

Overseas Treatment Benefit application form 2024

(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

This is an application form to apply for cover from the Overseas Treatment Benefit. This benefit is only available on the Executive Plan and for the Comprehensive Series. Make reference to the footnote that indicates the expiry date of the form. Download the latest version of all forms from www.discovery.co.za, under Medical Aid > Find documents and certificates.

What you must do

- Fill in the form in black ink and print clearly, or complete the form digitally. You can view the list of 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 and/or patient.
- Email the completed form 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.
- To avoid administrative delays, please ensure this application is completed in full. You will need the international healthcare provider to complete or help you complete section 4.

1. Main member details

Membership number	<input type="text"/>
ID or passport number	<input type="text"/>
Member's name	<input type="text"/>
Member's surname	<input type="text"/>

2. Patient's details

Title	<input type="text"/>	Initials	<input type="text"/>
First names	<input type="text"/>		
Surname	<input type="text"/>		
ID or passport number	<input type="text"/>	Membership number	<input type="text"/>
Telephone (H)	<input type="text"/>	Telephone (W)	<input type="text"/>
Cellphone	<input type="text"/>		
Personal e-mail address	<input type="text"/>		
Are you a:	Principal member <input type="checkbox"/>	A dependant	<input type="checkbox"/>

3. Referring doctor's details

First name(s)	<input type="text"/>		
Surname	<input type="text"/>		
BHF practice number	<input type="text"/>	Practice name	<input type="text"/>
Telephone	<input type="text"/>	Email	<input type="text"/>

4. About the condition and treatment request (please ask the international healthcare provider to help you complete this section)

Please attach a motivation letter and other supporting clinical documents (for example laboratory results, or scan reports) from the treating or referring doctor.

Country where treatment will be carried out

Name of international healthcare centre and provider

Registration details of international healthcare centre and provider

Diagnosis and details of the planned treatment overseas

Please give details of the diagnosis and the proposed overseas treatment (please give as much information as possible, including quotations and procedure codes).

Are there alternative treatments available in South Africa? Yes No

Please attach clinical evidence to support efficacy of the treatment for the condition(s)

5. Declaration

- 5.1. I understand that approval of this treatment is not a guarantee of payment.
- 5.2. I understand that I may approach Medical Services Organisation International (MSOI) on +27 11 259 5000 to facilitate the payment of the international healthcare providers and that MSOI will invoice Discovery Health Medical Scheme for the payment of these claims. MSOI will charge a fee for this service which will be paid from my available benefits. If I decide not to make use of this option, I need to pay all accounts from the healthcare provider(s) and claim the amount back from Discovery Health Medical Scheme when I return to South Africa.
- 5.3. I confirm that I have read and understand the rules of the benefit and what I am responsible for.
- 5.4. I confirm that the information I have given is true, correct and complete.

Signed at (town or city)

on

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Signature of main member

Signature of patient

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