



Claims Procedures

When you receive treatment, original itemized bills must be received by IMG within 90 days from the date of service. As a courtesy, claims may be paid in selected alternate currencies by electronic bank wire. Please see the Claim Form for more information and conditions of this service.

CLAIM FILING ALTERNATIVES

Direct Payment to Providers - In many cases IMG works with the hospital or clinic as an accommodation, including those outside the independent PPO, for direct payment of eligible medical expenses on your behalf. To be eligible to have a claim paid in this fashion, you or the provider must complete a Claim Form and submit it with original itemized bills. In this case, you will be responsible for direct payment of your deductible, coinsurance amounts and non-eligible expenses and charges.

Reimbursement - If you have received treatment and need to be reimbursed for out-of-pocket medical expenses, complete the Claim Form and submit your original itemized bills and paid receipts within 90 days. We will reimburse your eligible medical expenses after applying the deductible and coinsurance, subject to the terms of the plan.

Please remember to submit your original itemized bills and receipts as soon as you receive them. Do not hold them until the end of the year. IMG will apply eligible medical expenses to your deductible and coinsurance throughout the year.

SUBMITTING YOUR CLAIM AND RECEIVING PAYMENT

IMG would like to help you as much as possible in having your claim taken care of in a timely fashion. In order to do that, allow us to provide you with some helpful hints and explanations.

Let's start by explaining that the consideration process begins with proper notification that a claim has been incurred. To do this, you or the medical provider must submit a medical Claim Form and an itemized billing which lists the services rendered. This is to support your proof of a claim. Insurance certificate wordings, self-funded plan documents and insurance certificates normally define what "Proof of Claim" means in regards to the specific insurance product that has been purchased or provided to you and any applicable dependents.

We **always** recommend that you take time to practice the following steps in the claim process:

- Prior to seeking medical treatment, read all documents provided at the time of enrollment
- Make sure you understand what services and procedures require Precertification prior to treatment so your benefits will not be reduced
- Present your IMG ID card to all medical providers at the time of treatment
- Complete a Claim Form once services have been rendered

The Claim Form needs to be completed by you. This form explains to our Claims department the history behind your claim submission and other pertinent information required to settle the claim. The form can be found in the fulfillment kit, on the Web at www.imglobal.com, through MyIMG or you can request one from our Customer Care department. If you don't provide the proper documents, there could be a delay in determining and settling your claim.



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IMG helps you manage your care and guides you through the claims process...

...Ensuring
Your
**Global
Peace
of Mind.**

For more information, please contact:

International Medical Group, Inc.
Claims Department
P.O. Box 88500
Indianapolis, IN 46208 USA
Phone: 1.800.628.4664 or
Outside the U.S.: 1.317.655.4500
Fax: 1.317.655.4505
Email: customercare@imglobal.com

EXPEDITE YOUR CLAIM

The following are some tips not only to help expedite your claim, but to improve the overall turnaround time:

- Submit a new Claim Form for each family member AND for each new medical condition being treated.
- Complete the form in its entirety. Be descriptive in regards to services the doctor performed, past medical history, date the condition and/or symptoms were first experienced and addresses of prior physicians.
- Remember, if a question applies to your particular situation, please answer it.
- Even though we can process claims in other languages, when possible provide translations in English for charges being submitted.
- Keep copies of all forms submitted to IMG. We cannot guarantee your submission will always make it to our offices via the postal service.
- Claims submitted via fax and e-mail can only be accepted when they are clear, legible and do not appear to be altered.
- When submitting prescription drug charges for reimbursement, we require more than a cash register receipt. Please forward information which lists your name, date of service, quantity dispensed, price, prescribing physician and name of pharmacy. To help the process, it is most helpful if you affix any loose paper receipts to a full piece of paper.
- If requesting a wire transfer, we must have complete banking Information on file before we can honor that request.
- If you are submitting claims on behalf of a dependent minor child and wish for the reimbursement to be sent to the parent or guardian, that request needs to be added to the Claim Form so special handling may be arranged.
- Provide an e-mail address where you can be contacted. Resolution by e-mail is much faster than regular mail.
- If a claim is pending for additional information and a form is attached to the Explanation of Benefits you receive, promptly complete the form and send it back to IMG.

Note: failure to comply with supplying additional information within 60 days of the original request may result in the claim being closed for lack of response.