Aetna International Claim Form

Please submit this completed Claim form with itemized bills and receipts. A separate Claim Form is needed for each family member. Please tape small receipts on a full size sheet of paper. Failure to complete all sections of this form may result in claim processing delays.

☐ Medical ☐ Dental ☐ Maternity ☐ Vision ☐ Wellness

Please refer to your policy documents to verify the cover available through your Plan.

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

1. Member Information – Must be completed.

Policy Name ____________________ Policy Number ____________________

Member's Name ____________________

Member's Date of Birth ____________________ Member Aetna Identification Number ____________________

Street Address ____________________

City ____________________ State/Province ____________________

Country ____________________ Postal/ZIP Code ____________________

Member's Telephone Number ____________________ Mobile Number ____________________

Member's Email Address ____________________

2. Patient Information – Must be completed.

Patient's Full Name ____________________

Patient's Date of Birth ____________________ Patient's Aetna Identification Number ____________________

Gender ☐ Male ☐ Female Relationship ☐ Self ☐ Spouse ☐ Child ☐ Other ____________________

3. Other Health Insurance Coverage – Must be completed.

Do you hold any other insurance? ☐ No ☐ Yes Other Carrier Name ____________________

Other Insurance Policy Number ____________________ Policy Holder Name ____________________

4. Claim Information (Please include diagnosis or reason for treatment for each service received.)

- For services related to an accidental injury, details of the accident must be provided.
- For conditions that have required long term treatments, please provide details of when the symptoms and/or treatment began.
- Claims for prescribed drugs or medication should include a prescription from your GP or medical specialist.
- Acupuncture, Podiatry, Chiropractic, Osteopath, Homeopath treatment and physiotherapy require a referral from your GP or medical specialist.

Dates of Services	Provider's (physician, clinic, hospital, pharmacy, dentist) Name and Address (If the provider's name and address is on receipts, write "see receipts")	Description of Service/ Name of Medication/ Device (If hospital, state Inpatient, Day Case or Outpatient)	Diagnosis (Reason for visit)	Country of Claim	Currency of Claim	Total Charge

If the claim is for Maternity please indicate the expected due date of the pregnancy.

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Please confirm if your pregnancy is a result of assisted conception/infertility treatment.

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For dental claims, please indicate the related tooth and ensure itemized breakdown of services is included.

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Were your injuries caused by an Accident? ☐ No ☐ Yes

If Yes, is it: Motor Vehicle Related? ☐ No ☐ Yes, provide Accident Date __________ Time _______ ☐ AM ☐ PM

Work Related? ☐ No ☐ Yes, provide Accident Date __________ Time _______ ☐ AM ☐ PM

Please provide accident details on a separate sheet.

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Health Insurance plans and programs are underwritten or administered by Aetna Life & Casualty (Bermuda) Ltd. or Aetna Life Insurance Company (ALIC).

Member's Name ____________________

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).
*Cheques are only payable in US dollars. For wire transfer we may require additional information at the time of reimbursement.
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 all UAE bank transfer claim payment transactions. If using bank accounts in the UAE, this must be supplied.

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.

Reimbursement for Providers Outside of the U.S.

If, acting reasonably, we determine that any central bank or relevant government or governmental authority imposes an artificial exchange rate (including without limitation an exchange rate which is inconsistent with the free market exchange rate) in relation to a relevant currency for any reason, we may in our sole discretion reimburse you for your valid claims pursuant to this agreement for treatment in such country in any manner we may reasonably decide. In making such determination we shall seek to ensure that, in keeping with the fundamental basis of any contract of insurance, we indemnify you for your loss (subject to the terms and conditions of your policy) but do not unjustly enrich you as may have been the case had we applied such artificial exchange rate to pay you in another currency.

Aetna In-Network Providers Outside the U.S.

The manner of reimbursement may consist of payment in (i) the applicable local currency (if feasible at the sole discretion of Aetna), or (ii) if you do not have a bank account in such local currency, in the currency in which the policy premium was paid in an amount equal to that which we would have paid our **network provider** in the currency in which premium was paid pursuant to our obligations to such **network provider** (as we may reasonably determine), subject in each case to the principle of indemnity we mention above.

Out-of Network Providers Outside the U.S.

The manner of reimbursement may consist of payment in (i) the applicable local currency subject to the principle of indemnity we mention above (if feasible at the sole discretion of Aetna), or (ii) if you do not have a bank account in such local currency, in the currency in which the policy premium was paid in an amount equal to the applicable **Reasonable and Customary Charges**.

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.)

7. Additional Information

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Please Retain a Copy for Your Records

How to submit a Claim

Aetna International provides alternative methods of submitting a claim form to make it easier for our members, below are the listed options:

- Postal Submission
  Aetna International
  PO Box 30545
  Tampa, FL 33630

- Online Claim Submission for our members via our secure portal
  AetnaInternational.com

- Submit your claim via Fax attaching receipts and referrals from your Medical Practitioner
  1(860) 262-9111

- Email Submission with copies of your receipts and referrals from your Medical Practitioner
  AmericasServices@aetna.com

- For claim related queries please contact our 24 hour Member Services helpline
  Toll free: 1(866) 545-3252, Direct/Collect: (813) 775-0220

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.

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For Plans Compliant with United States Federal Affordable Care Act (ACA) legislation
Aetna complies with applicable Federal civil rights laws and does not discriminate, exclude or treat people differently based on their race, color, national origin, sex, age, or disability.

Aetna provides free aids/services to people with disabilities and to people who need language assistance.

If you need a qualified interpreter, written information in other formats, translation or other services, call the number on your ID card.

If you believe we have failed to provide these services or otherwise discriminated based on a protected class noted above, you can also file a grievance with the Civil Rights Coordinator by contacting:
Civil Rights Coordinator, P.O. Box 14462, Lexington, KY 40512 (CA HMO customers: PO Box 24030 Fresno, CA 93779), 1-800-648-7817, TTY: 711, Fax: 859-425-3379 (CA HMO customers: 860-262-7705), CRCoordinator@aetna.com.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, or at 1-800-368-1019, 800-537-7697 (TDD).

Aetna is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies, including Aetna Life Insurance Company, Coventry Health Care plans and their affiliates (Aetna).

TTY: 711

English	**To access language services at no cost to you, call the number on your ID card.**
Spanish	Para acceder a los servicios lingüísticos sin costo alguno, llame al número que figura en su tarjeta de identificación.
Chinese Traditional	如欲使用免費語言服務，請撥打您健康保險卡上所列的電話號碼
Arabic	للحصول على الخدمات اللغوية دون أي تكلفة، الرجاء الاتصال على الرقم الموجود على بطاقة اشتراكك.
French	Pour accéder gratuitement aux services linguistiques, veuillez composer le numéro indiqué sur votre carte d'assurance santé.
French Creole (Haitian)	Pou ou jwenn sèvis gratis nan lang ou, rele nimewo telefòn ki sou kat idantifikasyon asirans sante ou.
German	Um auf den für Sie kostenlosen Sprachservice auf Deutsch zuzugreifen, rufen Sie die Nummer auf Ihrer ID-Karte an.
Italian	Per accedere ai servizi linguistici senza alcun costo per lei, chiami il numero sulla tessera identificativa.
Japanese	無料の言語サービスは、IDカードにある番号にお電話ください。
Korean	무료 다국어 서비스를 이용하려면 보험 ID 카드에 수록된 번호로 전화해 주십시오.
Persian Farsi	برای دسترسی به خدمات زبان به طور رایگان، با شماره قید شده روی کارت شناسایی خود تماس بگیرید.
Polish	Aby uzyskać dostęp do bezpłatnych usług językowych, należy zadzwonić pod numer podany na karcie identyfikacyjnej.
Portuguese	Para aceder aos serviços linguísticos gratuitamente, ligue para o número indicado no seu cartão de identificação.
Russian	Для того чтобы бесплатно получить помощь переводчика, позвоните по телефону, приведенному на вашей идентификационной карте.
Tagalog	Upang ma-access ang mga serbisyo sa wika nang walang bayad, tawagan ang numero sa iyong ID card.
Vietnamese	Để sử dụng các dịch vụ ngôn ngữ miễn phí, vui lòng gọi số điện thoại ghi trên thẻ ID của quý vị.

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Health Insurance plans and programs are underwritten or administered by Aetna Life & Casualty (Bermuda) Ltd. or Aetna Life Insurance Company (ALIC).