

## Short-Term International Travel Medical insurance Checklist

### For NON-EMERGENCY / OUTPATIENT

- Seek medical treatment
- Gather documentation and receipts (test results, lab work, X-ray, doctor's notes)
- Pay provider (hospital, doctor)
- File claim

### For EMERGENCY / INPATIENT/ SURGERY

- Seek medical treatment
- Collect contact information for hospital and doctor to give to IMG during pre-certification call
- Call IMG to pre-certify and begin GOP process in same call (317.655.4500)
- Gather documentation (test results, lab work, X-ray, doctor's notes)
- Pay provider (hospital, doctor)
- File claim

### How to FILE A CLAIM

- Go to [www.imglobal.com](http://www.imglobal.com) > INFORMATION > CLAIMS CENTER> Interactive Claim Form
- Download and complete Interactive Claim Form
- Submit a claim with your domestic insurance (e.g. BCBS, UHC, Medicare, Medicaid), if applicable
- Send claim form, receipts, documentation, and domestic insurance EOB directly to IMG [insurance@imglobal.com](mailto:insurance@imglobal.com), or to MissionSafe at [service@missionsafe.com](mailto:service@missionsafe.com) within 90 days of service

## Short-Term International Travel Medical insurance Information & Terminology

AIM's Short-Term International Travel Medical Policy has \$1,000,000 Maximum Limit Benefits with a \$100.00 deductible.

International Medical Insurance coverage begins when you leave your home country. If a traveler becomes sick or injured, follow the steps below.

**Seek medical treatment:** Treatment must begin outside of the traveler's home country.

**Documentation:** Collect itemized bills, statements, invoices and clinical data to support diagnosis; e.g. X-ray, lab results, etc. Documentation should be legible and include pertinent information such as name, date of service, diagnosis and cost. **ALWAYS GET A RECEIPT WITH DATE OF SERVICE.** This is also important to ensure your domestic insurance will work with your international insurance if continuing care is needed once back in the U.S.

**Pre-certification:** When a person is admitted to a hospital or extensive treatment or tests are required, it is necessary to pre-certify. Call IMG inside the U.S. at 1-800-628-4664 or outside the U.S. at 1-317-655-4500 to get pre-certified. Collect calls are accepted. This should be done within 48 hours of admission and is necessary to maximize 100% of benefits. If precertification is not obtained, benefits will be reduced by 50%. Precertification also allows IMG to assist you in determining if the facility is adequate for treatment. If not, IMG will transport the sick or injured person to a facility that is better able to administer appropriate care. Have the following information available when calling to pre-certify: *Name, Date of birth, Name of hospital, Date of admission, Diagnosis, Doctor's name, Contact information for medical records and billing.*

**Direct Billing:** This process should be started at the time of Pre-certification. If the treating hospital does not have a relationship with IMG, they will seek to establish a direct billing relationship which would allow bills to be sent directly to IMG. You or someone must provide IMG with a hospital contact email address and phone number so communication can begin.

**Guarantee of Payment (GOP):** This process should be started at the time of Pre-certification. Most hospitals in developing countries will not be open to direct billing as they work on a cash basis. IMG will offer a Guarantee of Payment document to pay the bill.

**Payment of Bill:** If Direct Billing or a GOP cannot be established, the insured must pay the bill and seek reimbursement through the claim filing process. Get a receipt and any documentation available, even if there is no charge, in order to take advantage of the continuing care benefit if needed once you return home. All receipts **MUST** be dated.

**Insurance carriers:** Most individuals will have domestic health insurance; (e.g. BCBS, UHC, Medicare or Medicaid) This is considered **Primary** insurance and you must file your claim with both domestic and international at the same time. IMG's international medical travel insurance is considered **Secondary** Insurance. If there is no domestic coverage in place, IMG's travel medical insurance become Primary. Both insurance carriers will coordinate to cover eligible expenses incurred internationally as well as continued

care stateside, if necessary or applicable. Once a claim has been filed with both carriers, the Primary company will complete their process and provide an Explanation of Benefits (EOB) stating what they will or will not pay. The Secondary company (IMG) will place your claim in a pending status. Once the Primary company has completed their process, you will receive an EOB. Submit the EOB & copies of billing statements from the Primary company to the Secondary company (IMG), at which time they will complete the claim process and reimburse eligible expenses

**Filing a Claim:** Complete and submit a claim form and all documentation **within 90 days of the service.** Claim forms can be downloaded from [www.imglobal.com](http://www.imglobal.com) > **INFORMATION > CLAIMS CENTER > Interactive Claim Form.** Include legible copies or photos of all receipts & medical documents. If the sick or injured person has both domestic (Primary) and international insurance (Secondary), file with both carriers at the same time. Eligible charges will be reimbursed.

### **Additional Tips for Filing a Claim**

- Original itemized bills must be received by IMG within 90 days from the date of service
- Submit a new claim form for each person and for each new medical condition being treated
- Complete the form in its entirety and be descriptive in regards to:
  - Services the doctor performed
  - Past medical history
  - Date the condition and/or symptoms were first experienced
  - Addresses of prior physicians
- When possible, provide translations in English for charges being submitted, even though claims can be processed in other languages
- Keep copies of all forms submitted to IMG, especially if using a postal service
- Claims submitted via fax and email can only be accepted when they are clear, legible and do not appear to be altered
- When submitting prescription drug charges for reimbursement, documentation beyond a cash register receipt is required. Forward information which lists:
  - Name
  - Date of service
  - Quantity dispensed
  - Price
  - Prescribing physician
  - Name of pharmacy
- If you are submitting claims on behalf of a minor child and wish for reimbursement to be sent to the parent or guardian, that request needs to be added to the claim form so special handling may be arranged.
- Provide an email address where you can be contacted
- If requesting a wire transfer, provide complete banking information

**Call MissionSafe at 800-682-3461 or email at [service@missionsafe.com](mailto:service@missionsafe.com) for assistance!**