How to file a claim

You must file a claim with IMG each and every time you seek medical treatment before they will reimburse you or the medical provider.

1.) **Complete the attached Claimant Statement and Authorization (Helpful guide below)**

PART A:

1. Insured, Claimant & Insured's Name: Enter your full name as printed on your DS-2019 form
2. ID Number: Number that's on your IMG medical ID card
3. Sex: Enter Male or Female Birthdate: Enter your birthday in MONTH/DAY/YEAR format
4. Home Telephone: Enter a daytime phone number where you can be reached
5. Email address: Use an email address you check frequently
6. Citizenship & Home Country of Claimant:
7. Enter your Citizenship Country and Home Country
8. Enter the name and address of your university or high school
9. Alternate Payee Information: If you need to be reimbursed for the doctors' visit. If you paid for your visit. You will need to submit the receipts
10. Enter any additional medical policies that you may have secured for your time in the U.S. or any policies from home that may cover your medical expenses in the U.S. in the Name of Company, Address, Policyholder, Policy Number and if its group policy.

PART B – Pre-existing section:

1. When did the first symptoms begin? Example, on Tuesday June 1st I noticed I was not feeling well with a sore throat.
2. How did the condition begin? State fully all symptoms describe the condition in detail from the beginning and the date. Write your symptoms and a summary of your illness or injury – Example; Sore throat, High fever, Body aches
   State the exact date, if possible: Write specific information on when you started feeling ill or were injured - I continued to feel worse with body aches and a fever. On June 2nd I went to the doctor
3. Have you ever been treated for this condition before? Yes or No
4. List the all the names and addresses of the doctors you have seen for this condition. Name, address and telephone number of your physician: Enter the name, address and phone number of your doctor in your home country. If you do not have a doctor at home, write 'None'
5. What sickness, disease, illness, injuries or other physical, mental or nervous disorders or conditions have you experienced in the last 5 years?
6. Is this condition a result of an accident, illness or injury? Related to employment? Automobile accident? Is there an investigation?

PART C: Complete for all treatment you received outside of the United States (please skip this section)
This portion does not need to be completed by you

PART D: Payment Details – This is how you or the provider will receive reimbursement of funds. Usually, the payment will be sent directly to the provider. If you've paid out of pocket for your visit to the doctor, you will check the box "make payment to primary insured" and complete the Banking information below that. Please add your receipts for payment – if you paid out of pocket for treatment.

PART E: Authorization to be completed by the Claimant for all claims. Print, date and sign your name

PART F: Privacy & Confidentiality Release Form

This section gives our Organization and our Insurance Broker consent to discuss and help you with processing your claims. Without this written authorization, we cannot discuss information regarding your claim other than your doctor or provider of service. Please print your name, sign and date the form.

2.) **Send the Completed Claim Form Statement with:**

- **A copy of your personalized insurance card**
- **Any medical bills you have received**
- **Receipts for co-payments/deductibles or prescriptions (be sure all receipts have your name, date of service, diagnosis and charge on them)**

International Medical Group (IMG) Global Insurance

Include Policy Number EPG0000531333

IMG Claims
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