

Senior Service Medical Plan (SSMP) – Outside the United States
Form to request A Guarantee of Payment (GOP) for care.
Information needed whether request is made via Email or Phone

Instructions: Please complete the information below or be prepared to provide this information when emailing or placing a phone call **before** you seek care.

Caller's Name & Relationship to the Mission (position/role):
Caller's email and Phone Number and email (including Country & City Code):
Caller's Location (City/Country):
Patient Name *:
Patient's Aetna ID *:
Patient Date of Birth * (mm/dd/yyyy):
What is the nature of the illness/injury? (brief explanation <i>necessary</i>):
Requested Place of Service (if applicable):
Provider name:
Provider address:
Provider phone number:
Planned Date of Service/Admission *:
Type of service requested: