



# Regular Force Medical Continuation Fund

## RFMCF TRAVEL CLAIMS FOR AUTHORISED MEDICAL REASONS

Dear Beneficiary,

**In order for us to evaluate your travel claim we need the following documents :**

- **Please complete the form in full.**
- **Proof of consultation or hospitalisation at 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 : \_\_\_\_\_

Patient Full Names	Date of Service	Physical address travelled FROM and TO

### Banking details

Bank : \_\_\_\_\_  
Account holder : \_\_\_\_\_  
Branch : \_\_\_\_\_  
Type of account : \_\_\_\_\_

### Please note:

- **Kindly supply a letter from the bank or a bank statement to confirm the bank details if the bank details are new.**
- **Only the main member's bank account details are allowed for reimbursement**

Member's signature : \_\_\_\_\_ Date : \_\_\_\_\_

Send the documents to [finance@rfmcf.co.za](mailto:finance@rfmcf.co.za) or fax to 012 679 4456.

RFMCF