# Claim form for medical costs incurred outside South Africa

**Contact details**
Tel: 0860 103 933 • PO Box 652509, Benmore 2010 • www.lahealth.co.za

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

**Who we are**

LA Health Medical Scheme (referred to as 'the Scheme'), registration number 1145, 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 use one letter per block, complete with black ink and print clearly.
2. To avoid administration delays, please make sure this form is completed in full.
3. Please submit all supporting claims or documents to LA Health Medical Scheme with this form.
4. You need to report/submit all claims in 60 days of your return to SA or in three months, if you live outside the borders of SA.
5. Please attach a copy of passport with entry and exit stamps or tickets. If you permanently live outside South African boarders, you do not have to submit a copy of your stamped passport or tickets.
6. Please fax the completed form to **0860 329 252.**

**Please note: as the Prescribed Minimum Benefits do not apply beyond the borders of SA, all claims will be covered at the applicable Scheme rate for the specific treatment and all limitations will apply.**

## 1. Travel and personal information

Membership 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 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

Member's date of birth (Y Y Y Y M M D D)

Postal address

Code

Physical address

Code

Telephone (W) Fax

(H) Cellphone

Email

## 2. Details of medical and related expenses

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 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 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 |
|---|---|---|---|---|
| 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**