



Contact details

Tel: 0860 100 693 • PO Box 652509, Benmore 2010 • www.avgms.co.za

International claim form

Who we are

The Anglovaal Group Medical Scheme (referred to as 'the Scheme'), registration number 1571, 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). We take care of the administration of your membership for the Scheme.

Purpose

Complete this form if you have international medical claims.

What you must do

Fill in the form in black ink and print clearly, or complete the form digitally. Submit all the correspondence in English including claims as the Scheme and the administrator do not offer a translation service. All relevant sections must be signed by the main member. Please email the following supporting documentation to claims@discovery.co.za or fax to **0860 329 252**.

1. Completed International travel claim form
2. Proof of travel dates in the form of air ticket stubs or passport stamps
3. A detailed invoice/account in English
 - 3.1. If the original invoice/account is in another language, please provide the original invoice/account and a translated version of the account
 - 3.2. The Invoice needs to include the following details: Patient name and surname, the diagnosis, provider details, date of service, treatment description and cost of the treatment
4. Proof of payment for all attached claims in English.
5. Confirmation of the diagnosis in a form of a doctor's report/letter in English 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 Reference number

Departure date Return date

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

Member's surname

Member's first name(s)

Member's date of birth

Postal address

PO Box Private bag Box Number

Suite Postnet suite Number

Suburb Postal code

Physical address

Unit/Suite number Complex name

Street number Street name

Suburb

City Postal code

Telephone (H) Telephone (W)

Cellphone Fax

Email

2. Details of medical aid related expenses incurred

Date of illness/injury/admission to hospital

Country of illness/injury

Cause of illness/injury/diagnosis/symptoms

Treatment or medication received

Full name of doctor consulted

Name of hospital

Total amount claimed in foreign currency eg 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 Fax

Doctor's name

Telephone Fax

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
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4. Declaration

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

Name in full

Signatory

Date

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