

# International Travel Benefit (ITB) claim form

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



## Contact us

Tel: 0860 99 88 77, PO Box 784262, Sandton 2146, [www.discovery.co.za](http://www.discovery.co.za)

## What you must do

Please go through these two steps:

**Step 1:** Fill in the form

**Step 2:** Sign the form

When you sign this application form, you confirm the information you have given is true and correct.

## Follow these steps to help us process your application

- Please use one letter per block, complete with black ink and print clearly.
- To avoid administrative delays, please ensure this form is completed in full.
- Please fax the following supporting documentation to 0860 329 252 or +27 11 539 7001 with this completed ITB 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.
- 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.

## 1. Travel and personal information

Membership number	<input type="text"/>	Reference 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 by credit card?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If yes, please supply the name of your 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"/>		
	<input type="text"/>		
Physical address	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		
Telephone (W)	<input type="text"/>	Fax	<input type="text"/>
Telephone (H)	<input type="text"/>	Cellphone	<input type="text"/>

## 2. Details of medical and related expenses incurred

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

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

Brief explanation of medical incident and details of cause of illness or injury for example car accident

(dates of admission and discharge, medication and treatment received)

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

### 3. Details of your treating doctors in South Africa

[illegible]

Telephone 

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 Fax 

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[illegible]

Telephone 

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 Fax 

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#### 4. Declaration

I declare that the information is true and correct.

Signed at (town or city) \_\_\_\_\_ on 20 Y Y M M D D

Signature of main member	Main member must sign and date any changes
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