

## 1. PATIENT INFORMATION

<b>Member ID</b>	Please enter your 9 digit Member ID as shown on your card													
Patient's Name (Given Name, Family Name)				Patient's Date of Birth (MM/DD/YYYY)				Patient's Gender						
								<input type="radio"/> Male <input type="radio"/> Female						
Name of Primary Insured Member (Given Name, Family Name)				Primary Member's Date of Birth (MM/DD/YYYY)				Patient's Relationship to Primary Insured Member						
								<input type="radio"/> Self <input type="radio"/> Spouse <input type="radio"/> Child						
Employer of Primary Insured Member				Primary Member's Current Mailing Address										
Primary Insured Member's Email				Primary Insured Member Phone Number										

## 2. OTHER HEALTH INSURANCE

Is the patient covered under other health insurance?			<input type="radio"/> Yes <input type="radio"/> No		If YES, please complete this section and include an Explanation of Benefits from the other insurance carrier.*		
Name, address and contact information of the other insurance company				Name of the Policy Holder			
Policy Holder's Date of Birth (MM/DD/YYYY)		Policy or identification number of other coverage		Effective Date (MM/DD/YYYY)		Termination Date (MM/DD/YYYY)	

**\*Explanation of Benefits (EOB):** Should be related to the claims noted below. It should include, name of the policy holder, date of service, provider/facility name, original charge amount, other insurance paid amount and if denial, reason for denial of any amounts.

## 3. DIAGNOSIS – please describe illness, injury or symptoms requiring treatment in the space below

Was patient's treatment due to an accident?	<input type="radio"/> Yes <input type="radio"/> No	If YES, please describe the accident below including the date it occurred
Was this a work related accident?	<input type="radio"/> Yes <input type="radio"/> No	If the accident was caused by someone else, attach a statement describing the accident

## 4. CHARGES – use a separate line to list each type of service or provider and attach itemized bills for all services

Name, City & Country of provider making charge	Diagnosis	Description of service	Dates of Service	Currency/Charges

## 5. PAYMENT DETAILS

<input type="radio"/>	Make payment to the provider	If payment is to be paid to the provider, please ensure bank information is on the provider invoice		
<input type="radio"/>	Make payment to Primary Insured Member	Reimbursement Method:	<input type="radio"/> US Dollar Check <input type="radio"/> Bank Wire Transfer (complete below)	
When possible, utilizing US bank accounts is recommended to avoid unnecessary fees by the receiving bank. U.S. bank accounts (only) wires will be completed via ACH which generally eliminates or reduces wire transaction fees.				
Account Holder's Name – Must be Primary Insured Member ( Policyholder)		Bank Name		
Bank Address – City & Country		Currency of Reimbursement	Bank 9 digit ABA Number – US Banks	
Bank 8 or 11 digit SWIFT Code – NON-US Banks	Bank Account Number	SORT Code	Bank IBAN / Mexican CLABE	
<b>Intermediary Bank Details (If Applicable)</b>				
Name of Intermediary Bank		Intermediary Bank SWIFT CODE	Intermediary Bank Account Number	

## 6. SIGNATURE

I certify the above is complete and correct and that I am claiming benefits only for charges incurred by the patient named above. Authorization is hereby given to any provider of service, that participated in any way in the patient's care, to release to Worldwide Insurance Services and its business associates in any country any medical or other personal information that they deem necessary to provide service or adjudicate this claim, recognizing that applicable law concerning personal information may differ among countries. Please see the back of this form for important information.

Signature of Primary Insured member or patient		Date	
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## Instructions for completing this claim form

### Complete the claim form(s) in its entirety

### Important information: Claims should be submitted no later than 180 days after the date of service.

- Please submit a separate claim form for each patient
- Complete sections 1 & 2, answering all the questions

### Diagnosis and Charges Section

- Please be as descriptive as possible
- Submitted bills must be **itemized** – canceled check, cash register receipts and non-itemized “balance due” statements **cannot be** processed.
- **Itemized bill is a full description of all actual charges and each itemized bill must include:**
  - ◆ **Name and address of provider (doctor, hospital, laboratory, ambulance service, etc.)**
  - ◆ **Name of patient**
  - ◆ **Date(s) of service**
  - ◆ **Amount charged for each service described**
  - ◆ **Total Charge**
  - ◆ **Diagnosis or reason for treatment**
- **Submitted bills for Prescriptions should include the name of the drug, the quantity dispensed and the dosage.**

### Payment Details Section

- Payments are made to the **Primary Participant/Insured Member on the plan**. Normally this means the member with the “00” suffix after this ID number. Payments cannot be made directly to a dependent or to a third party (other than the medical provider).
- For payments made via wire transfer/ACH, the Primary Participant/Insured Member must be listed as an account holder on the bank account receiving funds. See notes below about specifics regarding international wire transfers.
- **If paying international provider, invoice must include bank information.**

**International Wires:** Wires going to foreign countries require different numbers depending on the receiving foreign country. All wire transfer payments destined for Europe should include SWIFT Bank Identifier Code (SWIFT BIC), International Routing Code (IRC) as applicable, and for participant countries the beneficiary’s International Bank Account Number (IBAN). Mexican banks require a CLABE number in addition to the SWIFT BIC.

- **SWIFT Bank Identifier CODE (SWIFT BIC):** The 8 or 11 character SWIFT BIC is a unique series of alpha numeric characters that help to identify a specific financial institution. The SWIFT BIC should be obtained from the beneficiary. To ensure timely delivery please be sure that international outgoing wires include the SWIFT BIC where applicable.
- **International Routing Code (IRC):** Some countries throughout the international banking community have created international routing codes, which are used in combination with the SWIFT BIC to aid in routing the payment through a main office to a branch. Each country has a specific name for their rounding code (e.g. Sort Code in the United Kingdom, Canadian Payments Association Routing Numbers in Canada, BLZ Code in Germany, BSB Code in Australia). You must provide the international routing code to facilitate receipt of an international payment. Sending a wire without the IRC number can delay the wire, or the receiving bank may return the wire.
- **International Bank Account Number (IBAN):** The IBAN varies by country/institution. Warning! Only the bank servicing an account can provide the correct IBAN of that account and must be obtained from the beneficiary of the wire. Sending a wire to a participating country without the IBAN can delay the wire, or the receiving bank may return the wire when the IBAN is not included in the payment instructions.

Participating countries that require an IBAN:

Albania	Finland	Iceland	Macedonia	San Marino
Andorra	France	Ireland (Republic of)	Malta	Saudi Arabia
Austria	French Guiana	Isle of Man	Martinique	Serbia and Montenegro
Belgium	French Polynesia	Italy	Monaco	Slovakia Republic
Bosnia and Herzegovina	Georgia	Jersey	Netherlands	Slovenia
Bulgaria	Germany	Kazakhstan	New Caledonia	Spain
Croatia	Gibraltar	Kuwait	Northern Ireland	Sweden
Cyprus	Greece	Latvia	Norway	Switzerland
Czech Republic	Greenland	Lebanon	Poland	Tunisia
Denmark	Guadeloupe	Liechtenstein	Portugal	Turkey
Estonia	Guernsey	Lithuania	Reunion Island	United Arab Emirates
Faroe Islands	Hungary	Luxembourg	Romania	United Kingdom

- **Mexico CLABE Account Number:** Mexican banks now require an 18 digit CLABE account number be added to the Beneficiary instructions to ensure payment. The CLABE number is required on all Mexican Peso (MXN) and USD payment sent to Mexico. The CLABE account number must be obtained from the beneficiary. If the beneficiary does not have the CLABE account number, please have the beneficiary contact their bank. Sending a wire without a CLABE account number can delay the wire, or the receiving bank may return the wire.

SEND COMPLETE CLAIM FORMS, WRITTEN INQUIRIES AND ADDRESS CHANGES TO ADDRESS BELOW

Worldwide Insurance Services

Attn: Claims Department  
P.O. Box 1748, Southeastern, PA 19399-1748, USA

Member Services: +1.610.254.8765  
1.866.750.6125 (U.S. Toll Free)  
Claims Submission Fax: 1.610.254.8794  
Claims Submission Email: [hthclaims@hthworldwide.com](mailto:hthclaims@hthworldwide.com)