

Overseas claim form

Contact us

Tel: 0860 103 933, PO Box 652509, Benmore 2010, www.lahealth.co.za

Please complete this form when you claim for any medical expenses while travelling outside the border of South Africa, according to LA Health Medical Scheme's rules.

How to complete this form

- Please use one letter per block, complete with black ink and print clearly.
- To avoid administration delays, please make sure this form is completed in full.
- Please send all supporting claims or documents with this form.
- You need to send all claims in 60 days of your return to South Africa or in three months, if you live outside the borders of SA.
- Please fax your claim to 0860 329 252.
- To follow up, call 0860 103 933 for more information.

1. Travel and personal information

Membership number	<input type="text"/>	Reference number	<input type="text"/>
Departure date	<input type="text"/> 2 <input type="text"/> 0 <input type="text"/> Y <input type="text"/> Y <input type="text"/> M <input type="text"/> M <input type="text"/> D <input type="text"/> D	Return date	<input type="text"/> 2 <input type="text"/> 0 <input type="text"/> Y <input type="text"/> Y <input type="text"/> M <input type="text"/> M <input type="text"/> D <input type="text"/> D
Do you live outside the borders of SA?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
If "Yes", please supply the name of your bank	<input type="text"/>		
Patient's surname	<input type="text"/>		
Patient's first names	<input type="text"/>		
Patient's date of birth	<input type="text"/>		
Postal address	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		
Physical address	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		
Telephone (Work)	<input type="text"/>	Fax	<input type="text"/>
(Home)	<input type="text"/>	Cellphone	<input type="text"/>

2. Details of medical and related expenses

Date of illness/injury/admission to hospital	<input type="text"/> 2 <input type="text"/> 0 <input type="text"/> Y <input type="text"/> Y <input type="text"/> M <input type="text"/> M <input type="text"/> D <input type="text"/> D
Country of illness/injury	<input type="text"/>
Cause of illness/injury/diagnosis/symptoms	<input type="text"/>
Treatment or medicine received	<input type="text"/>
Full name of doctor consulted	<input type="text"/>

2. Details of medical and related expenses (continued)

Name of hospital admitted to

Total amount claimed in foreign currency

Currency (e.g. US dollars, British pounds)

Did you settle these accounts yourself? 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, medicine and treatment given.)

	Date of service	Dependant	Treatment	Claimed amount
1.				
2.				
3.				
4.				
5.				
6.				

4. Declaration

I declare the above details are true.

Names in full

Signature

Date