

FOREIGN CLAIMS SUBMISSION FORM

Your policy only covers Urgent and Emergency Services while out of the country.



- 1 Please use one form per incident.
- 2 Include all receipts with your submission.
- 3 All services and receipts must be translated into English for processing.

MEMBER NUMBER	MEMBER LAST NAME	MEMBER FIRST NAME
DATE OF SERVICE	COUNTRY	FOREIGN CURRENCY

WHAT WAS THE ILLNESS OR INJURY?

WHO PROVIDED THE SERVICES?

WHAT TYPE OF SERVICES PROVIDED? (Office Visit, ER, Pharmacy)

SERVICES	CHARGED	AMOUNT PAID
<i>EXAMPLE: Office Visit</i>	<i>300 Pesos</i>	<i>300 Pesos</i>

TOTAL AMOUNT PAID IN FOREIGN CURRENCY = \$

TOTAL AMOUNT PAID BY MEMBER IN US DOLLARS = \$
The currency exchange amount will be verified by Physicians Plus using the date of service or the discharge date.

PLEASE NOTE: Please provide proof of payment. Payment will be made to the member.

Please mail this completed form, receipts and proof of payment to:

Physicians Plus Insurance Corporation
Attn: Member Services
PO BOX 2078
Madison, WI 53701-2078

If you have any questions please contact our Member Services department at
 (608) 282-8900 or (800) 545-5015