Claim Form and Instructions
Medical Evacuation and Repatriation (MERE)

GeoBlue

GeoBlue is the trade name of Worldwide Insurance Services, LLC, an independent licensee of the Blue Cross and Blue Shield Association.

1. CLAIMANT INFORMATION

Group ID *12-digit Group ID number as shown on card*	**GHS9999AHPCO**	
Claimant's Name (*Given name, family name*)	**Claimant's Date of Birth** (*MM/DD/YYYY*)	**Claimant's Sex Recorded at Birth**
		○ Male ○ Female
Name of Primary Insured (*Given name, family name*)	**Primary Insured's Date of Birth** (*MM/DD/YYYY*)	**Claimant's Relationship to Primary Insured**
		○ Self ○ Spouse ○ Child
School/University/Program Sponsor of Primary Insured	**Primary Insured's Current Mailing Address**	
Primary Insured or Claimant's Email	**Primary Insured or Claimant's Phone Number**	**Case Number**

2. REIMBURSEMENT REQUEST (*Check all that apply.*)

- ☐ **Transportation**
- ☐ **Lodging & Incidentals**
- ☐ **Medical Evacuation or Repatriation**
- ☐ **Repatriation of Mortal Remains**
- ☐ **Emergency Family Travel Arrangement**
- ☐ **Emergency Family Reunion Arrangement**
- ☐ **Return of Personal Belongings**

Date of Incident (*MM/DD/YYYY*)	**Place of Incident**

Description/Details of Incident *(Attach additional notes if necessary. See back for instructions.)*

3. CHARGES (*Use a separate line to list each type of service or provider and attach itemized bills for all services.*)

Description of Loss (*Evacuation/Repatriation, Emergency Family Travel, Emergency Family Reunion Arrangement, Repatriation of Remains, hotel rooms, airline tickets etc.*)	**Dates of Service** (*MM/DD/YYYY*)	**Charges** (*Please indicate currency*)

4. CLAIM PAYMENT REIMBURSEMENT

- ○ **Make Payment to Service Provider** (*If payment is to be paid to the provider, please ensure bank information is on the provider invoice*)
- ○ **Make Payment to Third Party** *(Will require Third Party Reimbursement form to be completed; please ensure bank information is provided on form)*
- ○ **Make Payment to Primary Insured** *(Reimbursement method)* ○ **U.S. Dollar Check** ○ **Bank Wire Transfer** (*Complete below*)

When possible, utilizing U.S. 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	**Bank Name**		
Bank Address (*City, country*)	**Currency of Reimbursement**	**Bank 9-digit ABA Number** (*U.S. banks*)	
Bank 8- or 11-digit SWIFT Code (*Non-U.S. Banks*)	**Bank Account Number**	**SORT Code**	**Bank IBAN**

Intermediary Bank Details (*If applicable*)

Name of Intermediary Bank	**Intermediary Bank SWIFT Code**	**Intermediary Bank Account Number**

5. SIGNATURE

I certify the above is complete and correct and that I am claiming benefits only for charges incurred by the claimant named above. Authorization is hereby given to any provider of service, that participated in any way in the claimant's care, to release to GeoBlue 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. If a person is under 18 years of age, this form must be signed by their parent/guardian/school administrator in the space provided below. Please see the back of this form for important information.

Signature of Primary Insured Member or Claimant		Date	

FRAUD NOTICE

General Fraud Warning
Any person who knowingly and with intent to defraud, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

THIRD PARTY REIMBURSEMENT

Third Party Reimbursement
All payments will be made to the Primary Insured if the transportation/lodging bills have been paid by you. If you would like a third party to receive reimbursement for covered expenses under this policy, you must request a Third Party Reimbursement Form from GeoBlue Member Services.

Authorization for Third Party Reimbursement is voluntary. Any documentation accompanying a payment or otherwise could contain federal and/or state Protected Health Information and other protected private or financial information. Protected Health Information means health data that could be used to individually identify you including your name, address and specific medical material and facts.

INSTRUCTIONS FOR FILING A CLAIM

The following steps will assist you in filing claims. **Please note that submitting an incomplete form will result in the delay of processing your claim.**

For Parts 1–3 of the claim form:

- Please submit a **separate claim form** for each claimant.
- 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.
- An itemized bill is a full description of all actual charges and each itemized bill must include:
    - Name and address of service provider (hotels, airlines, etc.), date(s) of service, amount charged for each service described and reason for service.
- Inclusion of death certificate for Repatriation of Remains if applicable.

To accurately complete Part 4, Payment Details:

- Payments are made to the **Primary Insured** on the plan. Payments cannot be made directly to a dependent or a third party (other than the Service Provider) unless you complete a Third Party Reimbursement form.
- For payments made via wire transfer/ACH, the Primary Insured must be listed as an account holder on the bank account receiving funds.
- **If paying an international provider, invoice must include bank information**.

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

GeoBlue
Claims Department
PO Box 1748
Southeastern, PA 19399-1748

Claims Submission Fax: **1-610-482-9623**
Claims Submission Email: **claims@geo-blue.com**

24/7/365 Member Services: Inside the U.S.: 855-873-3555 Outside the U.S.: +1-610-263-4660