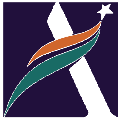

Administered by Discovery Health

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.

How to complete this form

1. **Please complete this form when claiming for any medical expenses incurred while travelling outside the border of South Africa, in accordance with the Scheme's rules.**
2. Please use one letter per block, complete in black ink and print clearly.
3. To avoid administration delays, please ensure this form is completed in full.
4. Please submit all supporting claims or documentation along with this form.
5. You need to report or submit all claims within 60 days of your return to South Africa or within 3 months, if living outside the borders of SA.
6. Please attach a copy of your passport with entry and exit stamps or air tickets.
7. To submit your claim please fax to 0860 329 252.
8. To follow up, or for more information, contact 0860 100 693.

1. Travel and personal information

Membership number

Refererence number

Departure date Y Y Y Y M M D D

Return date Y Y Y Y M M D D

Do you live outside the borders of SA? Yes No

Did you purchase your ticket by credit card? Yes No

If **yes**, please supply the name of your bank

Do you have independent travel insurance? Yes No

Patient's surname

Patient's first names

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

Postal address

Code

Physical address

Code

Telephone (W)

Fax

(H)

Cellular

Email

2. Details of medical aid related expenses incurred

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

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 in foreign currency eg US dollars, Cypriot pounds

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

1. Doctor's name

Telephone Fax

2. Doctor's name

Telephone Fax

Brief explanation of medical incident, or details of cause of illness, eg car accident, illness (Dates of admission and discharge, medication and treatment rendered.)

	Date of service	Dependant	Treatment	Claimed amount
1.	Y Y M M D D			
2.	Y Y M M D D			
3.	Y Y M M D D			
4.	Y Y M M D D			
5.	Y Y M M D D			
6.	Y Y M M D D			

4. Declaration

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

Name in full

Signature Date Y Y Y Y M M D D

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

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