



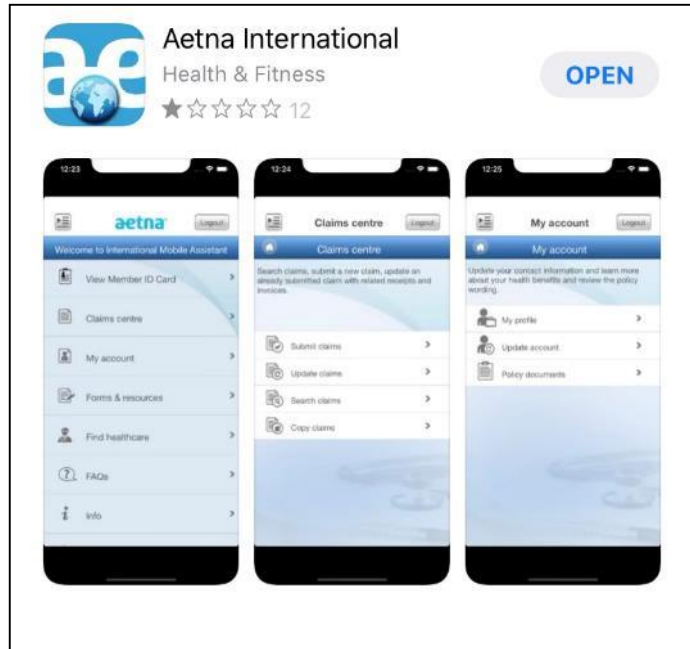
International Mobile Assistant

Guide

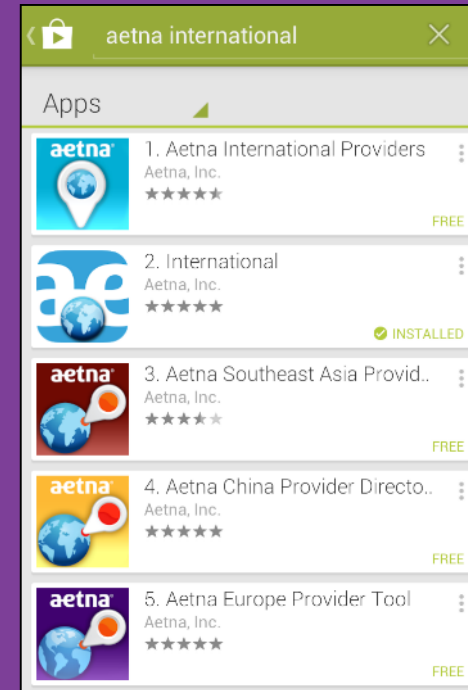


May 15, 2020

Download the International Mobile Assistant app



iTunes Store



Google Play

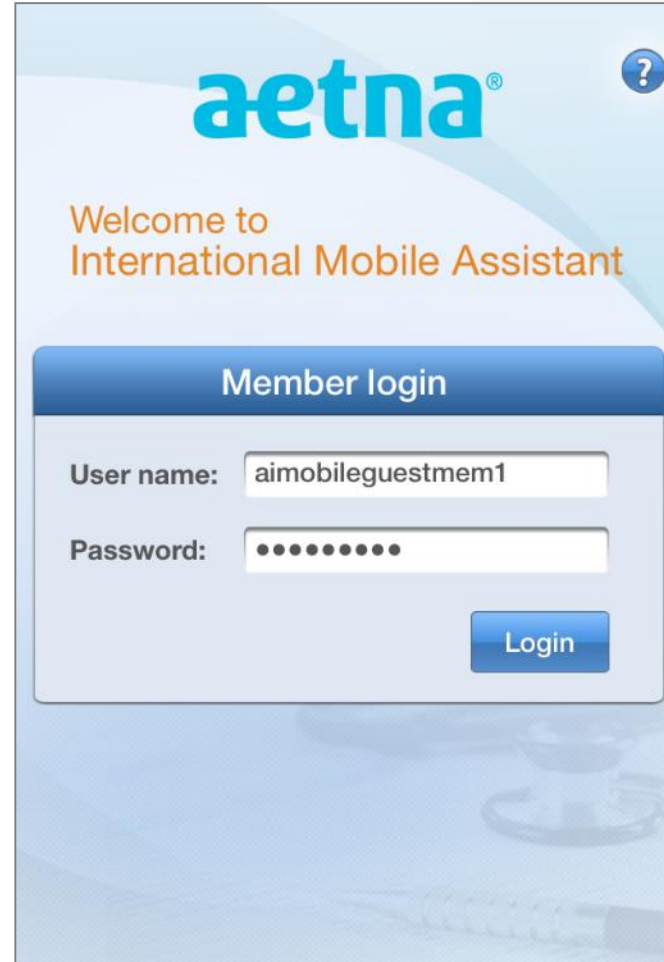
Logging into the app

To login to your secure member mobile app:

First, register an account on [Health Hub](#), your secure member website.

Next, use the same username and password you registered with on Health Hub to access your secure International Mobile Assistant app.

For a step-by-step guide on registering or logging in to Health Hub, [click here](#).



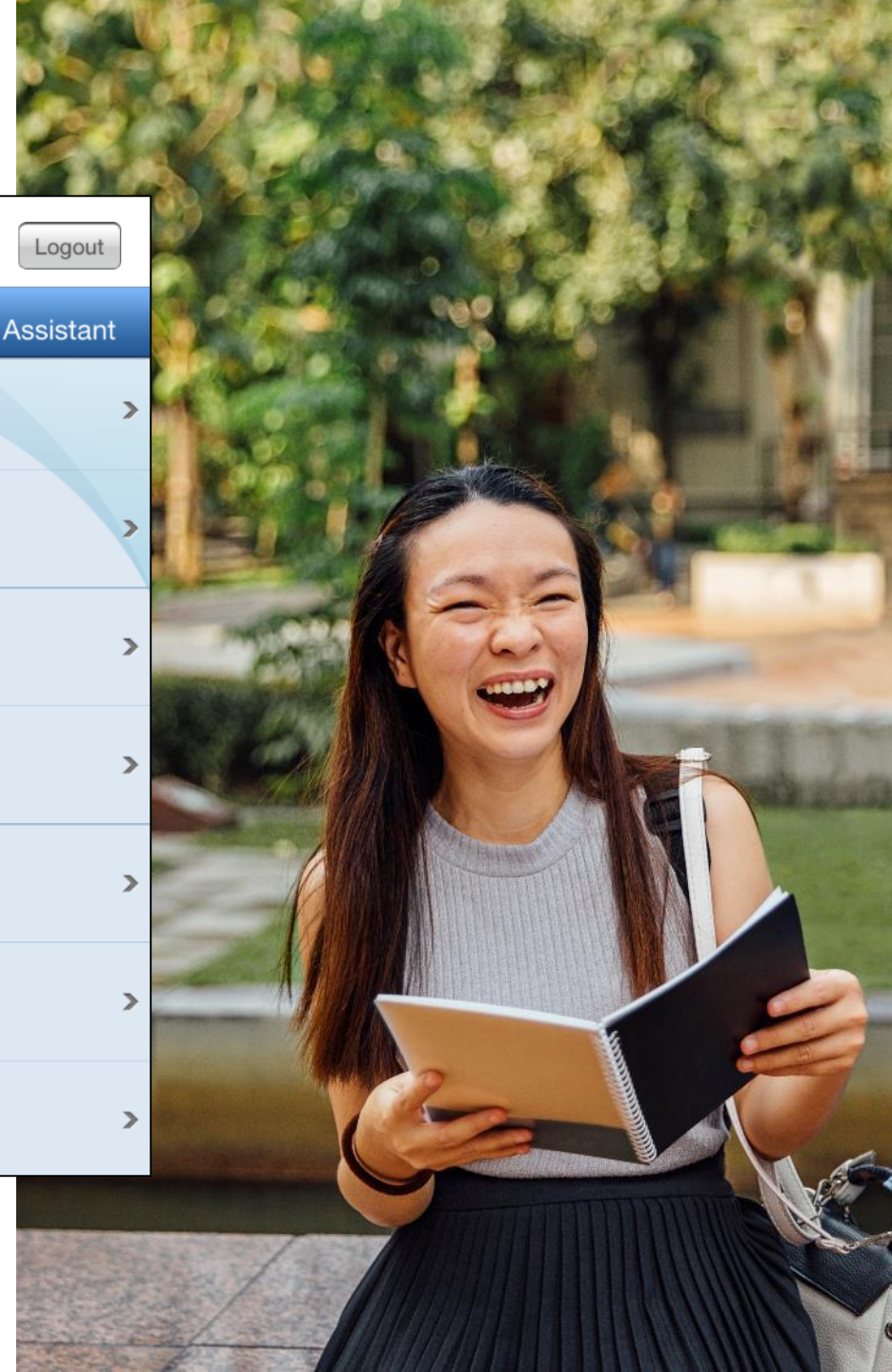
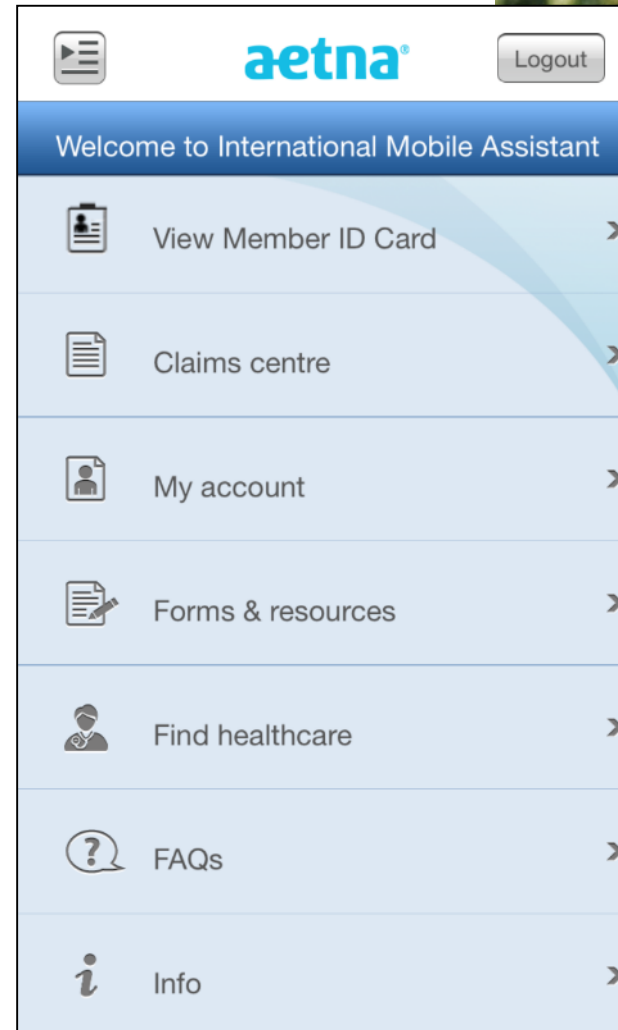
The image shows a screenshot of the Aetna International Mobile Assistant login interface. At the top, the Aetna logo is displayed in blue, with a small blue circle containing a white question mark to its right. Below the logo, the text "Welcome to International Mobile Assistant" is written in orange. A blue header bar with the text "Member login" is positioned above the login form. The form contains two input fields: "User name:" with the text "aimobileguestmem1" and "Password:" with a series of black dots. A blue "Login" button is located at the bottom right of the form. The background of the form is a light blue gradient with a faint image of a stethoscope.



Welcome

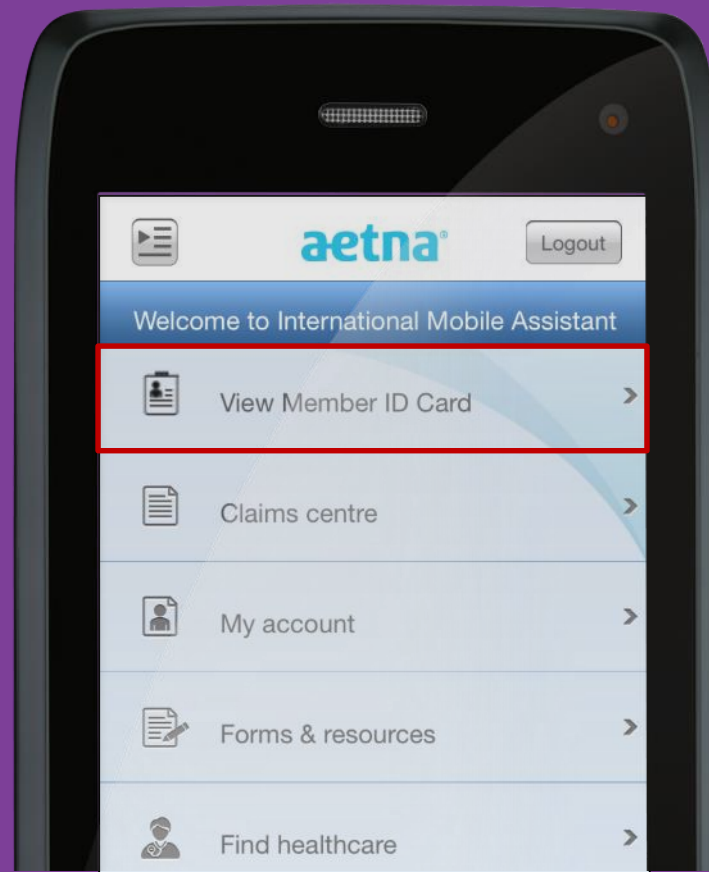
Useful tools can be found directly on the welcome screen:

- Submit claims and view claim details
- Find doctors and hospitals
- View policy documents and forms



View Member ID Card

You can view and share a softcopy version of your Member ID Card via the app



Flash your member ID card

- Enjoy direct billing at our network providers
- Review your plan's key information at a glance

**MemberIDCard.pdf** 



Member Name: Jane Smith
Member ID: 12345678
Plan sponsor: AGB (UK) Singapore Branch
Plan type: Summit 2500 Plan number: ST0123456789
Area of Cover: Area 3
Date of joining: 01-JUL-2019 End date: 30-JUN-2020
OP Direct Billing: Yes, including chronic Pre-existing Cover: Yes
10% OP coinsurance to max SGD 2500.00
Maternity: Yes, 20% Coinsurance Generated on: 07-APR-2020 16:11:25

**Aetna International**

1-800-723-1241 FREE from Singapore
+65-6701-6912 collect or direct

Visit: www.business.att.com/bt/access.jsp to find the number for the country you are in. Use this access code: 855-491-9150 when prompted

For general inquiries only: EuropeServices@aetna.com

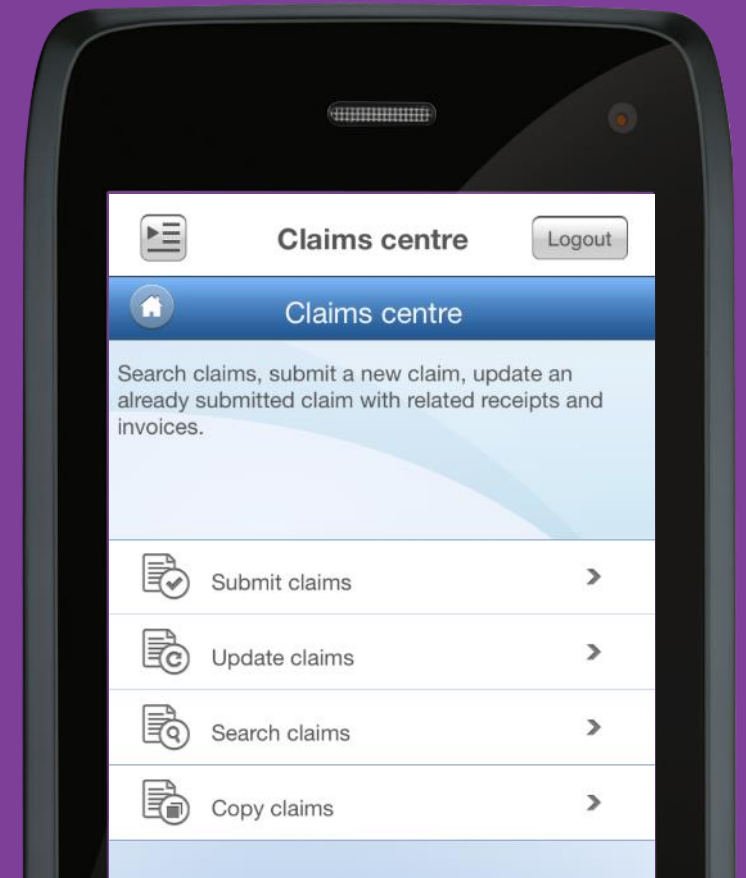
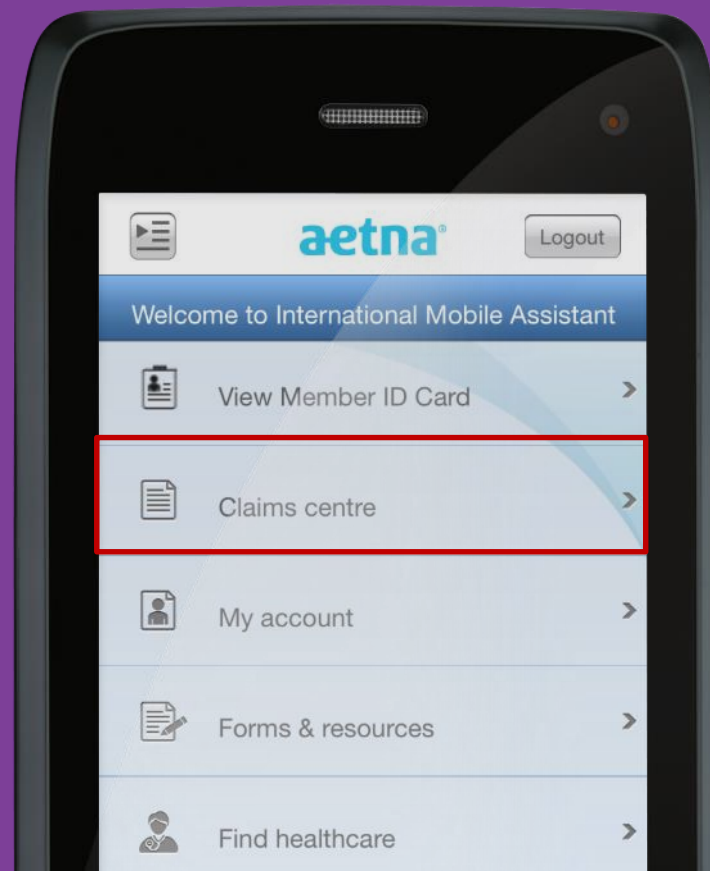
Members: Call for preauthorisation, 24-hour medical evacuation assistance, claims and cover questions and all general enquiries. Show this card to your healthcare provider along with proof of identity • This card is our property and you must return it to us on our request • This card is not a credit card or guarantee of payment.

Healthcare providers: Call for preauthorisation.
Always ask for proof of identity for the member presenting this card.

www.aetnainternational.com

Claims center

The claims center gives you the option to submit a new claim, update an existing claim with related receipts and invoices, as well as search and copy claims.



Submit a claim – Step 1

- Select the patient name
- Confirm your address and postcode
- Confirm your email address
- Verify your primary telephone number
- Tap “Save & Next”

Claims centre Logout

Submit Claim Step 1 of 5

1 Patient Address Line 1* *i*

Patient Address Line 2

City/Town:* (do not include any hyphens) Singapore

County/State:

Postcode:*

Country/Territory:* SINGAPORE

2 Email:* *i*

Confirm Email:* *i*

3 Primary telephone number:* (include area and/or country/territory code)

Alternate phone:

Save Cancel **4** Save & Next

Submit a claim – Step 2

- Complete the claims form with the claim details
- Click “Add invoice” and provide invoice details
- Click “Submit”

The image displays three sequential screenshots of a mobile application interface for submitting a claim, labeled as Step 2 of 5.

Screenshot 1 (Left): Titled "Submit claim Step 2 of 5". It shows the "Claim Details" section. A red circle with the number "1" is positioned next to the "Add invoice" button. Below this, there is a dropdown menu for "Select Claim Type:" set to "Medical". A text area for "Detail the symptoms/medical condition that the patient received treatment for:" is present. Below that are several yes/no questions with information icons: "Is this claim for a wellness checkup?", "Is this claim for optical care?", "Is this a new claim?", "A claim for a repeat prescription?", and "Is this claim for hospital cash benefit?".

Screenshot 2 (Middle): Titled "Submit claim Step 2 of 5". It shows the "Add invoice" button highlighted with a red circle and the number "2". Below the button is the "Invoice Details" section, which is currently empty. At the bottom, it shows "Total number of invoices: 0" and two more yes/no questions: "Does that patient have another insurance plan or policy that covers medical costs?" and "Is this claim as result of an accident?".

Screenshot 3 (Right): Titled "Add Invoice". It shows a form with several input fields: "Country/Territory of treatment:", "Treatment start date:", "Treatment end date:", "Invoice date:", "Invoice reference number:", "Invoice currency:", and "Invoice amount:". A red circle with the number "3" is positioned next to the "Submit" button at the bottom right.

Submit a claim – Step 3

- Invoice details will be captured in the table. Click “Save & Next”
- Complete payment details by selecting payment or reimbursement method providing your bank account information
- Take a picture of your invoice or receipt, and relevant supporting documents
- Indicate acceptance of the legal terms
- Select the uploaded files and click “Submit”

Claims centre Logout

Submit claim Step 2 of 5

Provide the breakdown of the invoices being submitted with this claim: *

Add invoice

Invoice Details	
134950235	>
07-Apr-2020	

Total number of invoices: 1

Does that patient have another insurance plan or policy that covers medical costs? *

Yes No

Is this claim as result of an accident? *

Claims centre Logout

Submit claim Step 3 of 5

Payment Details

Payment Details Help

Where you would like reimbursement to be sent? * *i*

To the Member

To the Provider

Have you personally had to pay costs for the treatment that you are claiming for? *

Yes No

Would you like to use the reimbursement information (RRE) currently on file? * *i*

Yes No

Beneficiary Name/ Account Number	Payment Method
<input checked="" type="radio"/> Jane Smith 12345678	Electronic >

Claims centre Logout

Submit claim Step 4 of 5

Upload documents

Use your phone's camera to take a picture of the relevant receipts.

Take a picture

You have used 1.074MB of 10MB

Uploaded files

Select all

File 1 (1.074MB)

Delete selected files

Legal acceptance

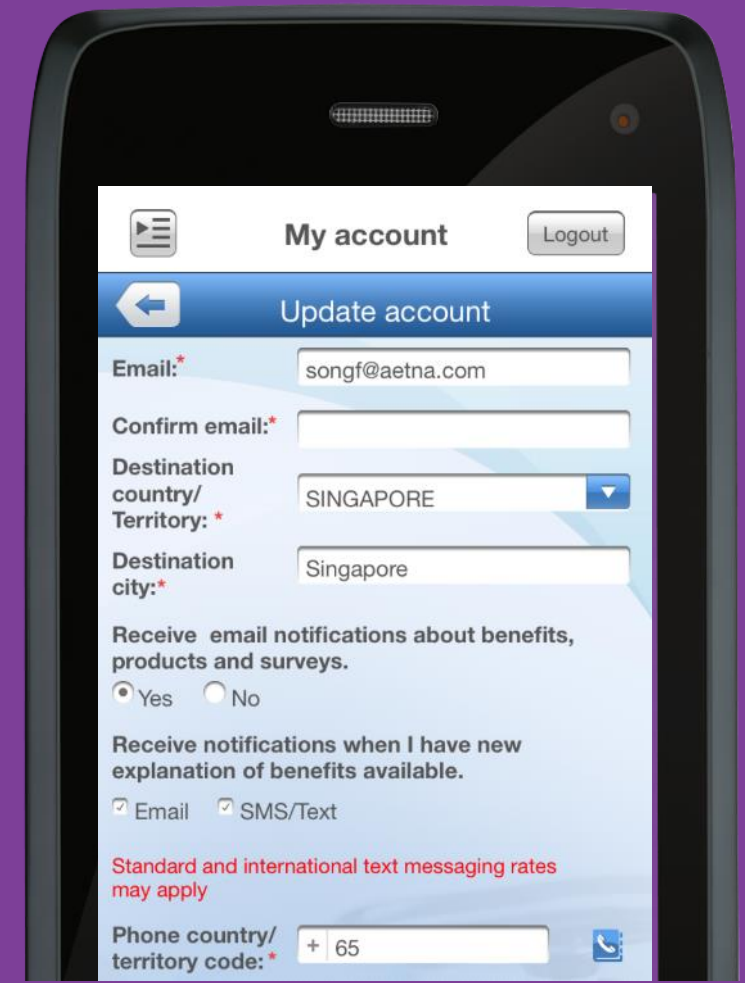
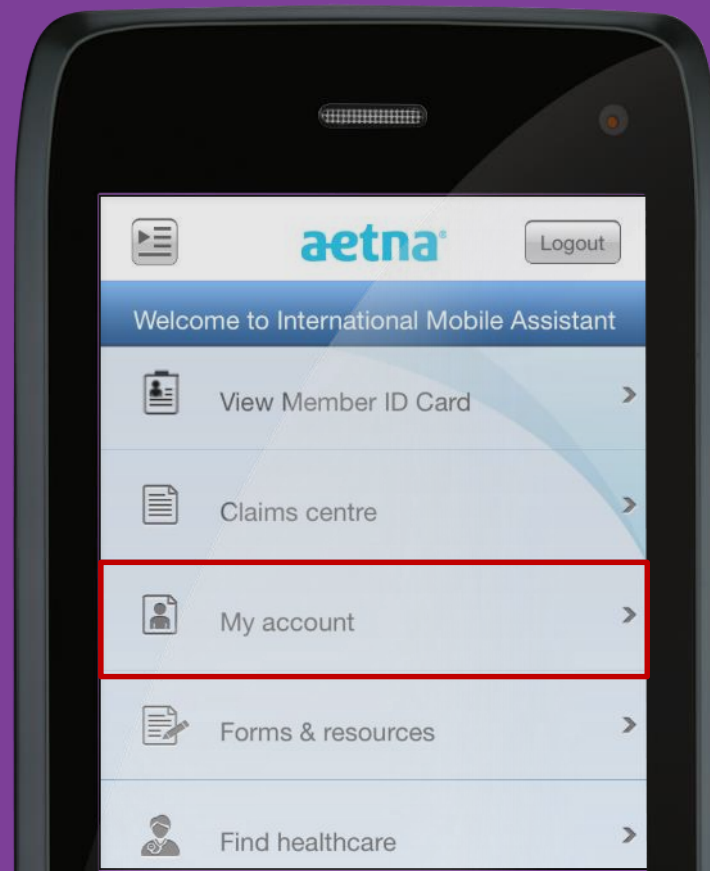
YES I accept the legal terms above

Cancel Submit

My account

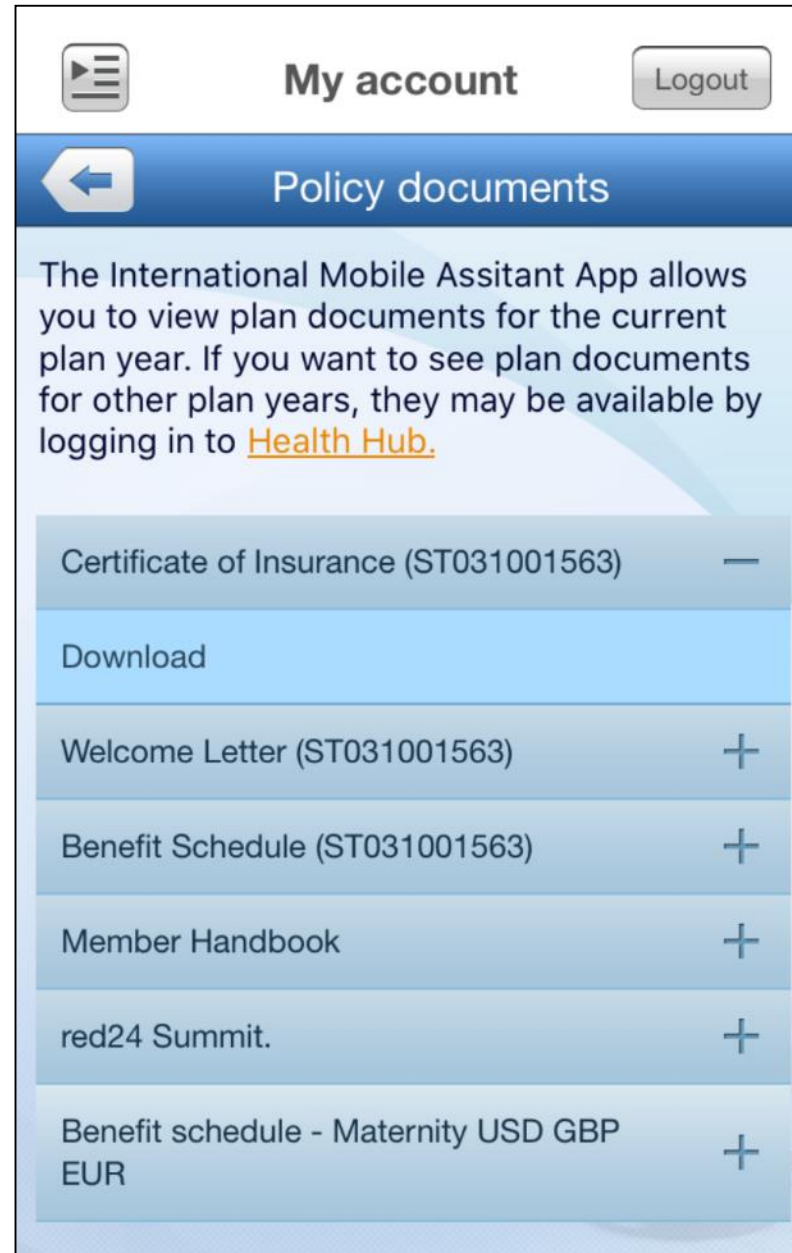
This section includes many helpful and important features you may need now or in the future.

- Update email address
- Enter destination city and country
- Update phone number and timezone
- Opt in to receive email and SMS/Text EOB notifications.



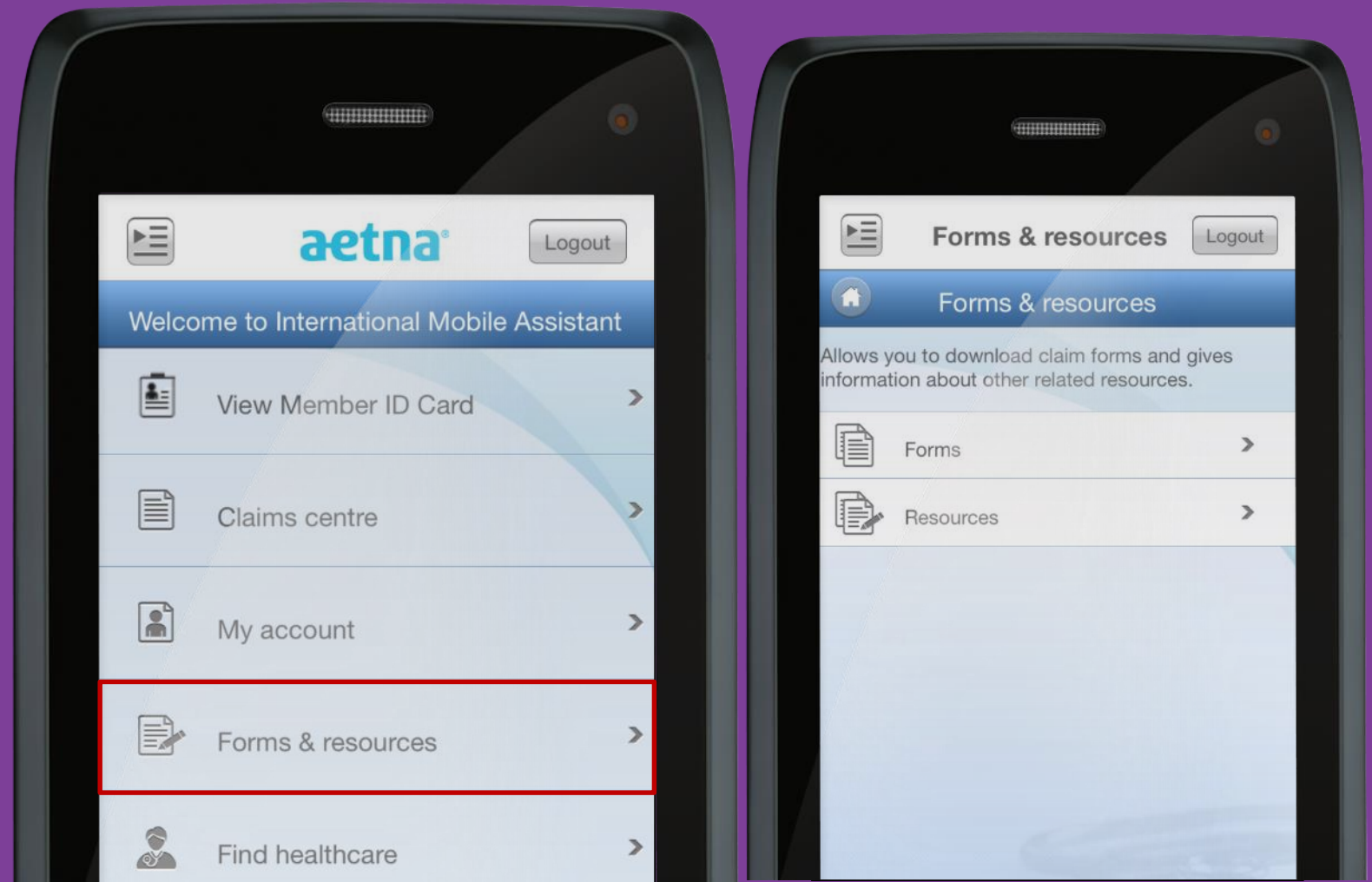
Policy documents

- View and download documents specific to your policy



Forms and resources

This section includes many helpful and important features you may need now or in the future.



Forms and resources

- Download relevant forms you may need while accessing care, submitting a claim, and setting up reimbursements
- Our forms are offered in multiple languages

Forms & resources
Logout

←
Forms

Claim Form - Medical

Download

Claim Form - Dental

Release of Medical Information Form

Preauthorisation Medical Form

Maternity Claim Form - English

Claim Form
Aetna International
Please also complete Page 2 of this form.

Medical* Pharmacy* Dental* Vision*
*Refer to your plan documents to verify the coverage(s) that are available through your Plan.

Please mail or fax 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.

<small>Aetna International/Aetna PO Box 981543 El Paso, TX 79998-1543 USA</small>	<small>Telephone: +1-800-231-7729 (outside the USA, via AT&T + access) +1-813-775-0190 (direct or collect outside the USA) Facsimile: +1-800-475-8751 (outside the USA, via AT&T + access) +1-859-425-3363 (inside the USA) E-mail: AISERVICE@AETNA.COM</small>
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1. Employee Information

Employer Name/Group Number _____
 Employee's Name _____
(First Name, Middle Initial, Last Name/Surname as displayed on Aetna ID Card)
 Identification Number (Use the number specified on your Aetna ID card) _____
 Employee's Birthdate (mm/dd/yyyy) _____ / _____ / _____ Gender Male Female
 Street _____
 City _____ State/Province _____
 Country _____ Postal/ZIP Code _____
 Employee's Telephone Number (include Country Code) _____
 Employee's Primary E-Mail Address _____
(E-mail addresses are strongly encouraged in the event additional information is needed to process your claim.)

2. Patient Information

Patient's Name (First Name, Middle Initial, Last Name/Surname) _____
 Relationship: Self Spouse Child Other _____
 Patient's Birthdate (mm/dd/yyyy) _____ / _____ / _____ Gender Male Female
Report cards, tuition statements & other forms of school attendance verification may be required once per school year, if your plan includes eligibility guidelines that require school attendance as a condition of coverage for dependents in excess of a specific age. See your plan documents for additional details.

3. Summary of Medical, Pharmacy, Dental, and Vision Services (Please include diagnosis or reason for treatment for each service received.)

<ul style="list-style-type: none"> For prosthetic services (crowns, bridges or dentures) the following information must be supplied: The x-rays. (If x-rays are not available, provide the dentist's narrative report.) For all dental claims (other than preventive services; e.g., oral exams, x-rays, cleanings, fluoride, etc.), complete the Dentist's Statement (GC-14423) and attach to this claim form. Be sure to identify the related tooth number for all dental procedures and include extraction dates, or original placement date and reason for replacement of denture or bridge replacement. If the claim is for a bridge or denture, we will need a chart of all other missing teeth in the mouth, and their dates of extraction. 	<ul style="list-style-type: none"> For periodontal services (gum disease), member must submit x-rays and periodontal charting. For orthodontic services, the following information must be provided: date appliance placed, number of months of treatment, and months of treatment remaining. For services related to an accidental injury, the patient must always include pre-treatment x-rays and details of the accident. 	
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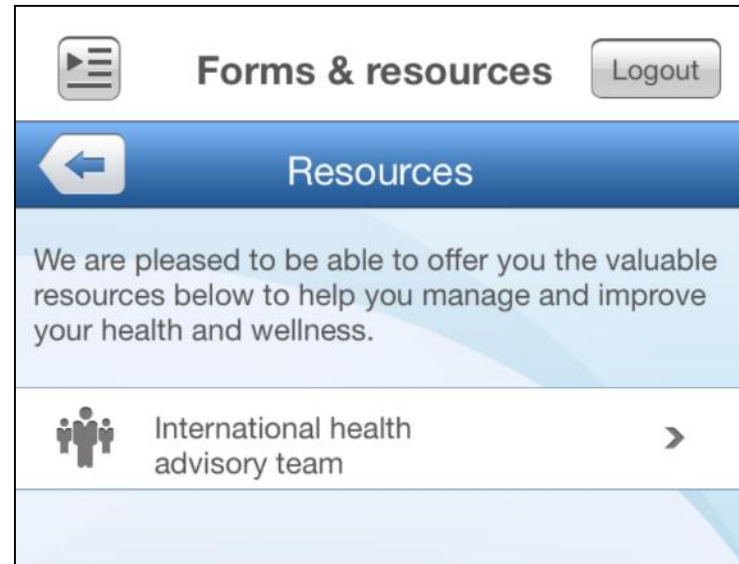
Date of Service (mm/dd/yyyy)	Provider's (physician, clinic, hospital, pharmacy) Name and Address (If the provider's name and address is on receipts, write "see receipts")	Description of Service/ Name of Medication/ Drug/Device (If hospital, indicate inpatient or outpatient)	Diagnosis (Reason for visit)	City/State/ Province/Country of Claim	Currency of Claim	Total Charge

4. Claim Information

If Yes is answered to either question below, c and d in this section must be completed.
 a. Is the claim related to a work related accident or condition? Yes No

Forms and resources

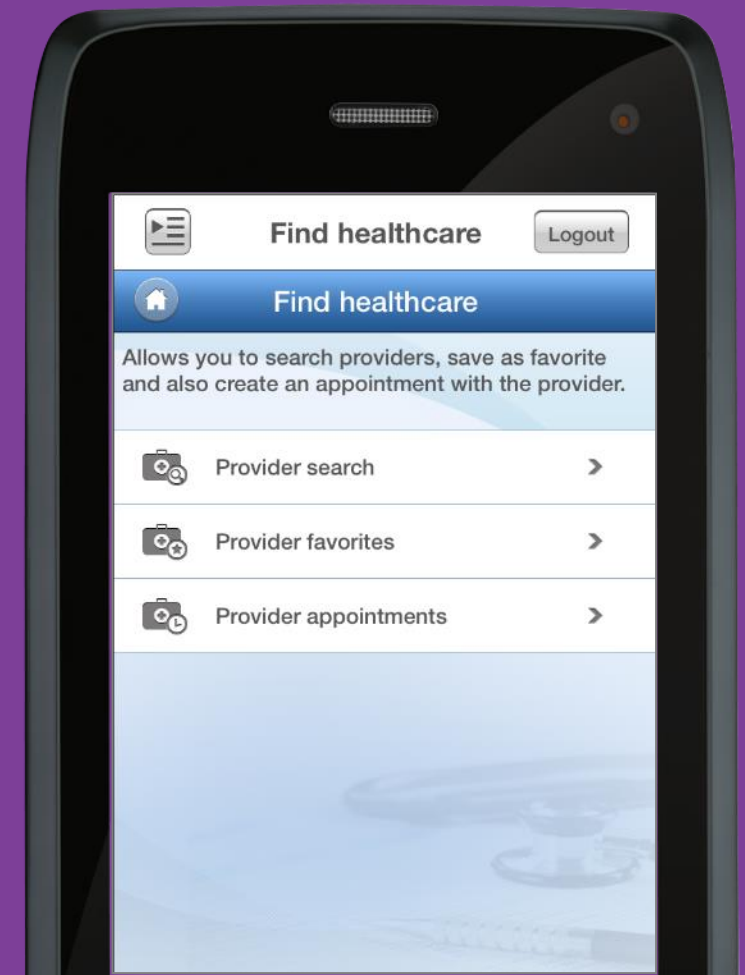
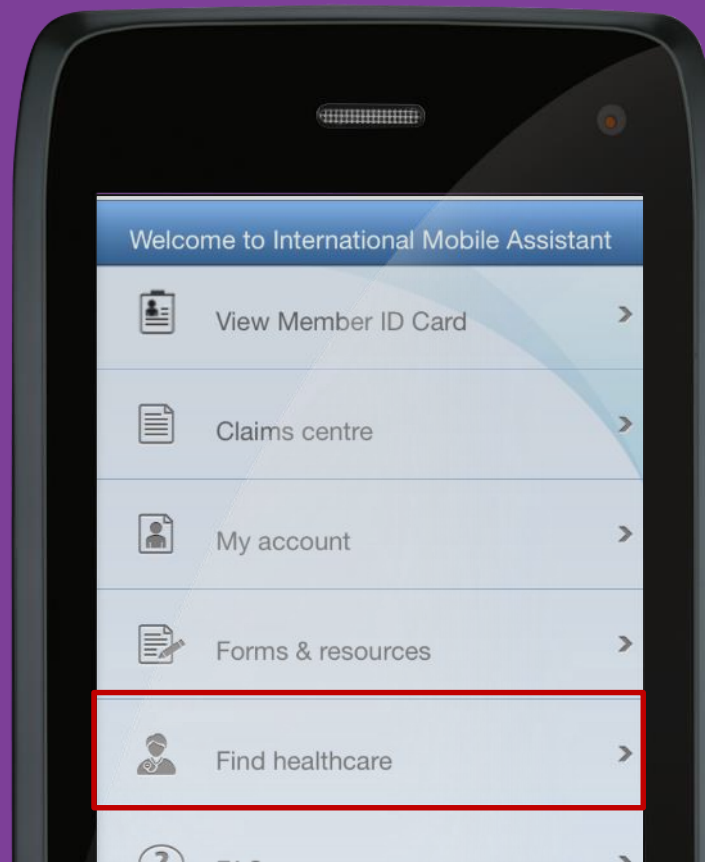
- Access our health and wellness library. This library contains PDF downloads on topics like nutrition, fitness and even chronic conditions to help you stay healthy
- Learn more about our International Health Advisory Team (IHAT)
- Request to speak with an IHAT nurse



Find healthcare

This section includes many useful features you may need on your journey to the most suitable healthcare.

- Search for a doctor, hospital or specialist.
- Ability to mark a provider as a favorite and bypass the search in the future.
- Create and track appointments with a provider.



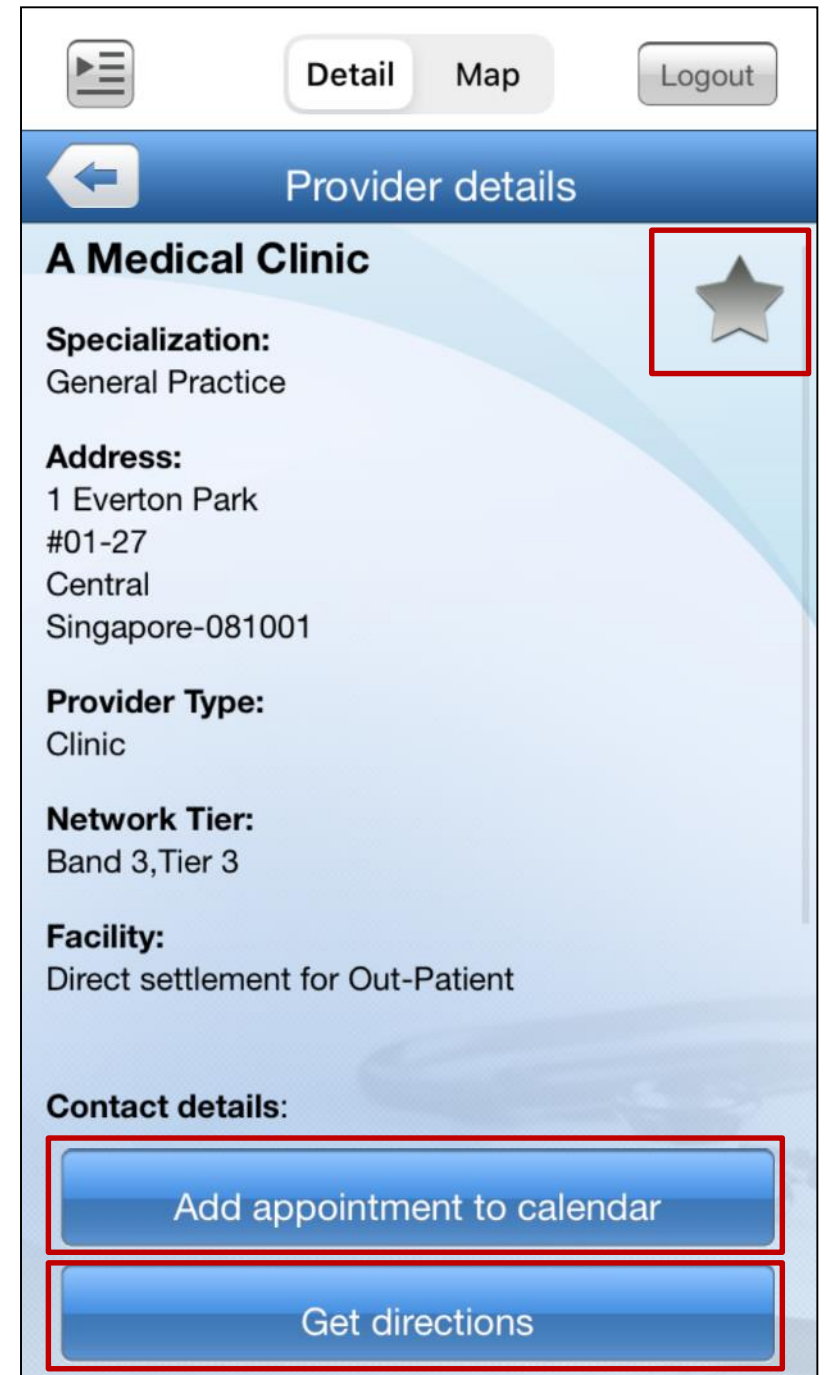
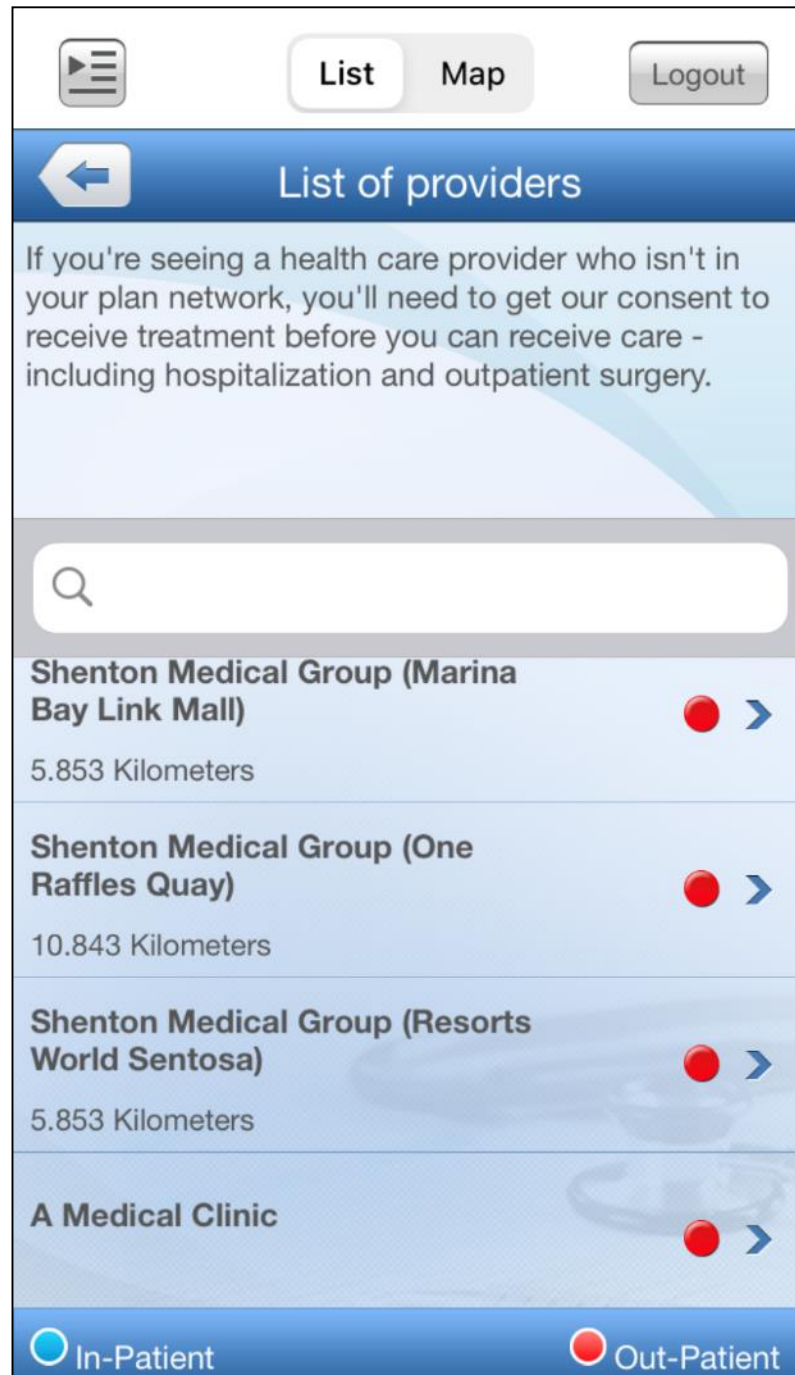
Provider Search

- Search by country, city and specialization.

The screenshot shows a mobile application interface for finding healthcare providers. At the top, there is a navigation bar with a menu icon, the text "Find healthcare", and a "Logout" button. Below this is a blue header with a back arrow and the text "Provider search". The main content area contains three dropdown menus labeled "Country:*", "City:", and "Specialization:". Below these are two buttons: "Clear" and "Search". A modal window titled "Specialization" is open, showing a search bar and a list of medical specializations: Allergy & Immunology, Audiology, Cardiology, Dermatology, Dietician/Nutritionist, and Emergency Medicine. The modal also has a "Cancel" button in the top right corner.

Provider details

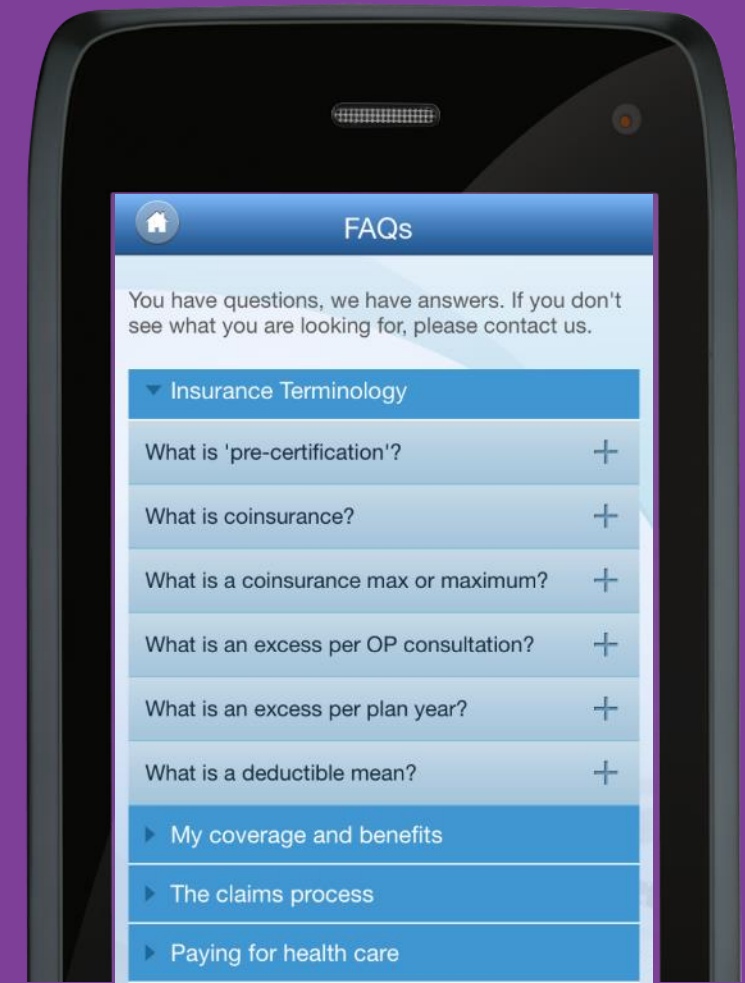
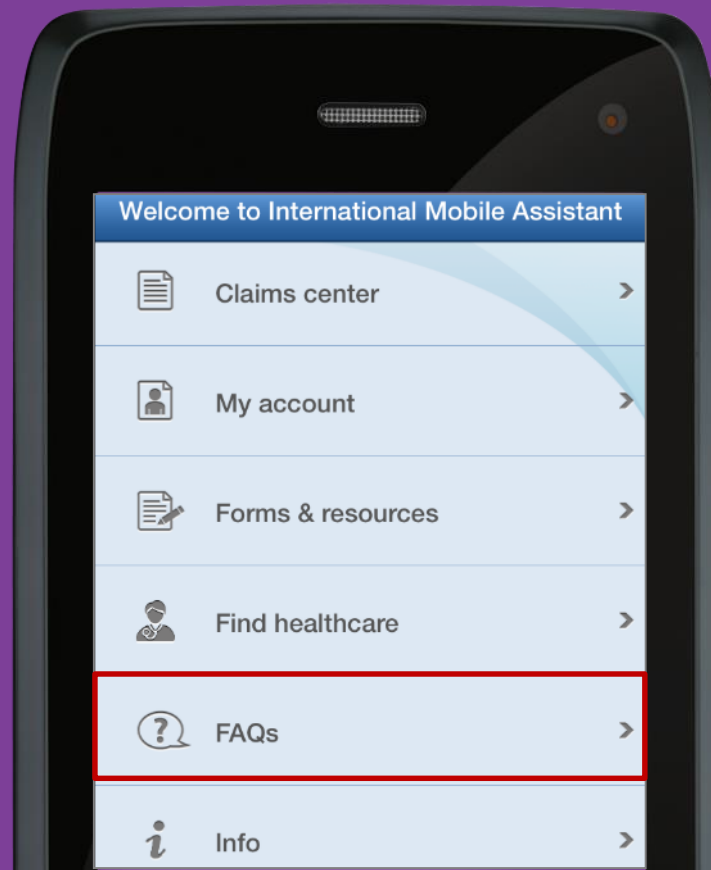
- Provider address.
- In-Patient or Out-Patient facility.
- Allows members to star a facility as a favorite.
- Add an appointment to their calendar.
- View the location on a map and get driving directions.



FAQs

Find answers to many of the questions our members frequently have about their health insurance.

- Learn more about insurance terminology
- How to submit and be reimbursed for a claim
- How to pay for care, fill a prescription and plan for your next trip



Info

Find contact information for our 24-hour International Member Service Center.

- Mailing address for claims
- Toll-free dialing instructions

