Medical Aid Scheme

Administered by Discovery Health

Contact details
Tel: 0860 123 077 • PO Box 652509, Benmore 2010 • www.tfgmedicalaidscheme.co.za

Claim form for medical costs incurred outside South Africa

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

Who we are

TFG Medical Aid Scheme (referred to as 'the Scheme'), registration number 1578, 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.

Purpose

Complete this form if you have international medical claims.

What you must do

Fill in the form in black ink and print clearly or complete the form digitally.
Submit all the correspondence in English including claims as the Scheme and the administrator do not offer a translation service.
All relevant sections must be signed by the main member.
Please email the following supporting documentation to **claims@tfgmedicalscheme.co.za**

How to complete this form

1. Completed International travel claim form.
2. Proof of travel dates in the form of air ticket stubs or passport stamps.
3. A detailed invoice/account in English.
   - 3.1. If the original invoice/account is in another language, please provide the original invoice/account and a translated version of the account.
   - 3.2. The Invoice needs to include the following details: Patient name and surname, the diagnosis, provider details, date of service, treatment description and cost of the treatment.
4. Proof of payment for all attached claims in English.
5. Confirmation of the diagnosis in a form of a doctor's report/letter in English.
   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 | Reference 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 (as per identity document)

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

Postal address

Code

Physical address

Code

TFGCMC001

Please note that this form expires on 31/03/2025. Up to date forms are available on www.tfgmedicalaidscheme.co.za.
Alternatively members can phone 0860 123 077 and health professionals can phone 0860 44 55 66.

Telephone (W) Fax

(H) Cellular

Email

2. Details of medical and related expenses incurred

Date of illness/injury/admission to hospital Y Y Y Y M M D D

Country where illness/injury happened

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 received treatment or attention for this illness or condition in South Africa before? Yes No

3. Details of your treating doctors in South Africa

1. Doctor's name

Telephone Fax

2. 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	Dependent	Treatment	Claimed amount
1. Y Y Y Y M M D D			
2. Y Y Y Y M M D D			
3. Y Y Y Y M M D D			
4. Y Y Y Y M M D D			
5. Y Y Y Y M M D D			
6. Y Y 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