



Member's Name (For faxing purpose): \_\_\_\_\_

**5. Summary of Payment Details – Must be completed.**

**Recurring Reimbursement Election** – Please check one of the following options if you want to:

- Receive future payments using the details provided below
- Use the payment information provided below for this claim only
- Use the payment details that we already have on file for you

**Payment Information**

Please select your preferred reimbursement method:  Bank Transfer  Cheque  
(If no selection is made, the default method is Cheque issued in the member's name.)

Please indicate your preferred payment currency (If none is indicated, the default currency is US Dollar.) \_\_\_\_\_

Payee Name \_\_\_\_\_ Specify if:  Member  Provider  Employer

Claim Settlement Address (if different to **Section 1**):

Street \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Country \_\_\_\_\_

**If you have selected Bank Transfer as your preferred payment method, the following information is required:**

Bank Account Holder Name (as per Bank Statement) \_\_\_\_\_

Bank Account Number \_\_\_\_\_ Sort Code/Branch Code \_\_\_\_\_

IBAN Code\* \_\_\_\_\_ Swift/BIC Code \_\_\_\_\_

IFSC/ABA/ US Routing Code \_\_\_\_\_

Bank Name \_\_\_\_\_

Bank Address (include Country) \_\_\_\_\_

Bank Telephone Number (include Country Code) \_\_\_\_\_

\*The IBAN is mandatory for bank transfer claim payment transactions in certain countries, such as the United Arab Emirates (UAE). This must be supplied if you are using a bank account in one of these countries. Members should check with their bank to confirm any IBAN requirements.

**The most efficient method of receiving your benefits reimbursement is via Bank Transfer. Please check with your bank for help with providing the appropriate instructions to Aetna International.**

**6. Declaration – Must be completed.**

I declare that, to the best of my knowledge, all the information provided on this claim form is truthful and correct. I understand that Aetna will rely on the information provided as such. I agree and accept that this declaration gives Aetna, and its appointed representatives, the right to request past, present, and future medical information in relation to this claim, or any other claim related to the member/covered individual, from any third party, including providers and medical practitioners. I declare and agree that personal information may be collected, held, disclosed, or transferred (worldwide) to any organization within the Aetna group, its suppliers, providers and any affiliates.

**Patient's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

*(If patient is under 18 years of age, Parent or Guardian must sign.)*

**Important Note:** Please ensure Your Claim Form is completed in full and returned within six months (180 days) of the Treatment date.

Failure to complete your form in full will result in the form being returned to you and will delay the processing of your claim. Please note Aetna International is not responsible for any costs associated with the completion of this form or for any further information/document requested by Us to assess Your claim. The issuing of this Claim Form is in no way an admission of liability. Please refer to your Member Handbook under General Claims Information for In-Patient, Day-Patient, Out-Patient Treatment and Pre-authorizations for all MRI and CT scans.

**7. Additional Information**

\_\_\_\_\_  
\_\_\_\_\_

**How to submit a Claim**

Aetna International provides alternative claim methods to make it easier for our members.

Simply submit the claim form with copies of your receipts and referrals from your Medical Practitioner via one of the listed options:

- 1) Email Submission to [AsiaPacServices@aetna.com](mailto:AsiaPacServices@aetna.com)
  - 2) Online Submission via our secure portal [www.aetnainternational.com](http://www.aetnainternational.com)
  - 3) Postal Submission to: Aetna International Claim Service  
**Aetna Insurance (Singapore) Pte. Ltd.**  
3 Church Street. #10-02 Samsung Hub  
Singapore 049483
- For claim related queries please contact our 24 hour Member Services helpline +852-3071-5022
  - Toll Free from Singapore): 800-110-1951
  - Toll Free from Other Countries Using ATT Access Codes: +1-855-532-5085

**Please Retain a Copy for Your Records**

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