Foreign claim form 2026

Purpose

Complete this form if you have international medical claims.

Who are we

MEDiPOS Medical Scheme (referred to as 'the Scheme'), registration number 1548, is a not-for-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 to the Scheme.

How to submit the request

Please email the following supporting documentation to **foreign.claims@medipos.co.za**.

- Completed foreign claim form.
- Proof of travel dates in the form of air ticket stubs or passport stamps.
- A detailed invoice/account in English.
    - If the original invoice/account is in another language, please provide the original invoice/account and a translated version.
    - The invoice needs to include the following details: patient name and surname, description of diagnosis, provider details, date of service, treatment description and cost of treatment.
- Proof of payment for all attached claims in English.
- Confirmation of diagnosis or a medical report from the healthcare provider in English.
- All relevant sections must be signed by the main member.
- Submit all the correspondence in English, including claims, as the Scheme and the Administrator do not offer a translation service.
- Complete the form in black ink and print clearly or complete the form digitally.
- 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

Patient's surname	
Patient's first name(s)	
Membership number	ID or passport number
Telephone (H)	Telephone (W)
Cellphone	
Email	
Departure date	D D M M Y Y Y Y Return date	D D M M Y Y Y Y
Are you living outside the borders of SA?	Yes ☐ No ☐
Did you purchase your ticket by credit card?	Yes ☐ No ☐
If yes, please supply the name of your bank	
Do you have independent travel insurance?	Yes ☐ No ☐
If yes, please supply the name of your independent travel insurance	

Please note that this form expires on 31/03/2027. Up to date forms are available on www.medipos.co.za.

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2. Details of medical and related expenses incurred

Date of onset illness, injury or admission to hospital | D D M M Y Y Y Y |

Country where illness or injury happened

Full name of provider consulted in hospital

Full name of hospital admitted to

Date of admission | D D M M Y Y Y Y | Date of discharge | D D M M Y Y Y Y |

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 [ ]

Brief explanation of medical incident (main reason/s for seeking medical care) and details of cause of illness or injury, for example car accident (Dates of admission and discharge, medicine and treatment received):

Date of service	Dependant	Treatment	Name of healthcare provider	Claimed amount	Indicate if in- or out-of-hospital (IH/OH)	Indicate if claim paid or not (Y/N)	Indicate if proof of payment attached (Y/N)
					OH [ ] IH [ ]	Yes [ ] No [ ]	Yes [ ] No [ ]
					OH [ ] IH [ ]	Yes [ ] No [ ]	Yes [ ] No [ ]
					OH [ ] IH [ ]	Yes [ ] No [ ]	Yes [ ] No [ ]
					OH [ ] IH [ ]	Yes [ ] No [ ]	Yes [ ] No [ ]
					OH [ ] IH [ ]	Yes [ ] No [ ]	Yes [ ] No [ ]
					OH [ ] IH [ ]	Yes [ ] No [ ]	Yes [ ] No [ ]
					OH [ ] IH [ ]	Yes [ ] No [ ]	Yes [ ] No [ ]
					OH [ ] IH [ ]	Yes [ ] No [ ]	Yes [ ] No [ ]
					OH [ ] IH [ ]	Yes [ ] No [ ]	Yes [ ] No [ ]
					OH [ ] IH [ ]	Yes [ ] No [ ]	Yes [ ] No [ ]

3. Details of your treating healthcare providers in South Africa

1. Surname

   First name(s)

   Telephone | | | | | | | | | | | | BHF practice number | | | | | | | | |

2. Surname

   First name(s)

   Telephone | | | | | | | | | | | | BHF practice number | | | | | | | | |

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4. Declaration

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

Signed at (town or city) [   ] on [D][D][M][M][Y][Y][Y][Y]

Signature of main member [   ]

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

MEDiPOS Medical Scheme is a registered medical scheme and regulated by the Council for Medical Schemes (CMS). The CMS contact details are as follows:
Email: complaints@medicalschemes.co.za | Customer Care Centre: 0861 123 267 | Website: www.medicalschemes.co.za | Physical address: Block A Eco Glades 2 Office Park, 420 Witch – Hazel Avenue, Eco Park Estate, Centurion, 0157

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