Member signature\_\_

## **International Claims Transmittal**

## UnitedHealthcare

A UnitedHealth Group Company

Return this form with the original  $\underline{medical}$  bill or claim form via mail or fax to:

UnitedHealth Group International Claims PO Box 740817 Atlanta, GA 30374

	Check here if this is a repeat submission
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Continued on reverse side

*Please complete all sections of this transmittal form.* Claims *may* be delayed if all sections of this form are not completed. However, this does not guarantee that additional information will not be requested from you to process the claim. You will be advised in writing should additional information be required.

	Please complete a ne atient hospital stay	<ul> <li>ew &amp; separate claim transmittal form for:</li> <li>* Each different healthcare provider</li> </ul>	* Each currency type	
Section 1 – Member & Patient Information				
Check one: I am an Expatriate or retiree living abroad I am traveling internationally for pleasure I am traveling internationally for business, however, live in the U.S.				
Group Name		Group Policy #		
Member Name		Member id #		
Patient Name		Patient Relationship		
Patient Date of Birth		Member Phone #		
Is the patient covered under another Medical Health Care Plan? YesNo				
Region Countr	ostal code y			
In which country did the treatment take	1			
What type of currency is the bill submitted in?				
What is the total amount of the claim in U.S.Dollars? (opt)				
Please check the type of service that was rendered:  Office visit Inpatient hospital care Inpatient surgery Outpatient surgery Emergency room visit Lab or X-ray services Prescription drugs covered under your UHC plan Medical supplies Other		Date of service(s):  A brief explanation of the purpose of your services rendered and/or procedures performance.	r healthcare provider visit; including	
Section 2 – Healthcare Provider Contact Information				
Name of Healthcare Provider				
Name of facility or hospital				
Address	Street Area postal code Country	Town Regio		
Telephone number (including 2-digit				
country code) Fax number (if available)	<del> </del>			
Any person who knowingly files a statement of claim containing any misrepresentation or any false, incomplete or misleading				
information may be guilty of a criminal act punishable under law and may be subject to civil penalties.				

\_ Date:\_\_

## **International Claims Transmittal**



## Section 3 – Important Information for Submitting Your Medical Claim

- Faxing a Claim Illegible faxes received in our mailroom will be returned to you via the fax number used to send the document to us. Therefore, when faxing correspondence to us, please make sure you use a fax machine where you can also receive correspondence.
- Submitting original documents is always helpful in expediting the processing of your claim. When possible, send the original claim, itemized bill, and medical records. This is especially helpful for inpatient hospital bills. *Always remember to keep a copy of all documentation for your records*.
- If possible, ask the provider of service to write the bill in English and convert the currency to U.S. Dollars.
- If the provider of service is not able to present the bill or claim in English and U.S. Dollars, do not perform the translation and currency exchange yourself. United Healthcare will provide these services for you.
- Remember that all plan-filing rules apply to international claims. Submit your claims as soon as possible after treatment is rendered.
- If payment is to be issued to you, please submit a proof of payment. A cancelled check, cash receipt, charge receipt, or handwritten receipt from the medical provider is acceptable.
- If you have a U.S. address for the receipt of mail, please make sure that your employer is aware of this address so they may supply it to us for the mailing of your check and/or explanation of benefits.
- International bills can be more complicated than a regular U.S. bill due to language and currency conversion and/or the receipt of additional information required to process the claim. As a result, it may take longer to process your claim.
- Your international claim payment information is available on www.myuhc.com. Please use this as a resource when checking the status of your claim.
- If a reasonable amount of time has passed, and after checking www.myuhc.com for the status of your claim, you still have questions regarding the status or payment of your claim, please call the Member Services number on the back of your ID card.

Note for non-medical or non-UHC claims (ie: Dental, Medco Rx, etc.) – this is not the process for submitting your international bill. Please contact the Member Services number located on the applicable member id card.

Any person who knowingly files a statement of claim containing any misrepresentation or any false, incomplete or misleading information may be guilty of a criminal act punishable under law and may be subject to civil penalties.			
Member signature_	Date:		