



# Claims Procedures

Standard

## How to Contact Us

If you have an enquiry, please use the contact details on the back of this booklet.

## Claims Procedures

### 1. How to make a **claim** under **your plan** for **in-patient** or **daycare treatment**

**You** must obtain **pre-authorisation** for any **in-patient** or **daycare treatment you** require.

- a. See **your medical practitioner** in the usual way.
- b. If **your medical practitioner** refers **you** for a **specialist** consultation for **treatment** requiring a stay in a **hospital** or clinic as an in-patient, or for **daycare treatment**, **you** must call the International Helpline immediately on the telephone number shown on the back page of this booklet. The International Helpline is open 24 hours a day, 365 days a year.  
When calling the International Helpline please give:
  - **Your** membership number
  - **Your** attending **medical practitioner's** name
  - Name and telephone number of the **hospital/clinic**
- c. The International Helpline will then contact **your medical practitioner** and the **hospital** or clinic concerned, to ensure arrangements are in place for **your treatment**.
- d. The International Helpline will get back to **you**, confirm authorisation and the arrangements that have been put in place for **your treatment**. Unless a deductible applies to **your plan**, **you** will not be required to pay for any **treatment** as all eligible costs will be met directly with the **medical practitioner, consultant, hospital** or clinic concerned. **You** will not need to complete any medical **claim** forms.
- e. Receive **your treatment** at the **hospital** or clinic.

### 2. How to make a **claim** under **your plan** for **emergency** evacuations

**We** will only provide **benefit** for evacuation costs if **your medical condition** is considered an **emergency**, or if **our** International Helpline considers there are no adequate medical facilities in **your** location. This will be based on **medical necessity** and approved by **us**. **We** will only evacuate **you** within **your area of cover** which is detailed on **your** Certificate of Insurance.

In a medical **emergency**, **you** or **your** representative must contact the International Helpline on the telephone numbers shown in the claims team contact section on the back page of this booklet.

**Please note:** In accordance with BC8, if a local situation makes it impossible, unreasonably dangerous or impractical to enter a specific area or country **we** may be unable to arrange an **emergency** evacuation.

### 3. How to make a **claim** under **your plan** for **out-patient treatment**

**Please note:** **Out-patient treatment** is not covered under the UltraCare Standard **plan** and International Schools **plan**.

If **you** need any help or advice, please contact the **claims** team on the contacts section on the back page of this booklet. **You** do not **need** to contact the International Helpline for **pre-authorisation** of **out-patient treatment**.

- a. See your **medical practitioner, therapist, specialist** or **consultant** in the usual way.
- b. Pay **your** bill for the **treatment you** have received.
- c. Make sure **you** obtain an original itemised invoice and original receipt as **you** will need to send this to **us** with **your** completed medical **claim** form (see step f). Please ensure that one medical **claim** form is completed per **medical condition**.
- d. Complete sections A-G of a medical **claim** form. **You** can get a medical **claim** form by contacting the **claims** team or the International Helpline (details on the back page of this booklet). **You** can also download a medical **claim** form by visiting **our** website [www.interglobalpmi.com](http://www.interglobalpmi.com).
- e. **You** must ask **your medical practitioner** to complete Section H (or Section I for **dental treatment**). Please note: **Treatment** received from a **therapist, specialist** or **consultant** must always be on referral from **your medical practitioner**.
- f. Send **your claim** to the **claims** team at the address shown on the back page of this booklet. **You** must send the following items to make sure that **we** can process **your claim**:
  - The original itemised bill
  - The original receipt
  - The fully completed medical **claim** form
  - Copy of the prescription
 Please return the above items as soon as possible from the first date of **treatment**.

#### 4. How to make a **claim** under **your** Direct Billing Facility for **in-patient**, **daycare** or **out-patient treatment** (only applies to corporate or group **plans**)

If **you** are part of a corporate or group **plan**, **you** may be entitled to a direct billing **claims** facility. **We** will provide **you** with a list of **hospitals** that will accept **you** on a direct billing arrangement.

- a. Visit one of the **hospitals** on the list for **in-patient**, **daycare** or **out-patient treatment**.
- b. Show **your** membership card.
- c. Receive **your treatment**. The **hospital** will take over all the **claim** administration. If **pre-authorisation** for **in-patient** or **daycare treatment** is required, then the **hospital** administration team will gain this approval from the International Helpline.
- d. Pay any deductible applicable to **your plan**. This deductible will be shown on **your** membership card.

Payment for any direct billing **claim** rejected as per the terms and conditions of the **plan** is the responsibility of the **plan holder**. The rejected amount is payable by the **plan holder** to the provider within 7 days of receiving such notice from the provider.

#### 5. How to make a **claim** under **your** Optional Travel Add-on Plan

If **you** need to make a **claim** under Section A of **your** Optional Travel Add-on Plan please follow procedures 1-3.

If **you** need to make a **claim** under Section B to I of **your** Optional Travel Add-on Plan, please contact the **claims** team on the telephone and fax numbers shown in the **claims** contact section on the back page of this booklet.

#### 6. How to make a **claim** under **your** Optional Personal Accident Add-on Plan

If **you** need to make a **claim** under **your** Optional Personal Accident Add-on Plan, please contact the **claims** team on the telephone and fax numbers shown in the **claims** contact section on the back page of this booklet.

#### Claims Checklist

- Carry **your** membership card at all times
- Familiarise yourself with the cover provided under **your plan**
- Ensure that **your dependants** or business colleagues are aware of **your** international private medical insurance arrangements
- Contact the International Helpline if **in-patient** or **daycare medical treatment** is required
- When submitting an **out-patient claim**, make sure that both **you** and the **medical practitioner** attending **you** have completed all the sections on the Medical Claim Form
- Attach the original receipts with **your** Medical Claim Form for **out-patient treatment claims** and include the original itemised bills. (keep copies for **your** own records)
- Quote **your plan** number and member number in all correspondence

### Membership Cards

**You** will be issued a membership card with **your plan** documents. **You** should carry this card with **you** at all times and present it to the **hospital** or clinic when **you** go for **pre-authorised in-patient** or **daycare treatment**. If **you** are a member of a group **plan** that has a direct billing facility **you** must present this card when obtaining **out-patient treatment** at a direct billing **hospital**.

Please note the following about **your** membership card:

- **Your** card is not proof of identity for **hospital treatment** purposes
- **You** must produce one of the following as proof of identity: passport, driver's licence, identity card or work permit
- **Your** card is not transferable
- **Your** card is the property of the insurer and must be returned upon request if membership is terminated
- **Your** card is not a credit card or guarantee of payment

### Payment of Eligible Claims

#### Eligible **claim** payments settled directly with Treatment Providers

All eligible **claims** will be settled in accordance with the payment instructions of the **treatment** providers detailed on the invoice.

#### Eligible **claim** payments settled directly with the insured/member

All eligible **claims** will be settled in accordance with the recommendations outlined by **you** in Section E of the medical **claim** form.

#### Exchange rates

If **we** need to convert from one currency to another in respect of a **claim** payment to **you**, **we** will use an exchange rate prevailing on the date **we** assess the **claim**.

**We** will not be responsible for any loss **you** may incur due to exchange rate fluctuations.

### Payment Methods

Eligible **claims** payments can be issued by:

- Bank transfer in most currencies (most recommended method)
- Cheque in the currency of **your plan**
- Foreign draft in most currencies

Please note: **We** will not pay any charges in respect of cashed foreign drafts/cheques.

## Claims Contact Details

### Claims Team

Telephone: +44 (0) 1252 745 945

Fax: +44 (0) 1252 745 921

Email: [claims@interglobalpmi.com](mailto:claims@interglobalpmi.com)

### Postal Address

InterGlobal Ltd

Woolmead House East

The Woolmead

Farnham

Surrey

GU9 7TT

United Kingdom

### Website

[www.interglobalpmi.com](http://www.interglobalpmi.com)

## International Helpline



### Telephone Numbers:

From the UK, call free on **0800 0327 921**

From the USA, call free on **1 866 895 7795**

From North China, call free on **10800 6400113** / From South China, call free on **10800 2640113**

From the UAE, call free on **800 0640 1957**

From Australia, call free on **1800 147 528**

From Indonesia, call free on **001 80 364 173 75**

From the Philippines, call free on **1800 1641 0003**

From Thailand, call free on **001 800 647 355**

From Japan, call free on **00 531 642 084**

From Malaysia, call free on **180 080 2157**

From Singapore, call free on **800 641 1123**

From Africa, **+27 (0)11 259 5217** (please note: this is not a free phone number)

If **you** are calling from another country other than those shown above, call collect or directly on: **+64 9 356 2276**

To make a collect call **you** must first contact the telephone operator in the country **you** are calling from. **You** must then say that **you** would like to make a collect call and specify the number detailed above. The operator will then connect **you** to First Assistance at no charge to **you**. **You** can also call this number in the normal way. If **you** call directly, **you** may be charged the local international rate.

Fax Number: **+64 9 356 1700**

All incoming and outgoing calls to and from First Assistance will be recorded for monitoring and training purposes.

**UK China Japan Kuwait Qatar Singapore South Africa Thailand UAE Vietnam**

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