

Dear Member

Bankmed – Benefit for International Claims

Bankmed would like to take this opportunity to provide you with information regarding international cover (medical expenses incurred outside the borders of South Africa) and submission of related claims. Kindly familiarise yourself with the content of this letter which includes important information that will assist in streamlining the payment process when submitting your claims to Bankmed.

International claims benefit explained

Bankmed covers international claims on all Plans excluding the Essential Plan, up to the same benefit limit and rand value for each service, as would have been granted should the services have been obtained in South Africa.

If a healthcare service is obtained abroad, you will be required to settle the claim for this service while abroad and claim back from Bankmed.

We urge you to purchase sufficient international travel insurance privately to cater for situations in which the cost of an international claim may exceed what we would cover at the equivalent Bankmed Scheme Rate, or where it may not be covered at all. Refer to the [Scheme exclusions](#) for details.

Certain benefits may only be available to Bankmed members through South African-based preferred Healthcare Professional networks, which makes purchasing adequate insurance all the more important.

Important examples:

- Emergency/ambulance transportation is not covered outside the borders of South Africa on any of our Plans, as Bankmed's contracted preferred provider (Bankmed Emergency Services) does not operate in foreign countries
- Out-of-hospital General Practitioner (GP) consultations, medication and other day-to-day services which are available on all Plans except the Essential Plan, exclusively through the Bankmed network of Healthcare Professionals, will not be covered overseas, as these networks do not provide services in foreign countries

Therefore, it is essential for you to ensure that you have sufficient insurance in place, as this will limit your risk of uncovered expenditure while abroad.

Medical motivation and prior approval is required for planned hospital admissions

Hospital pre-authorisation is not required for emergency hospital admissions in foreign countries.

An emergency is defined as "the sudden and, at the time, unexpected, onset of a health condition that requires immediate medical or surgical treatment, where failure to provide medical or surgical treatment would result in impairment to bodily functions or serious dysfunction of a body organ or part, or that would place the person's life in serious jeopardy".



In the event of a non-emergency or planned hospital admission, you are required to obtain prior approval from Bankmed. Kindly submit the following to treatment@bankmed.co.za for approval, prior to being admitted to hospital:

1. A medical motivation from the Healthcare Professional who will be performing the procedure.
2. Full details as to why the services are not being obtained in South Africa.
3. A detailed description of the services to be provided.
4. Relevant ICD-10 and CPT4 codes.
5. Expected costs that will be charged by the Healthcare Professional and by the hospital involved for each service.

Your attending Healthcare Professionals should be able to assist you with the above information.

Again, as international healthcare claims are subject to the same rate, limits and exclusions that would apply to your healthcare claims in South Africa, we urge you to purchase sufficient insurance privately to cover any shortfalls on claims.

Payment arrangements abroad

As we do not have direct payment arrangements with Healthcare Professionals registered outside the borders of South Africa, you will be required to pay such Healthcare Professionals directly and then claim from Bankmed.

Please include detailed accounts with your proof of payment, claim and proof of travel when submitting these to us.

Required information for claims

Kindly inform all foreign Healthcare Professionals (including hospitals) attending to you while abroad, that you will require detailed accounts from them, in English, with the following information clearly set out on every account:

1. The name, qualifications and practice type (example GP, neurosurgeon, cardiologist) of the Healthcare Professional
2. The date on which each service was rendered
3. The full name/s and passport number of the patient
4. The nature of illness or operation
5. A full description of each treatment and the cost of each item
6. The relevant ICD-10 (International Classification of Diseases – version 10) codes and CPT 4 (treatment) codes for each service provided

Be sure to submit the following additional items with your claim:

- A certified copy of the relevant beneficiary's stamped passport (with entry and exit dates)
- Proof of your travel insurance claim and amounts settled or confirmation from your travel insurer that the amount is not claimable (if applicable).

Claiming Period

A detailed claim, including all relevant information, must be submitted to Bankmed within four months of the date/s of the service rendered, in order to qualify for benefits.

Save time by e-mailing your International Claims to Bankmed

To avoid the impact of postal delays, we encourage you to e-mail your international claims to claims@bankmed.co.za

Please do not hesitate to e-mail enquiries@bankmed.co.za or contact us on +27 11 529 6616 should you be calling from outside South Africa, or alternatively on 0800 BANKMED (0800 226 5633) should you have any further enquiries or requests.

We look forward to being of service to you.

Yours in good health

Bankmed