

Overseas Treatment Benefit claim form 2025

(Executive and Comprehensive plans only)



Who we are

Discovery Health Medical Scheme, registration number 1125, is a not-for-profit organisation registered with the Council for Medical Schemes, and is the medical scheme that you are a member of.

Discovery Health (Pty) Ltd, registration number 1997/013480/07, is a separate company and an authorised financial services provider and is the administrator and managed care organisation for Discovery Health Medical Scheme and takes care of the administration of your membership.

Contact us

Tel (members): **0860 99 88 77**, Tel (health partners): **0860 44 55 66**, www.discovery.co.za, PO Box 784262, Sandton, 2146, 1 Discovery Place, Sandton, 2196.

Purpose of the form

Complete this form if you want to submit Overseas Treatment Benefit medical claims.

Follow these steps to help us process your application

- Fill in the form in black ink and print clearly, or complete the form digitally. You can access a list of the approved digital signature providers on www.discovery.co.za, under Medical Aid > Find documents and certificates > Application forms.
- All relevant sections must be signed by the main member. The main member must sign and date any changes.
- Please submit all correspondence and claims in English as the Scheme and the administrator do not offer translation services.
- Please email the following supporting documentation to overseasbenefit@discovery.co.za, or get help on www.discovery.co.za under Medical Aid > Get Help > Submit a document and follow the guided steps through our Virtual Agent.
- Along with this completed Overseas Treatment Benefit claim form please send:
 - Copies of claims for medical expenses
 - Copy of Discovery Health Medical Scheme's letter of approval for cover from the Overseas Treatment Benefit
 - 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, otherwise we may reject the claims as late submissions to the Scheme.

1. Travel and personal information

Patient's first name(s)																	
Patient's surname																	
Membership number								Date of birth	D	D	M	M	Y	Y	Y	Y	
Departure date	D	D	M	M	Y	Y	Y	Y	Return date	D	D	M	M	Y	Y	Y	Y
Telephone (H)								Telephone (W)									
Cellphone																	
Personal email																	

2. Details of medical and related expenses incurred

Date of treatment or admission to hospital/medical facility	D	D	M	M	Y	Y	Y	Y
Country you received medical treatment in								
Full name of doctor consulted								
Name of hospital where admitted								
Total amount claimed in foreign currency, for example US dollars, euro, etc.								

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

3. Details of your treating doctors in South Africa

1. First name(s)

Surname

Telephone BHF practice number

Postal address

PO Box Private Bag Box number

Suite Postnet Suite Number

Suburb Postal code

Physical address

Unit/Suite number Complex name

Street number Street name

Suburb

City Postal code

2. First name(s)

Surname

Telephone BHF practice number

Postal address

PO Box Private Bag Box number

Suite Postnet Suite Number

Suburb Postal code

Physical address

Unit/Suite number Complex name

Street number Street name

Suburb

City Postal code

4. Declaration

I declare that the information I have given is true and correct.

Signed at (town or city) on

Signature of patient

(if patient is a minor parent/guardian to sign)

Signature of main member



Please only sign if information is true, complete and correct.