



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@avgms.co.za.

- 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 pers	onal information				
Membership number		Reference	number		
Departure date	D D M M Y Y Y		Retu	urn date	Y Y
Are you living outside t	the boarders of SA? Yes	No	Did you purchase your tic	cket via credit card? Yes	No
If yes, please supple th	he name of the bank				
Do you have independe	ent travel insurance? Yes	No			
Member's surname					
Member's first name(s)				
Member's date of birth	D D M M Y Y	Y			
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 codo	

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Telephone (H)			Telephone (W)	
Cellphone				
Email				
2. Details of medic	al aid relat	ed expenses incurred		
Date of illness/injury/ac	dmission to ho	ospital D D M M Y Y	Y	
Country of illness/injury	/			
Cause of illness/injury/	diagnosis/syn	mptoms		
Treatment or medication	n received			
Full name of doctor cor	nsulted			
Name of hospital				
Total amount claimed in	n foreign curre	ency eg US dollars, Euros		
Did you settle these ac	counts yourse	elf? Yes No		
Have you previously re-	ceived treatm	ent or attention for this illness/	condition in South Africa? Yes No	
3. Details of your to	reating doc	tors in South Africa		
Doctor's name				
Telephone				
Doctor's name				
Telephone				
	dical incident	(Cause of illness/injury, dates	of admission and discharge, medication and treatment given.)	
	dical incident	(Cause of illness/injury, dates	of admission and discharge, medication and treatment given.)	
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	dical incident	(Cause of illness/injury, dates	of admission and discharge, medication and treatment given.)	
	dical incident	(Cause of illness/injury, dates	of admission and discharge, medication and treatment given.)	
Brief explanation of me	dical incident			
Date of service	dical incident	(Cause of illness/injury, dates	of admission and discharge, medication and treatment given.) Treatment Claimed amounts	ınt
Date of service 1. D M M Y				unt
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Anglovaal Group Medical Scheme is a registered medical scheme and regulated by the Council for Medical Schemes (CMS). The CMS contact details are as follows: Email: complaints@medicalschemes.co.za | Customer Care Centre: 0861 123 267 | Website: www.medicalschemes.co.za | Physical address: Block A, Eco Glades 2 Office Park, 420 Witch – Hazel Avenue, Eco Park, Centurion, 0157