



Understanding claim submission and reimbursement

A guide from Aetna International



As an Aetna International member, you can get the care you need from any doctor you choose. But, when you see one of our direct-pay providers, you can count on quality care, an easier payment experience and usually lower costs.

In some instances, you may choose to get care from a doctor or medical facility that's not in the direct-pay provider network. If you do, you may need to pay at the time of service and then submit a claim for reimbursement.

If you're planning to see a direct-pay provider:

For care that doesn't require an overnight stay, also known as outpatient care, you'll make the appointment with the provider and then contact us to coordinate a guarantee of payment (GOP).

For care that does require an overnight stay, known as inpatient care, you'll make the appointment with the provider and then they'll contact us to coordinate a GOP.

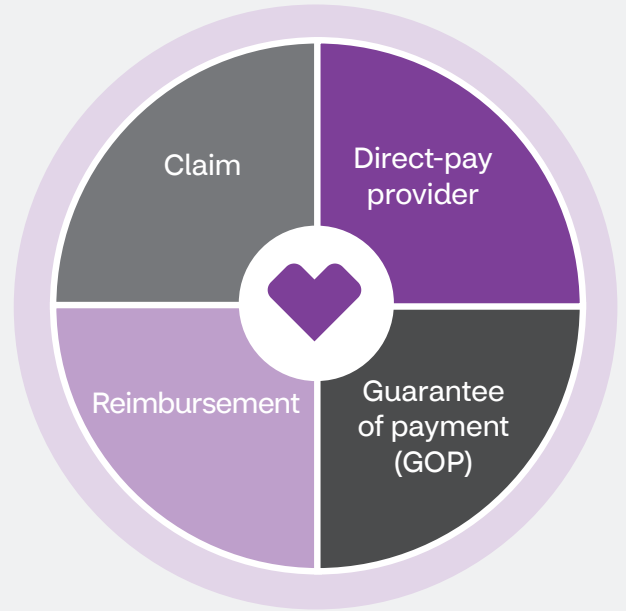
To search for a direct-pay provider, log in at [AetnaInternational.com](https://www.aetna.com) and select **Find health care.**

If you're not seeing a direct-pay provider:

If the provider isn't part of our direct-pay network, you'll pay the full cost at your visit and then submit for reimbursement.



Important terms to know



Claim

A claim is a request for payment that you or your health care provider submits to your health insurer when you get care or medicine that is covered by your health insurance plan.

Direct-pay provider

A direct-pay provider is a health care professional or medical facility that Aetna has a contract with. In the United States, this is called an in-network provider.

Guarantee of payment (GOP)

A guarantee of payment, known as a GOP for short, is a confirmation from your health insurer verifying your plan coverage and assuring payment to the provider for inpatient or outpatient care. You'll need a GOP before receiving care to ensure a direct pay experience.

Reimbursement

A sum that's paid back to cover money that was spent.

How to submit for reimbursement of a covered medical, dental, vision or pharmacy expense

Before you submit:

- Review your plan documents to confirm your benefits and the terms and conditions that may apply. If you're not sure how to find this information, call us at the number on the back of your ID card.
- Gather the documents that support your claim:
 - **Medical, dental or vision claim:** A paid invoice or receipt should include the patient's name, the provider's name/address/phone number, the date of service, procedures performed (office visit, lab, surgery, etc.), the amount charged and how payment was made (credit card, cash, check, etc.). You may also want to submit medical records or photos, depending on your claim.
 - **Pharmacy claim:** A paid invoice or receipt should include the name of the pharmacy, the member's name, the medication name/dosage and the amount paid.
- Include your member ID number on each document.
- Decide how you want to receive your reimbursement, either paper check or bank transfer*, and what country's currency you'd like to be reimbursed in.
- Submit your claim within the timeframe noted in your plan documents, typically within 12 months.

*FOR BANK TRANSFER FEES: Check with your bank to determine if they charge a bank transfer fee, Aetna International does not.




Ways to submit:

If you paid the provider or pharmacy directly and need to be reimbursed, there are a few ways to submit your documentation.

Submit online or through the app **highly recommended**

1. Log in online at **AetnaInternational.com** or through the **Aetna International mobile app** and click “Claims”
 - **Submitting online:** Select “New claim” to be taken to your online claim form.
 - **Submitting through the app:** Select “New claim” to be taken to the claims form.
2. Complete the required information in the form. It’s prefilled with as many details as we have. Make sure to include a description of the services received and a reason for the visit.
3. Select your preferred currency and method of reimbursement.
4. Upload your receipts and copy of the provider statement, as appropriate.
5. Submit your claim, noting your reference number for tracking purposes.

Once submitted, view your claim by selecting “Claims.”



Submitting online or through the app are the fastest and most secure ways to file for reimbursement



Submit through the mail or email


1. Print and complete a **reimbursement claim form**. It’s available in multiple languages. Be sure to complete all fields on the form including those in the “Treatment summary” section.
2. Mail or email the completed claim form and supporting documentation to:



Email:
aiService@aetna.com



Mail:
Aetna International/Aetna
P.O. Box 981543
El Paso, TX 79998-1543, USA



Keep your original receipts in case they’re needed for verification purposes.

After you submit:

- Our claims experts will closely review the submitted documents to fully understand your situation and confirm your eligibility for reimbursement.
- Once we receive your documentation, allow up to 14 days for us to review and complete your reimbursement. This is typically two to three days sooner if you submit through the Aetna International member website or mobile app.
- You can view your current claims and their status by logging in at [AetnaInternational.com](https://www.aetna.com) or through the mobile app and clicking “Claims.” If you mailed or emailed your claim, call Member Services at the number on the back of your ID card for a status update.



Save your repayment information for next time

Website process:

1. Log in to the website and select your profile icon in the top-right corner.
2. Under “Account settings”, select “Reimbursement methods”, then click “Add new method”.
3. Complete the form. Click “Save” to add this repeat repayment method for future use.

App process:

1. Log in to the mobile app and tap “My profile” in the bottom navigation bar.
2. Under “Account info”, select “Reimbursement methods”, then click “Add new method”.
3. Complete the form. Tap the check mark to save this repeat repayment method for future use.

Reasons a claim reimbursement might be delayed or denied:

- There was missing or incorrect information.
- The receipts or invoices are not detailed enough and we’re unable to identify the services received or the reason for your visit.
- The treatment or service is not a covered by the plan.



A world-renowned leader committed to excellence

As part of CVS Health® and Aetna® — along with our partnerships around the world — Aetna International is making the health journey more accessible, human and holistic.

Every day, we build on our **170-year heritage and 60+ years in global health care** to deliver seamless and easy-to-access quality care in 200+ countries and territories around the world.

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

No coverage based on U.S. sanctions: If U.S. economic or trade sanctions consider you a blocked person, the plan cannot provide benefits to you. If your health care provider is a blocked person or is in a sanctioned country, we cannot pay for services from that provider. For example, if you receive care while traveling in another country, and the health care provider is a blocked person or is in a sanctioned country, the plan cannot pay for those services. For more information on U.S. trade sanctions, visit the **U.S. Department of the Treasury's page on Sanctions**.

[AetnaInternational.com](https://www.aetnainternational.com)

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3792953-02-01 (9/24)

