Claim form for medical costs incurred outside South Africa

LA Health
Powered by Discovery

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

Who we are
LA Health Medical Scheme (referred to as 'the Scheme'), registration number 1145, 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@lahealthms.co.za** or fax to **0860 329 252**.

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 the form of a doctor's report/letter, in English. Please make sure you send all claims within **120 days** of the date of service to avoid the claims being rejected as late.

Please note: as the Prescribed Minimum Benefits do not apply beyond the borders of SA, all claims will be covered at the applicable Scheme Rate for the specific treatment and all limitations will apply.

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

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 name

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

Postal address

☐ PO Box ☐ Private bag Box number

☐ Suite ☐ Postnet suite Number

Suburb Post code

Physical address

Unit/Suite number Complex name

Street number Street name

Suburb

City Post code

Please note that this form expires on 31/03/2025. Up to date forms are available on www.lahealth.co.za.

Telephone (H) | Telephone (W)

Cellphone | Fax

Personal email

2. Details of expenses for medical treatment and care

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

Country of illness/injury

Cause of illness/injury/diagnosis/symptoms

Treatment or medication 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 previously received treatment or attention for this illness/condition in South Africa? Yes No

3. Details of your treating doctors in South Africa

Doctor's name

Telephone | Fax

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

4. Declaration

I declare that the above information is true in every respect.

Name in full

Signature

Date D D M M Y Y Y Y

Please do not sign an incomplete application form