



MEDICAL AID SCHEME



Contact details

Tel: 0860 123 077 • PO Box 652509, Benmore 2010 • www.tfgmedicalaidscheme.co.za

Claim form for medical costs incurred outside South Africa

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

Who we are

TFG Medical Aid Scheme (referred to as 'the Scheme'), registration number 1578, 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

- Please note: as the Prescribed Minimum Benefits do not apply beyond the borders of South Africa, the claims won't be covered.
Please use one letter per block, complete with black ink and print clearly.
To avoid administration delays, please make sure this form is completed in full.
Please submit all supporting claims or documents to TFG Medical Aid Scheme with this form.
You need to report/submit all claims in 60 days of your return to South Africa or in three months, if you live outside the borders of SA.
Please attach a copy of passport with entry and exit stamps or tickets.
Please fax the completed form to 0860 329 252.

Please note: as the Prescribed Minimum Benefits do not apply beyond the borders of South Africa, the claims won't be covered.

1. Travel and personal information

Membership number, Reference number, Departure date, Return Date, Do you live outside the borders of SA?, Did you buy your ticket by credit card?, If "Yes", please supply the name of your bank, Do you have independent travel insurance?, Member's surname, Member's first names, Member's date of birth, Postal address, Physical address, Telephone (W), Telephone (H), Fax, Cellular, Email

2. Details of medical and related expenses incurred

Date of illness/injury/admission to hospital

Country where illness/injury happened

Cause of illness/injury/diagnosis/symptoms

Treatment or medicine received

Full name of doctor consulted

Name of hospital admitted to

Foreign currency amount spent

Foreign Currency (for example US dollars, Cypriot pounds)

Did you settle these accounts yourself? Yes No

Have you received treatment or attention for this illness or condition in South Africa before? 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 (Cause of illness/injury, dates of admission and discharge, medication and treatment given.)

	Date of service	Dependent	Treatment	Claimed amount
1.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
2.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
3.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
4.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
5.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
6.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			

4. Declaration

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

Name in full

Signature

Date

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