ENGEN Medical Benefit Fund

Administered by Discovery Health

Contact details
Tel: 0800 001 615 • PO Box 652509, Benmore 2010 • www.engenmed.co.za

International Claims Form

Please complete this form when claiming for any medical expenses you had to pay while travelling outside South Africa.

Who we are

Engen Medical Benefit Fund (referred to as 'the Fund'), registration number 1572, is a not-for-profit organisation, registered with the Council for Medical Schemes.

Discovery Health (Pty) Ltd, registration number 1997/013480/07, (referred to as 'the administrator') is a separate company and an authorised financial services provider and is responsible for the administration of your membership on behalf of the Fund.

How to complete this form

1. Please use one letter per block, complete with black ink and print clearly.
2. To avoid administrative delays, please ensure this form is completed in full.
3. Please send the following supporting documentation to **claims@engenmed.co.za** or fax to 0860 329 252 or +27 11 539 7001 with this completed claim form:

- Copies of claims for medical expenses.
- Proof of payment of all claims submitted.
- A copy of your passport showing entry and exit stamps and/or flight tickets.

4. Please make sure you send all claims within 120 days of the date of service to avoid the claims being rejected as late submissions to the Fund.

When you sign this form, you confirm that the information provided is true and correct.

1. Travel and personal information

Membership number

Departure date D D M M Y Y Y Y Return date D D M M Y Y Y Y

Are you living outside the borders of SA? Yes ☐ No ☐ Did you purchase your ticket by credit card? Yes ☐ No ☐

If yes, please supply the name of your bank

Do you have independent travel insurance? Yes ☐ No ☐

Patient's surname

Patient's first names (as per identity document)

Patient's date of birth D D M M Y Y Y Y

Postal address

Code

Physical Address

Code

Telephone (W) Fax

Telephone (H) Cellphone

Personal email

2. Details of medical and related expenses incurred

Date of illness, injury or admission to hospital D D M M Y Y Y Y

Country where illness or injury happened

Cause of illness or injury or diagnosis and symptoms

Treatment or medicine received

Full name of doctor visited

Name of hospital admitted to

Total amount claimed in foreign currency for example US dollars, euro, etc.

Did you settle these accounts yourself? Yes No

3. Details of your treatment received whilst traveling

Please provide a brief explanation of the medical incident and details of cause of illness or injury, for example, car accident (dates of admission and discharge, medication and treatment received).

Date of service	Dependant	Treatment	Claimed amount
1.			
2.			
3.			
4.			
5.			
5.			

4. Declaration

I declare that the information is true and correct.

Signed at (town or city) on D D M M Y Y Y Y

Signature of principal member

Please do not sign an incomplete application form

Please note that all International claims will be refunded in South African Rands and not in the currency that you have paid. The allocation of benefit will be subject to the Fund rules and benefits.