

Regular Force Medical Continuation Fund (RFMCF)

269 Von Willigh Avenue
Corporate Office Park 66, Block D
Die Hoewes, Centurion, 0157

P O Box 3977
Pretoria
0001

Enquiries
General Fax Number

012 679 4200
012 679 4460

RFMCF TRAVEL CLAIMS FOR AUTHORISED MEDICAL REASONS

Dear beneficiary

To enable us to evaluate your travel claim we need the following documents:

- This completed form.
- Proof of consultation or hospitalisation in a Tertiary Health Institution (Hospital) as was authorised by the SAMHS.
- Quote of a bus ticket (closest public transport) from your home or closest boarding point to the relevant Hospital.

If all the above documents are not received we can unfortunately not consider your claim.

Membership number: VPA _____

Contact number: _____ Email address: _____

Dependant/Patient Name	Consultation /Admittance date	Discharge date (if applicable)

Bank details:

Bank: _____

Account holder: _____

Account number: _____

Branch: _____

Type of account: _____

Beneficiary's signature: _____ Date: _____

Send the documents to finance@rfmcf.co.za or fax to 012 679 4456

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professional medical scheme administrators

PMSA

