



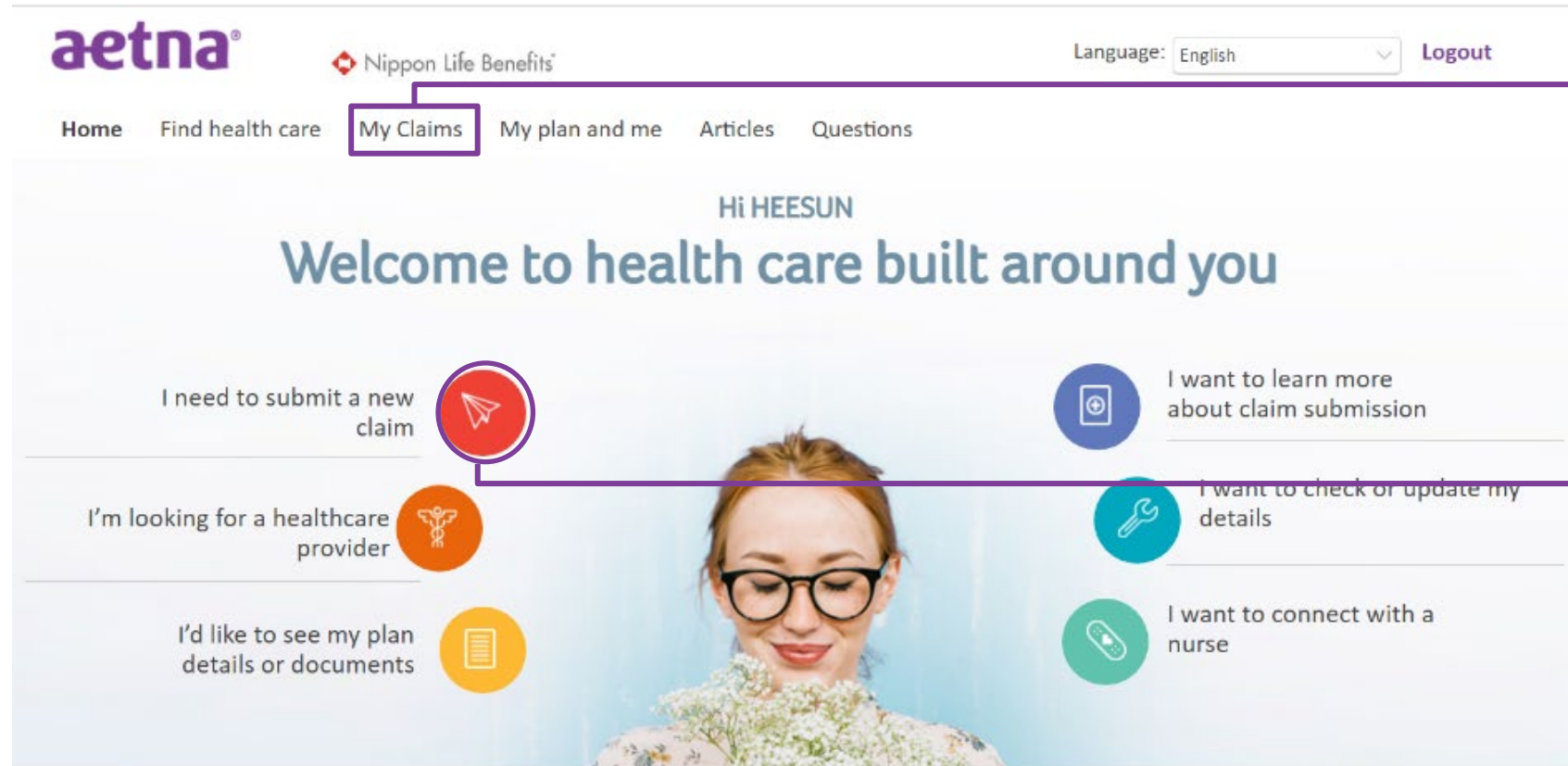
## How to submit and track out of U.S. claims on [AetnaInternational.com](https://www.aetnainternational.com)

For anywhere access to plan information visit your [Aetna International/Nippon microsite](https://www.aetnainternational.com/nippon) >

1418904-05-02 (8/23)  
NLB30675 (1.23)



# Aetna International member website homepage



## Click on “My Claims” to:

- Submit claims
- Browse claims history
- View status of submitted claims

You can also use the claims quick access button to go directly to the claim submission form

# My claims

**My Claims**  
We'll help you spend less time managing your claims, and more time living your life.

[Continue with saved claim](#) [New claim](#)

NOTE: Claim ID & Claim Status details are only available for claim activity (below) if the claim has been submitted on or after 01-01-2021

[Show advanced filtering options](#)

Member	Reference	Claim type	Date	Attachment count	Claim Status	Claim ID
+ GREGORY GARCIA	UAG0000010690	Medical	02-15-2021	1	Your claim has been submitted	
+ GREGORY GARCIA	UAG0000010689	Vision	02-12-2021	3	Your claim has been submitted	

## My claims options

- Here you can choose to continue working on a saved claim or start a new claim
- 'Continue with saved claim' button only appears if you have a saved claim

# My claims — new claim

The screenshot shows the Aetna website interface. At the top left is the Aetna logo, followed by the Nippon Life Benefits logo. A language dropdown menu is set to 'English'. The navigation bar includes links for Home, Find health care, My Claims, My plan and me, Articles, and Questions. The main content area features a large heading 'My Claims' and a sub-heading 'We'll help you spend less time managing your claims, and more...'. Below this are two buttons: 'Continue with saved claim' and 'New claim'. A pop-up dialog box is overlaid on the page, asking 'Are you sure you want to start a new claim?' and offering the option to 'continue with the same one?' if a saved form exists. At the bottom of the dialog are two buttons: 'New Claim' and 'Continue With Saved Claim'. A purple arrow points from the 'New Claim' button in the dialog to the explanatory text on the right.

Once you select 'New Claim' on the home page, a pop-up message will appear. You can select to start a new claim or use a previously saved form.

If you'd like to start a new claim, select the 'New Claim' button.

**NOTE:** Claim ID & Claim Status details are only available for claim activity (below) if the claim has been submitted on or after 01-01-2021

# New claims — about the patient (1/2)

## 1 About the patient

This section asks you some basic details about the claim. We've already filled out as much information as we have on file to make it easy. Now, just fill in the blank fields. The 'subscriber' is the primary member. The 'patient' is the person who the claim is for - this could be the subscriber or any covered dependent.

Please do not use the browser back button.

### Your details

First name

JBDWIUV

Last name

B AJVYAAD EYDB

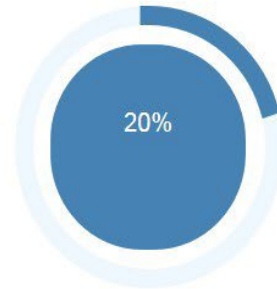
Aetna ID Number: ⓘ

215191702

Your date of birth

04/29/1959

Gender: ⓘ



**There are five sections in the claim submission process:**

1. About the patient
2. Payment details
3. About the claim
4. Other existing health coverage
5. Upload documents, declaration and submit

Note: Some information is automatically filled and cannot be edited.

# New claims — about the patient (2/2)

## Employer Details

Employer Name:  Group Number:

Select Nippon Life Insurance and group number 0706458.

## Patient Details

Who is the patient? \*

Date of Birth (mm/dd/yyyy):  Gender:  Relationship to Member:

Telephone Number:   
(include area &/or country code)

E-mail Address: \*  Confirm E-mail Address: \*

Choose the patient from the dropdown list

Update and confirm your email address

Once finished, select 'Save and Next' of 'Save' to continue working on later. If you choose 'Cancel', the entire claim form will be lost.

# Payment details

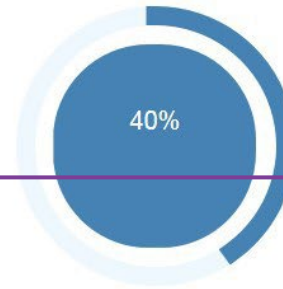
## 2 Payment Details

This section asks how you'd like to be paid. If you've already set up payment method, we'll give you the option to use the information we already have on file.

Please do not use the browser back button.

Where would you like payment to be sent? \* ⓘ

- To the member (subscriber)
- To the provider



Select the payment method you prefer — send to the member (subscriber) or the provider

If you select 'To the provider' and click 'Save and Next', you'll move right on to the next step

- Back
- Save and Next
- Save
- Cancel

# Payment details — to the member (subscriber) “yes”

**2 Payment Details**

This section asks how you'd like to be paid. If you've already set up payment method, we'll give you the option to use the information we already have on file.

Please do not use the browser back button.

Where would you like payment to be sent? \* *i*

To the member (subscriber)

To the provider

Use the payment method information currently on file: \* *i*  Yes  No

40%

For primary members, if you have previously entered a U.S. Dollar payment method but do not see it below, please enter your U.S. Dollar payment method and it will appear on all future submissions. For covered dependents, you may select a payment method submitted by the primary member on the plan.

No payment record exist for you in the system. Please try adding one by selecting 'No' for the question 'Use the payment method information currently on file'.

Select	Payment Method:	Currency	Account Number / IBAN	Beneficiary Name	Destination Country	Submission Date
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**Back** **Save and Next** **Save** **Cancel**

**If you select the payment to be sent to member (subscriber)**

- Select 'Yes' to use payment method already on file
- Select 'No' to use a different payment method

If you try to proceed without a payment record, you'll receive the message shown here in red. You'll need to select “No” to add a new payment method.



# Payment details — to the member (subscriber) “no”

This section asks how you'd like to be paid. If you've already set up payment method, we'll give you the option to use the information we already have on file.

Please do not use the browser back button.

Where would you like payment to be sent? \* 

- To the member (subscriber)
- To the provider

Use the payment method information currently on file: \*   Yes  No

Select payment method type: \*

- Use the information provided below as your Permanent payment method
- Use the information provided below only for expenses related to this claim

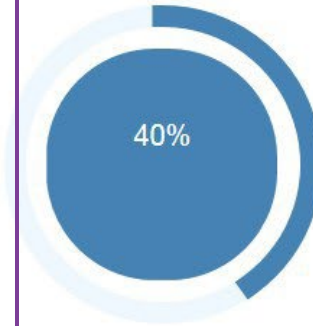
NOTE: Failure to provide complete payment method information may result in:

- Delayed claim settlement.
- Additional bank charges.

Country: \*

Select 

GO



**If you set up a new payment method:**

- You may select to save this payment method as your permanent payment method, or
- Use it to pay for this claim only

You'll need to choose the payment country from the dropdown and click the **'Go'** button.

# Payment details—add payment method

Electronic payment and different currency

Country: \*  
AUSTRALIA

Payment Method: Electronic - ACH    Country: AUSTRALIA

[I want to be paid in a different currency.](#)  
[I want to enter an electronic payment method.](#)  
[I want to receive a paper check](#)  
Fields marked with an asterisk (\*) are required.

**Destination Currency \***

**BSB number \***

**Account number \***

**Account Type \***

**Beneficiary First Name \***

**Beneficiary Middle Initial**

**Beneficiary Last Name \***

**Beneficiary Telephone**

**Beneficiary Email \***

These three links will let you select additional payment options:

- a different currency
- an electronic payment method, or
- by a paper check

Then fill in the account details in the following fields. Once finished, click 'Save and Next'.

# Payment details — add payment details

“I want to be paid in a different currency”

Country: \*  
AUSTRALIA GO

Different currency

Payment Method: Electronic - Local Wire Country: AUSTRALIA

[I want to enter an electronic payment method.](#)  
[I want to receive a paper check](#)

Fields marked with an asterisk (\*) are required.

**Destination Currency \***  
Australian Dollar

**BSB number \***

**Account number \***

**Intermediary Bank SWIFT**

**Intermediary Bank Name**

**Intermediary Bank Address Line 1**

**Intermediary Bank Address Line 2**

**Intermediary Bank Address Line 3**

**Intermediary Bank Address Line 3**

**Intermediary Bank Address Line 3**

**Beneficiary First Name \***  
JBDWIIUV

**Beneficiary Middle Initial**

**Beneficiary Last Name \***  
B AJVYAAD EYDB

**Beneficiary Telephone**

**Beneficiary Email \***  
JBDWIIUV@aetna.com

Back Save and Next Save Cancel

You'll need to fill in the required banking details for the “Different Currency” option.

Once all the details are filled in, you can select either of the two methods. To continue, select 'Save and Next'.

# Payment details — add payment details

## Confirmation

Payment Method: Electronic - ACH	Country: AUSTRALIA
Destination Currency	AUD
BSB number	064001
Account number	459840
Account Type	SG
Beneficiary First Name	JBDWIIJV
Beneficiary Middle Initial	
Beneficiary Last Name	B AJVYAAD EYDB
Beneficiary Telephone	
Beneficiary Email	JBDWIIJV@aetna.com
SWIFT BIC	CTBAAU2SXXX
Destination Bank Name	Commonwealth Bank of Aust
Destination Bank Address Line 1	79 Adelaide Street Brisbane
Destination Bank Address Line 2	
Destination Bank Address Line 3	
Destination Bank Address Line 4	
Destination Bank Address Line 5	
Destination Bank Postal Code	4000
Destination Bank Country	AUS

Back

Confirm

### Different currency payment confirmation

You'll be asked to review the added details and click the 'Confirm' button if the details are correct.

If they are not correct, you can click the 'Bank' button to go back and edit the details.

# Payment details—add payment details

“I want to enter an electronic payment method”

The screenshot shows a web form for adding an electronic payment method. At the top, there is a 'Country' dropdown menu set to 'AUSTRALIA' and a 'GO' button. Below this, the form is titled 'Electronic payment'. There are two main options for entering details, separated by an 'OR' label:

- Option 1 (Left):** This option is for users who want to be paid in a different currency or receive a paper check. It includes fields for 'Destination Currency' (set to 'Australian Dollar'), 'Account Number', and 'SWIFT BIC'. A note states: 'Fields marked with an asterisk (\*) are required.'
- Option 2 (Right):** This option is for users who want to provide more details about the bank. It includes fields for 'Intermediary Bank Country' (set to 'AUSTRALIA'), 'Beneficiary First Name' (set to 'JBDWIJUV'), 'Beneficiary Middle Initial', 'Beneficiary Last Name' (set to 'B AJVYAAD EYDB'), 'Beneficiary Telephone', 'Beneficiary Email' (set to 'JBDWIJUV@aetna.com'), and 'Intermediary Bank SWIFT'. There are also five 'Destination Bank Address Line' fields and a 'Destination Bank Postal Code' field.

At the bottom of the form, there are four buttons: 'Back', 'Save and Next', 'Save', and 'Cancel'.

There are two options to fill in details needed to enter an electronic payment method.

- Option 1** requires:
1. Destination Currency
  2. Account Number
  3. SWIFT BIC

**Option 2** requires more details about the bank.

After you fill in the details in either of the two methods, you can click on 'Save and Next' to continue.

# Payment details — add payment details

## Confirmation

Payment Method: **Electronic - Non Local Wire**    Country: **AUSTRALIA**

Destination Currency:

Account Number:

---

SWIFT BIC:

OR

Destination Bank Name

Destination Bank Address Line 1

Destination Bank Address Line 2

Destination Bank Address Line 3

Destination Bank Address Line 4

Destination Bank Address Line 5

---

Destination Bank Postal Code

Destination Bank Country:

---

Intermediary Bank SWIFT

Intermediary Bank Name

Intermediary Bank Address Line 1

Intermediary Bank Address Line 2

Intermediary Bank Address Line 3

Intermediary Bank Postal Code

Intermediary Bank Country:

Beneficiary First Name:

Beneficiary Middle Initial

Beneficiary Last Name:

Beneficiary Telephone

Beneficiary Email:

### Electronic payment – different currency confirmation

You'll be asked to review the added details and click on the 'Confirm' button if the details are correct.

If they're not correct, you can click on the 'Back' button to edit the details.

# Payment details — add payment details

## Paper check

Country: \*  
AUSTRALIA

Payment Method: Check Country: AUSTRALIA

[I want to be paid in a different currency](#)  
[I want to enter an electronic payment method.](#)  
Fields marked with an asterisk (\*) are required.

Destination Currency \*  
Australian Dollar

Clearing Country \*  
AUSTRALIA

Beneficiary First Name \*  
JBDWIIJV

Beneficiary Middle Initial

Beneficiary Last Name \*  
B AJVYAAD EYDB

Payment Method: Check Country: AUSTRALIA

Destination Currency	AUD
Clearing Country	AUS
Beneficiary First Name	JBDWIIJV
Beneficiary Middle Initial	
Beneficiary Last Name	B AJVYAAD EYDB

You can fill/update the details in the following fields. When finished, click 'Save and Next'

A pop-up will appear to review the added details. Choose the 'Confirm' button if the details are correct.

If they're not correct, you can click on the 'Back' button to edit the details.

# About the claim

**3 About the claim**

This section asks for more detailed information about the service(s) provided. It may be helpful to have your invoice handy as you fill out these fields. You can also use your mouse to hover over the blue icons for help.

Please do not use the browser back button.

**Type of claim \***  
Select

**Is this claim related to a work related accident or condition? \***  
 Yes  No

**Is this claim related to an accidental injury? \***  
 Yes  No

**Treatment summary**

**Treatment date (mm/dd/yyyy): \***

**Treatment Currency \*** Select

**Total charge: \***

**Provider's name and address: \***

**Description of service: \***

i.e.type of treatment, name of medication/device

**Reason for visit: \***

**Type of treatment: \***  
 Inpatient  
 Outpatient

**Date of accident (mm/dd/yyyy): \***  **Time \***  HR  MIN  AM  PM **How and where did the accident occur? \***

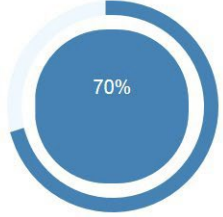
**Type of treatment: \***  
 Inpatient  
 Outpatient

**Admitted date (mm/dd/yyyy): \***  **Discharged date (mm/dd/yyyy): \***

Treatment date	Currency	Total charge	Patient type	Admitted date	Discharge date	Action

**Add Treatment Summary**

**Back** **Save and Next** **Save** **Cancel**



## Select the type of claim

- Medical (Hospital or Physician Claim)

If you select 'Yes' to the accident-related questions, you'll need to fill in additional details regarding the accident.

If you select 'Inpatient,' you'll need to fill in details regarding admission. This should only be selected for hospital stays over 24 hours.

After all details are completed, click on 'Add Treatment Summary'.



# About the claim — add treatment summary

i.e.type of treatment, name of medication/device

**Reason for visit: \***

**Type of treatment: \***

Inpatient

Outpatient

**Admitted date (mm/dd/yyyy): \***

**Discharged date (mm/dd/yyyy): \***

Treatment date	Currency	Total charge	Patient type	Admitted date	Discharge date	Action
02/08/2018	Australian Dollar	333	Outpatient	N/A	N/A	

Add Treatment Summary

Back

Save and Next

Save

Cancel

The added treatment details will now appear in the table as shown.

You can add more than one treatment during this step. Select 'Add Treatment Summary' after you add the new details. A new line item will be added to the table.

To remove a treatment, you may use the 'x' button in the 'Action' column.

Once the treatment is added, you can click 'Save and Next' to continue.

# Other existing health coverage

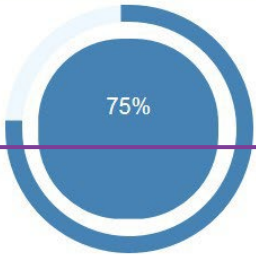
## 4 Other Existing Health Coverage

This section asks you some basic details about the other existing health coverage of your family members.

Please do not use the browser back button.

Is anyone in your family covered by another health plan or scheme, Medicare, or any US Federal, US State, National or Social government plan?\*

Yes  No



If you select 'Yes' to the question, you'll need to fill in some additional details.

**Back** **Save and Next** **Save** **Cancel**

Name of insurance company or type of insurance*	Family member name*
<input type="text"/>	<input type="text"/>
Date of Birth (mm/dd/yyyy):*	Gender:*
<input type="text"/>	<input type="radio"/> Male <input type="radio"/> Female
Relationship to Member:*	
<input type="text" value="Select"/>	
<b>Back</b> <b>Save and Next</b> <b>Save</b> <b>Cancel</b>	

After completing the additional details, you may click 'Save and Next' to continue.

# Upload documents, declaration and submit

**5 Upload documents, declaration and submit**

This section asks you to upload all relevant documents that can help us process your claim. You can use the 'browse' button below to find the files you need.

Please do not use the browser back button.

Attach the following to your claim form (as appropriate):

- ✓ All paid receipts (or other proof of payment)
- ✓ All supporting documents relating to the claim for all treatments referred to in the claim, including the diagnosis
- ✓ A copy of the Physician, Dentist or Vision Statement.

**Upload documents from your computer**

Note: The list of allowed extensions is: doc, docx, rtf, pdf, gif, jpg, jpeg, bmp, tif, tiff, png, msg, txt, xls, xlsx.

Choose File No file chosen **Upload**

File successfully uploaded - see Uploaded documents list below

**Uploaded documents**

You can upload up to 10MB of files at a time. (Claims can be updated after submission to add additional files if total size exceeds 10MB or you need more time to collect the necessary files). You have uploaded 3.25MB so far.

Select all  
 Claims-Navigation-Guide-US.pdf  
**Remove selected items**

**Uploaded documents**

You can upload up to 10MB of files at a time. You have uploaded 0.74MB so far.

Select all  
 Test.pdf  
 Test.pdf  
**Remove selected items**

Are any of the uploaded documents in a language other than English?  Yes  No  
If yes, please select the Language used in the attachment content.

Select  
Arabic  
Dutch  
French  
German  
Greek

Hold down the Ctrl (Windows) or Command (Mac) button to select multiple options.

You'll need to upload at least one supporting document. To upload, choose the 'Browse' button, select the document, and then click 'Upload.'

After uploading, you may remove documents by selecting the checkbox and clicking on 'Remove selected items'.

If the claim is in any language other than English, you can select Yes. Otherwise, select No.

When "Yes" is selected, you may choose the language the document is in. If it is in multiple languages, please select all that apply by holding the Ctrl/Command button.

# Upload documents, declaration and submit

**5 Upload documents, declaration and submit**

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Please do not use the browser back button.

Attach the following to your claim form (as appropriate):

- All paid receipts (or other proof of payment)
- All supporting documents relating to the claim for all treatments referred to in the claim, including the diagnosis
- A copy of the Physician, Dentist or Vision Statement

**Upload documents from your computer**

Note: The list of allowed extensions is: doc, docx, rtf, pdf, gif, jpg, jpeg, bmp, tif, tiff, png, msg, txt, xls, xlsx.

Choose File No file chosen Upload

File successfully uploaded - see Uploaded documents list below

**Uploaded documents**

You can upload up to 10MB of files at a time. (Claims can be updated after submission to add additional files if total size exceeds 10MB or you need more time to collect the necessary files). You have uploaded 1.25MB so far.

- Select all
- Claims-Navigation-Guide-US.pdf

Remove selected items

Are any of the uploaded documents in a language other than English?  Yes  No

**Declaration**

I hereby authorize Aetna Life & Casualty (Bermuda) Ltd., Aetna Life insurance company and any of their affiliated companies ("Aetna") and/or their dedicated agents to make payments of any benefits payable to me and/or my dependents, by crediting such payments to my account at the bank or financial institution named on this form. I agree to notify Aetna in writing of any changes relating to the information provided on this form or withdrawal of this authorization. I agree that if, for any reason, unearned benefit payments are deposited into my account, I will immediately repay the full amount of any such payments. I further agree that if I do not immediately repay such payments, I will personally be liable for all costs of collection (including reasonable attorney's fees and the maximum interest permitted by the law)

Submit claim Back Cancel

**Uploaded documents**

You can upload up to 10MB of files at a time. You have uploaded 0.74MB so far.

- Select all
- Test.pdf
- Test.pdf

Remove selected items

Your online claim submission is almost complete. Please confirm that you have included all related forms, invoices, and receipts and press OK to continue.

Ok Cancel

90%

You'll need to upload at least one supporting document. To upload, choose the 'Browse' button, select the document, and then click 'Upload'.

After uploading, you may remove documents by selecting the checkbox and clicking 'Remove selected items'.

Read and accept the declaration by checking the box and clicking 'Submit claim'.

Click 'Ok' to continue

# View claims submission history



Logout

Home Find health care My Claims Health & Wellness My plan and me Questions

NOTE: Claim ID & Claim Status details are only available for claim activity (below) if the claim has been submitted on or after 07-01-2020

All						
<a href="#">Show advanced filtering options</a>						
Member	Reference	Claim type	Date	Attachment count	Claim Status	Claim ID
+ RENE HELLAR	UAG00009094	Medical	05-11-2020	1	Your claim has been completed	PG98ABCD500
+ RENE HELLAR	UAG00009082	Medical	03-13-2020	6	Your payment has been initiated	PG98ERTD500
+ RENE HELLAR	UAG00009081	Medical	03-13-2020	1	Your payment has been initiated	PG98UIPD500
+ RENE HELLAR	UAG00009080	Medical	03-13-2020	3	Your claim is in progress	PG98LKJD500

## Claim Status:

This column shows the status of your claim. Here are some possible status descriptions you could see:

- Your claim has been submitted
- Your claim is in progress
- We've redirected this submission to your correct plan for claims processing
- We're missing information, check your Explanation of Benefits for more details
- Your Payment has been initiated
- Your claim has been completed
- We could not issue payment due to a payment error. Contact member services for more information.

## Claim ID:

This column will display the Aetna Claim ID number, associated with the UAG number, once the claim has been entered into the claim system.

The Claim ID column won't be populated yet if the Claim Status is 'Your claim has been submitted'.

If this column is blank, please check back again for a Claim ID.

This Claim ID number will help you reconcile the claim you submitted online and the EOB available.

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Aetna does not provide care or guarantee access to health services. Not all health services are covered. Health information programs provide general health information and are not a substitute for diagnosis or treatment by a health care professional. See plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage. Information is believed to be accurate as of the production date; however, it is subject to change. Refer to [AetnaInternational.com](https://www.aetnainternational.com) for more information.

If coverage provided by this policy violates or will violate any U.S., U.N., E.U. or other applicable economic or trade sanctions, the coverage is immediately considered invalid. For example, Aetna companies cannot make payments or reimburse for health care or other claims or services if it violates a financial sanction regulation. This includes sanctions related to a blocked person or entity, or a country under sanction by the United States, unless permitted under a valid written Office of Foreign Assets Control (OFAC) license.