of doctor consulted, name of hospital where admitted, and total amount claimed in foreign currency.

	Date of service	Dependant	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			

3. Details of your treating doctors in South Africa

1. Surname

First name(s)

Practice number Speciality

Telephone

Email

2. Surname

First name(s)

Practice number Speciality

Telephone

Email

4. Declaration

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

Signed at (town or city) on

Signature of main member



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