

Contact us

Tel: 0800 226 5633 (0800 BANKMED) • Private Bag X2, Rivonia, 2128 • www.bankmed.co.za

## International claim form

## Who we are

Bankmed (referred to as 'the Scheme'), registration number 1279, 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) which takes care of the administration of your membership for the Scheme.

## How to complete this form

- 1. Kindly complete this form when claiming for any medical expenses incurred while travelling overseas
- 2. Use black ink. Print clearly with one letter per block
- 3. To avoid administration delays, kindly ensure this form is completed in full
- 4. Submit all medical claims and supporting documentation (Proof of payment per medical invoice and Proof of travel copy of ticket or passport)
- 5. You are required to report/submit all claims within 60 days of your return to South Africa or within 5 months, should you be 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, kindly fax to 021 527 1940 or e-mail claims@bankmed.co.za
- 8. To follow up, contact 0800 BANKMED (0800 226 5633).

1. Travel and personal information														
Membership number Reference number														
Departure date	D													
Did you purchase your ticket by credit card? Yes No														
Should you have indicated yes, kindly supply the name of your bank														
Do you have medical cover in your current place of residence? Yes No														
Patient's surname														
Patient's first names														
Patient's date of birth														
Postal address Postal address														
Code														
Physical address Physical address														
Code														
Telephone (Work)														
(Home) Cellular Cellular														
E-mail														
2. Details of medical aid related expenses incurred														
Date of illness/injury/admission to hospital														
Country of illness/injury														
Cause of illness/injury/diagnosis/symptoms														
Treatment or medication received														
Full name of doctor consulted														
Name of hospital														
Total amount claimed in foreign currency														
eg US dollars, Cipriate pounds														
Did you settle these accounts yourself? Yes No No														

3. Decla	ration																											
I declare tha	at the abov	e par	ticul	ars	are	tru	e in	eve	ry r	esp	ect																	
Names in fu	11			Ι	I	Ι	Ι																					
Signature	Do not sign incomplete forms																		Dat	e	Υ	Υ	Υ	Υ	M	M	D	D