Claim form for medical costs incurred outside South Africa

Contact details
Tel: 0860 116 116 • PO Box 652509, Benmore 2010 • www.yourremedi.co.za

Please complete this form when claiming for any emergency medical expenses incurred while travelling outside South Africa (SA), in accordance with the Remedi Medical Aid Scheme rules.

Who we are

Remedi Medical Aid Scheme, registration number 1430, is a not-for-profit organisation registered with the Council for Medical Schemes, and is the medical scheme that you are 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.

How to complete this form

1. Please use one letter per block, complete with black ink and print clearly.
2. Email the completed and signed form to **claims@yourremedi.co.za**.
3. To avoid administrative delays, please ensure this form is completed in full by you and your doctor.

1. Travel and personal information

Membership number

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

Do you live outside the borders of SA? Yes ☐ No ☐

Did you buy your ticket by credit card? Yes ☐ No ☐

If "Yes", please supply the name of your bank

Do you have independent travel insurance? Yes ☐ No ☐

Member's surname

Member's first names (as per identity document)

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

Postal address (Post collected from post box, suite or private bag)

☐ PO Box ☐ Private Bag Box number

☐ Suite ☐ Postnet Suite Number

Suburb Postal code

If your post is delivered to your street address, please complete these details under physical address.

Physical address

Unit/Suite number Complex name

Street number Street name

Suburb

City Postal code

Telephone (H) Telephone (W)

Cellphone

Email

2. Details of medical aid related expenses

Date of illness/injury/admission to hospital D D M M Y Y Y Y

Country of illness/injury

Cause of illness/injury/diagnosis/symptoms

Treatment or medication received

Full name of doctor consulted

Name of hospital admitted to

Total amount claimed for foreign currency

Foreign currency (for example US dollars, Euros)

Did you settle these accounts yourself? Yes No

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

3. Details of your treating doctors in South Africa

Doctor's name

Telephone

Doctor's name

Telephone

Brief explanation of medical incident (Cause of illness/injury, dates of admission and discharge, medication and treatment given.)

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			

Declaration

I declare that the above information is true in every respect.

Signature

Date D D M M Y Y Y Y

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