



Claim Form

Medical Pharmacy

Please mail or fax completed Claim Form with itemized bills and receipts. A separate Claim Form is needed for each family member. Please tape small receipts on a full size sheet of paper.

Aetna International/Aetna
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USA

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E-mail: aiservice@aetna.com

1. Employee Information

Employer Name/Group Number 299440-

Employee's Name _____
(First Name, Middle Initial, Last Name/Surname)

Identification Number _____
(Aetna assigned upon receipt of initial claim, or refer to the Explanation of Benefits (EOBs) from previous AI WorldTraveler claim submissions.)

Employee's Birthdate (mm/dd/yyyy) _____ Gender Male Female

Street _____

City _____ State/Province _____

Country _____ Postal/ZIP Code _____

Employee's Telephone Number (Include Country Code) _____

Employee's Home Country _____ Dates of Travel _____

Employee's Primary E-Mail Address _____
(E-mail addresses are strongly encouraged in the event additional information is needed to process your claim.)

2. Patient Information

Patient's Name (First Name, Middle Initial, Last Name/Surname) _____

Relationship: Self Spouse Child Other _____

Patient's Birthdate (mm/dd/yyyy) _____ Gender Male Female

3. Summary of Medical and Pharmacy Services (Please include diagnosis or reason for treatment for each service received.)

Dates of Service (mm/dd/yyyy)	Provider's (physician, clinic, hospital, pharmacy) Name and Address (If the Provider's name and address is on receipts, write "see receipts")	Description of Service/ Name of Medication/ Drug/Device (If hospital, indicate inpatient or outpatient)	Diagnosis (Reason for visit)	City/State/ Province/Country of Claim	Currency of Claim	Total Charge

4. Claim Information

If Yes is answered to either question below, **c** and **d** in this section must be completed.

- a. Is the claim related to a work related accident or condition? Yes No
- b. Is the claim related to an accidental injury? Yes No
- c. Accident Date (mm/dd/yyyy) _____ Time _____ AM PM
- d. Description of Accident (How and Where)
- _____
- _____

Please Retain A Copy For Your Records

