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.

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@yourremedi.co.za**.

How to complete this form

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 | | | | | | | | |

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 ____________________

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____________________ Code | | | | |

Physical address ____________________

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Please note that this form expires on 31/03/2025. Up to date forms are available on www.yourremedi.co.za

REMCMC001

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.

Remedi 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

Remedi Medical Aid Scheme. Registration number 1430 is administered by Discovery Health (Pty) Ltd, registration number 1997/013480/07. Discovery Health (Pty) Ltd is an authorised financial services provider.