

# International Claims Form

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



## Contact details

Tel: 0860 002 133 • PO Box 10436, Johannesburg, 2000 • www.sabmas.co.za

## Who we are

SAB Medical Aid (referred to as 'the Scheme'), registration number 1209, is a non-profit organisation, registered with the Council for Medical Schemes.

3Sixty Health (Pty) Ltd, registration number 1978/001109/07, is an accredited administration and managed care service provider responsible for administration of your membership on behalf of the Scheme.

## How to complete this form

1. Please use one letter per block, complete in black ink and print clearly.
2. To avoid administrative delays, please ensure this form is completed in full.
3. Please fax the following supporting documentation to 0860 329 252 or 010 593 2074 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 Scheme.

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

## 1. Travel and personal information

Membership number	<input type="text"/>	
Departure date	<input type="text"/>	Return Date <input type="text"/>
Are you living outside the borders of SA?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Did you purchase your ticket via credit card?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, please supply the name of the bank	<input type="text"/>	
Do you have independent travel insurance?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Patient's surname	<input type="text"/>	
Patient's first names (as per identity document)	<input type="text"/>	
Patient's date of birth	<input type="text"/>	
Postal address	<input type="text"/>	
	<input type="text"/>	
	<input type="text"/>	Code <input type="text"/>
Physical address	<input type="text"/>	
	<input type="text"/>	
	<input type="text"/>	Code <input type="text"/>
Telephone (H)	<input type="text"/>	Fax <input type="text"/>
(Home)	<input type="text"/>	Cellphone <input type="text"/>
Email	<input type="text"/>	

## 2. Details of medical and related expenses incurred

Date of illness, injury or admission to hospital

Country where illness or injury happened

Full name of doctor consulted

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

Have you received treatment or attention for this illness or condition in South Africa before? 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	Dependent	Treatment	Claimed amount
1.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
2.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
3.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
4.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
5.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
6.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			

## 4. Declaration

I declare that the information is true and correct.

Signed at (town or city)  on

Signature of principal member

Principal member must sign and date any changes

**Please do not sign an incomplete application form  
I confirm the information is accurate and complete**

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 Scheme rules and the benefits according to your current option.