

Who we are

Discovery Health Medical Scheme, registration number 1125, 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.

Contact us

Tel (members): **0860 99 88 77**, Tel (health partners): **0860 44 55 66**, www.discovery.co.za, PO Box 784262, Sandton, 2146, 1 Discovery Place, Sandton, 2196.

Purpose

Complete this form if you have international medical claims.

What you must do

- Please email the following supporting documentation to Claims@Discovery.co.za or through get help on www.discovery.co.za under Medical Aid > Get Help > Submit a document and follow the guided steps through our Virtual Agent.
- Please provide us with the following documentation:
 - Completed International travel claim form
 - Proof of travel dates in the form of air ticket stubs or passport stamps
 - A detailed invoice/account in English
 - If the original invoice/account is in another language, please provide the original invoice/account and a translated version of the account
 - The Invoice needs to include the following details: patient name and surname, description of diagnosis, provider details, date of service, treatment description and cost of the treatment
 - Proof of payment for all attached claims in English
 - Confirmation of diagnosis or a medical report from the doctor in English.
- All relevant sections must be signed by the main member.
- Submit all the correspondence in English including claims as the Scheme and the administrator do not offer a translation service.
- Fill in the form in black ink and print clearly or complete the form digitally. You can view the list of approved digital signature providers on www.discovery.co.za, under Medical Aid > Find documents and certificates > Application forms.
- 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	<input type="text"/>	Reference number	<input type="text"/>
Patient's first name(s)	<input type="text"/>		
Patient's surname	<input type="text"/>		
Patient's ID or passport number	<input type="text"/>		
Telephone (H)	<input type="text"/>	Telephone (W)	<input type="text"/>
Cellphone	<input type="text"/>		
Email	<input type="text"/>		

Physical address while in South Africa

Suite/Unit number	<input type="text"/>	Complex name	<input type="text"/>
Street number	<input type="text"/>	Street name	<input type="text"/>
Suburb	<input type="text"/>	Post code	<input type="text"/>
Departure date	<input type="text"/>	Return date	<input type="text"/>
Are you living outside the borders of SA?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Did you purchase your ticket by credit card? Yes <input type="checkbox"/>
			No <input type="checkbox"/>
If yes, please supply the name of your bank	<input type="text"/>		
Do you have independent travel insurance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

4. Declaration

I declare that the information I have given is true and correct.

Signed at (town or city)

on

D	D	M	M	Y	Y	Y	Y
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Signature of main member



Please only sign if information is true, complete and correct.