

INSTRUCTIONS FOR THE USE OF YOUR CLAIM FORM**Dear Member:**

If you receive medical care at an HTH Direct Provider, in most instances, they have agreed to bill HTH directly. When your health care provider bills us, you do not need to send us a claim form.

However, some providers outside of the United States will not direct bill US Health Insurance companies. If that is the case, you must pay in advance for your medical expense and submit a claim for reimbursement.

Please read the following instructions about how to report health care services received outside of the United States and how you can get reimbursed for your covered expenses.

We are happy to serve you.

PATIENT INFORMATION**INSURED INFORMATION (on ID Card)**

Use this section to identify the patient and policyholder. Some of this information may be found on your HTH Worldwide ID card.

MEDICAL INFORMATION

Use this section to report any COVERED health service which has not already been reported to this HTH Worldwide Plan. Attach itemized bill or photocopy. Please be sure that duplicate bills are not submitted. Balance forward bills or canceled checks are not acceptable.

DATE OF SERVICE (Mo/Day/Yr)	PROVIDER OF SERVICE (Name of Doctor, Lab, Ambulance Company, etc.)	SERVICE RENDERED (Office Visit, X-ray, Prescription, etc.)	ILLNESS OR DIAGNOSIS	TOTAL (Please Indicate Currency)
04/09/04	Jean Salzman, M.D.	Office Visit	Bronchitis	€35.00
04/11/04	Michael Ranier, MBBS.	X-ray	Strain	€57.00
GRAND TOTAL				€92.00

THE FOLLOWING INFORMATION MUST ALSO BE INCLUDED ON BILLS FOR THE SERVICE TYPES LISTED BELOW**REGISTERED AND LICENSED VOCATIONAL NURSING SERVICES**

- Hours and dates of service
- Location of service (residence or name of hospital)
- Written documentation of physician's referral (must include the state license number, plan of treatment and estimated duration of treatments)

PROSTHETIC DEVICES, APPLIANCES OR DURABLE MEDICAL EQUIPMENT

- Doctor's orders or prescriptions
- Purchase price

OUTPATIENT PRESCRIPTION DRUGS

- NOTE: All Prescription Drug charges will be reimbursed to the insured person only
- Duplicate pharmacy generated receipt (not register tape)
- Must include Rx Number; Date Filled, Medication Name, Form, Strength & Quantity

AMBULANCE

- Pick-up and delivery points
- Number of miles

ANESTHESIA

- Start Time
- End Time
- Surgical procedure
- Surgeon Name and address

BILLS MUST BE ITEMIZED

Canceled check, cash register receipts and non-itemized "balance due" statements cannot be processed. 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
- Total Charge
- Diagnosis or reason for treatment

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

**HTH Worldwide Insurance Services
Attn: International Claims Department
One Radnor Corporate Center, Suite 100
Radnor, PA 19087 USA
Fax: 1.610.293.3529**