

Health Insurance Claim Form

Please complete page 1 of this form in BLOCK CAPITALS and ask your treating doctor/therapist to complete page 2.

All accompanying documents or invoices should preferably be in English, German, French, Dutch or Spanish and should use Arabic numerals and Latin characters (i.e. 1,2,3.../a,b,c...).

We recommend that you keep copies of all documents submitted.

Please submit this form with all other documents via the My Globality online portal or post to our address above.

Note: Any person who knowingly and with intent to defraud, submits a claim to an insurance company containing materially false information, or who withholds, with intent to mislead, information concerning any material fact, has committed insurance fraud and thus a criminal act.

A. Main insured details

Policy number	First name	Surname
Correspondence address	Building name/number	Street
	Postal/zip/area code AND town/city	Country AND region
Contact details	Phone number (+ country code/area code)	E-mail address

B. Patient details (if different from above)

First name	Surname
Policy number	Date of birth

C. Reimbursement details

Payment method <input type="checkbox"/> Cheque <input type="checkbox"/> Bank transfer	Payment currency <input type="checkbox"/> EUR <input type="checkbox"/> USD <input type="checkbox"/> GBP <input type="checkbox"/> CHF <input type="checkbox"/> Other _____
Account holder	Name of bank
IBAN	Postal/zip/area code AND town/city
Account number (if IBAN is not available)	Country
Swift code (BIC)	Bank branch code/routing code (BLZ, ABA, sort code – if Swift code/BIC not available)

Please note that Globality S.A. reimburses the full amount of every eligible claim, no matter which currency is used or where the funds are transferred to. It is not necessary to be reimbursed in the same currency as your invoices. Globality S.A. carries out all foreign currency exchanges at normal market rates and does not deduct any bank charges incurred from your reimbursement amount. Nonetheless, cross-border transfers can often incur fees from any intermediary banks involved and in some cases from your own bank as well. These fees are deducted from the final amount received, and can be quite significant. In order to avoid these charges, we recommend that if you have an account in a major currency (e.g. EUR, GBP, USD or CHF) in a respective home state (e.g. a USD account in the USA, a GBP account in the UK) you always nominate this account for reimbursement. Charges also should not apply for any EUR accounts in the SEPA Zone.

D. Patient's declaration and consent

I hereby certify that to the best of my knowledge this claim form does not contain any false, misleading or incomplete information. I understand and accept that in the event this claim is found to be fraudulent in whole or in part, the policy will be rendered null and void and I will be liable for legal action. In respect of any medical claim, I hereby authorise my general practitioner, health professional or other relevant medical provider to provide any health details or medical records that may be requested by Globality S.A. or their appointed representatives. If the patient was a minor, a parent or guardian should sign this section.

Patient's signature

Date (dd/mm/yyyy)

E. Medical provider/therapist details

Name of doctor/specialist/therapist		Qualifications/credentials
Name of hospital/clinic		
Address	Building name/number	Street
	Postal/zip/area code AND town/city	Country AND region
Contact details	Phone number (+ country code/area code)	E-mail address

F. Medical information (to be completed by medical provider/therapist)

Patient name	Date on which patient first registered with you (dd/mm/yyyy)
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Please provide full details of the medical condition requiring treatment, including the ICD code 9 or 10 (International Classification of Disease)

Patient's symptoms		Are the symptoms related to an accident?
		<input type="checkbox"/> Yes <input type="checkbox"/> No
First appearance of symptoms (dd/mm/yyyy)	Please indicate when the patient first consulted a doctor for the condition or symptoms (dd/mm/yyyy)	
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Please detail any tests or investigations related to this condition that were performed previously (including dates)		
Please detail any previous treatment or medication related to this condition (including dates)		
Diagnosis		
Further remarks		

Doctor's signature

Date (dd/mm/yyyy)

Official stamp of medical provider

How to Claim Guide Frequently Asked Questions and Useful Information

Globality Health is dedicated to providing first-class health insurance coverage to our clients while they live, work or study abroad. Essential to this is delivering a reliable and efficient claims service, on which you can always rely in the event of illness or an accident.

The following guide provides all the information you will need about claiming under your policy, in order to help you through the process and to make it as easy as possible.

What can I claim for under my policy?

You, and any other person insured under your policy, can claim for the medically necessary treatment required due to illness or as the result of an accident. This illness or accident, and the resulting treatment, is known as an “insured event”. The insured event must take place during the period of cover provided by the policy.

Depending on your individual policy and plan type, your policy may cover you for medically necessary inpatient treatment, outpatient treatment, dental treatment and emergency treatment. As the coverages we offer vary across different plan types, please always refer to the **General Conditions of Insurance (GCIs)** and the **Scope of Benefits** of your policy for specific details on what you are covered for.

Whom should I contact to make a claim?

To ensure your claims are settled as quickly as possible, we recommend that you submit your claim through the “My Globality” online portal.

The “My Globality” portal allows you to send all your documentation in a secure and convenient way. You can also search for medical providers through the portal and view details of all your previous claims. Details of how to access

the “My Globality” portal are included in your welcome package separately.

If you need any help when making a claim, or if you need to locate an approved medical provider anywhere in the world, your local Globality Health contact details are stated on your Service Card. Our network is available worldwide, providing a comprehensive range of health insurance services.

What should I do in the event of an emergency?

In the event of a serious accident or emergency, or for acute hospitalisations, you are able to contact us 24 hours a day, seven days a week for support. Your emergency contact details are clearly stated on your Globality Health Service Card, as on the sample card below.

All requests for emergency treatment or assistance are of course treated as urgent, with coverages confirmed and medically necessary services organised as quickly as possible.



Can I choose where to get treatment?

All insured persons are free to choose from any doctor and dentist licensed to provide medical or dental treatment in the country in which the treatment is provided. This is subject to the geographical limits of your policy as selected. Please refer to your policy GCIs for further information on this.

If you need support in finding a hospital or medical provider for treatment, we will be able to recommend an approved provider in our network. Simply contact us and we will provide any information you require.

Will I be fully covered under the policy for all my medical or dental expenses?

The coverages under your policy are fully detailed in your policy documents. You should check carefully your Scope of Benefits in order to determine the extent of the medical or dental treatments for which you are covered.

Depending on your chosen plan type, some benefits may be limited in terms of the amounts that can be reimbursed.

There may be a deductible on your policy, which means you must pay a specified amount yourself before the coverage begins. Waiting periods may also apply for certain benefits, which means you cannot claim for these benefits within a specified time period after the policy starts. You can find all this information in your policy documents.

How are my claims assessed?

In order to be eligible for coverage under your policy, medical or dental treatments must be medically necessary, as defined under your policy GCIs.

We will evaluate medical necessity in accordance with the latest medical standards, taking into account for each respective condition what is considered to be the most customary and generally accepted conventional medical treatment. In some cases, medical necessity may not be determined solely through the recommendation of an individual

doctor. Cosmetic or experimental procedures or treatments are also not generally regarded as medically necessary. Fees for medical and dental treatments, and for the services of other therapists, must be considered reasonable according to the customary rate of fees typical for the country in question (e.g. under an official schedule of doctors' fees).

Eligibility for payment of a claim is determined during our claims assessment process, during which we may ask you for supporting documents and information.

What information does Globality Health require to assess a claim?

As a general rule, we will require information from the medical practitioners involved to support a claim for medical or dental benefits. This must at least include a description of the treatment provided, along with a diagnosis of your condition or a description of your symptoms. Additional information or requirements may be necessary depending on the type of claim involved.

We recommend that you always complete our Health Insurance Claim Form when making a claim. You can find this form on the "My Globality" portal. You can also use the contact details quoted on your Service Card to obtain a form. The Claim Form includes a section that your doctor or

dentist can complete to provide us with further information, such as a diagnosis. We will advise you of any other necessary requirements to proceed with your claim on receipt of your completed form.

At the end of this document, and also available on the "My Globality" portal, you can find details of additional requirements we typically need for some selected benefit types, along with any other forms that may be required for different claims. If you have any questions on our claim requirements, please contact us using the details provided on your Service Card.

What information should be included on medical invoices?

All medical invoices submitted to us for reimbursement must meet the standard minimum legal requirements in the respective country in terms of form and content. We always accept digital copies of invoices, however please keep the originals as we reserve the right to request these.

All invoices should contain the following information:

- the first name, family name and date of birth of the insured person
- a diagnosis of the illness, or otherwise a description of the symptoms by the doctor
- details of each individual medical service rendered, with the corresponding treatment date and unit price
- for dental treatments, the invoice must specify which teeth have been treated or replaced and what services have been rendered in each case
- all non-electronic invoices need to be stamped and signed by the medical provider.

Please note also the following:

- All documents or invoices should preferably be issued in English, German, French, Dutch or Spanish, should use Arabic numerals and Latin characters (1, 2, 3 ... a, b, c ...) and should quote the relevant International Classification of Diseases (ICD) diagnosis codes (ICD-9 or ICD-10).
- Prescriptions for medication must specify the first name, family name and date of birth of the insured person, the drugs that have been prescribed, their price, and the receipt of payment. The corresponding doctor's invoice is also required in order to reimburse prescriptions.
- Invoices for therapies and therapeutic aids and appliances must be submitted with the corresponding prescription and doctor's invoice.

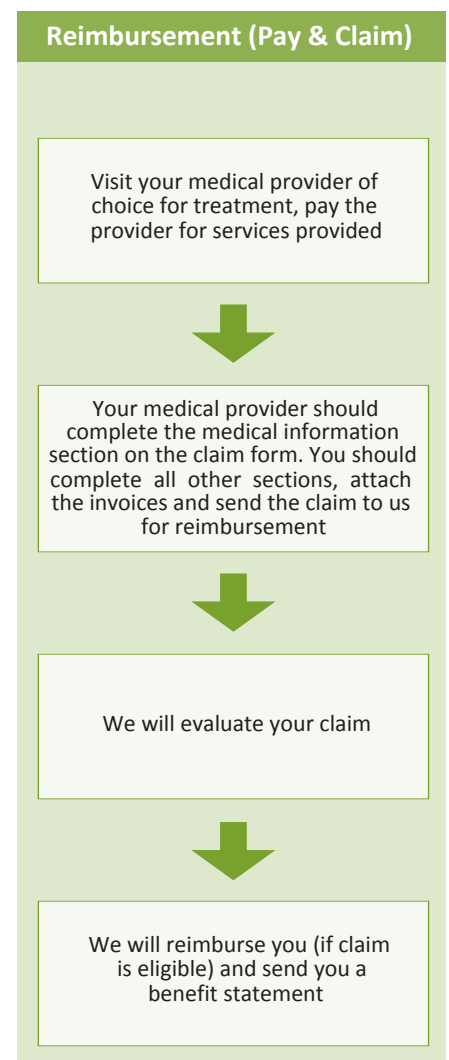
How are my claims settled?

The following diagram shows the basic steps in settling a claim under your Globality Health policy.

If your claim is made prior to treatment



If your claim is made after treatment



What does “cashless service” mean?

“Cashless service” means you do not have to pay treatment costs directly to a medical provider. Instead, the costs are settled between the medical provider and Globality Health after the treatment has been carried out. Usually claims for inpatient treatment or complicated outpatient or dental procedures can be settled this way. All claims processed by a cashless service method must be assessed prior to treatment under our normal claims procedures to determine eligibility for coverage.

Cashless service is only available with medical providers in our network, and in certain cases you may still be required by a medical provider to pay an initial deposit in advance, for example to reserve a hospital bed.

There are two different types of cashless service:

Guarantees of Payment (GOPs) are only arranged for inpatient or day-care treatments or procedures. A GOP is an agreement between us and a medical provider to settle

directly the costs of a specific set of procedures or treatments, and so is done on a case by case basis. GOPs are put in place after your planned treatments have been confirmed for coverage in advance by Globality Health. While we are always willing to arrange a GOP for you, it will always be subject to the agreement of the medical provider.

Direct Billing arrangements meanwhile are standing agreements that exist between our partners and a medical provider. If a Direct Billing arrangement is in place, you can present your Service Card to the medical provider and you or any other insured person under the policy will be treated without having to pay at the time. Instead, the costs will be settled between the medical provider and Globality Health afterwards, subject of course to these costs being eligible for coverage under your policy. Note that **pre-authorisation** will still be required for certain treatments or procedures as detailed below, even if these are being carried out by a provider with whom we have a Direct Billing arrangement.

How are my expenses reimbursed?

If you are due a reimbursement of medical expenses from Globality Health, all payments will be made to your chosen bank account by electronic transfer. Provided your account can accept the payment, we can reimburse expenses to an account in almost every country worldwide. You can choose to be reimbursed in either the local currency in which you paid your expenses originally, or in any of the policy contractual currencies. Depending on where your bank account is, payments could take up to 15 working days to reach your account following approval of your claim.

While Globality Health will never charge you for a reimbursement in a particular currency, and will never pass on any bank charges or currency exchange charges that we

may incur, cross-border transfers can often draw fees from intermediary banks and in some cases from your own bank as well. These fees would be deducted from our claims payment amount by your bank and can be quite significant. Before nominating an account for reimbursement therefore, you should always first check with your bank to determine what charges they may apply. In order to avoid charges, we recommend that if you have an account in a major currency (such as EUR, GBP, USD or CHF) in a respective home state (e.g. a USD account in the USA, a GBP account in the UK) you always nominate this account for reimbursement. Charges also should not apply for any EUR accounts in the Single Euro Payments Area (SEPA) Zone.

How do I claim for inpatient treatment?

Inpatient treatment is a medical or surgical hospitalisation lasting at least 24 hours in a public or private hospital or health facility following an illness or an accident. The costs for standard single rooms during hospitalisations may be covered. Please note that coverage for VIP or Deluxe hospital rooms cannot be offered.

All planned inpatient treatments or procedures must be pre-authorised by Globality Health in advance. This is so we can assess and evaluate the cost and medical necessity of the planned treatment and whether it can be covered under your policy.

Requests for **planned** inpatient treatment must be advised to us at least one week in advance, or at the very least as

soon as possible. Your policy must be in force at the time the treatment takes place and your premiums must be fully paid to date. Only the treatments or procedures that have been specifically evaluated and approved in advance will be subsequently covered by Globality Health after they are carried out. It is important therefore that a full and complete disclosure of all planned treatment is made in advance. The treatment or procedure must also take place within 30 days of the pre-authorisation being confirmed by Globality Health.

To begin a claim for inpatient treatment, please submit a Claim Form via the “My Globality” portal. We will then advise you of the next steps and of any specific additional requirements we have for assessment.

How do I claim for outpatient or dental treatment?

Outpatient treatment includes medical treatment provided in medical practices (e.g. by general medical practitioners), dental practices and health centres. It also includes external consultations and diagnostic services done on an outpatient basis in hospitals, such as pathology, MRI, CT scans and so on.

Generally for this type of treatment, a medical provider will give you an invoice for the treatments or procedures carried out. You must therefore pay your provider for these invoices first and then submit your paid invoices to Globality Health

for reimbursement. This is known as “pay and claim”. Please note that reminder fees are not reimbursable. We also cannot process reimbursements on the basis of deposit payment receipts or statements of account. We also reserve the right to request actual proof of payment of any expenses.

To claim for a reimbursement of expenses, please complete a Claim Form with your medical provider and then submit it via the “My Globality” portal with your paid invoices. If we require any further information or documentation to assess your claim, we will advise you on receipt of your request.

Is pre-authorisation required for any outpatient or dental treatments?

Yes, as with planned inpatient treatment above, pre-authorisation will always be required for certain outpatient treatments or procedures. You must always inform us in advance if you plan to claim for any of the following:

- Psychotherapy or psychiatric treatment
- Infertility treatment
- Speech therapy
- Occupational therapy
- Physiotherapy

We highly recommend that you also arrange pre-authorisation for the following:

- Complex dental and dentures treatment
- Orthodontic treatment

Unless pre-authorisation of these treatments or procedures is obtained, Globality Health cannot guarantee coverage for them after they have commenced. Please see the inpatient section above for further rules on pre-authorisation of medical procedures.

To begin your claim for any outpatient or dental treatments requiring pre-authorisation, please submit a completed Claim Form through the “My Globality” portal. We will then advise you of the next steps and of any specific additional requirements we have for assessment.

What should I do in the event of an accident?

If you have had an accident, you should submit to us your claim for reimbursement of expenses as normal, along with our completed Accident Form, which is available on the “My Globality” portal. If any third party was involved, please make sure to obtain their contact details and insurance details, as well as copies of any police reports if applicable.

If you have had a work-related accident, you should inform your human resources department immediately. If your company has employer’s liability insurance in place, a claim should first be made under this insurance. If this insurance does not cover medical expenses incurred as a result of a work accident, or if there is no employer’s liability insurance, then your claim should be submitted to Globality Health.

Will my personal information be secure?

As we have comprehensive security measures in place, all personal information that is submitted to us during a claim, especially of a medical nature, will be absolutely secure with Globality Health. Our “My Globality” portal allows all

information to be sent in a safe and secure way. If you have any queries or concerns at all in this matter however, please contact us and we will be happy to discuss further with you.

What do I do if I have any other questions?

If you have any questions on the information provided in this document, or indeed on any aspect of the claims process,

please contact us using the details provided on your Service Card.

Whom do I contact if I have any feedback?

At Globality Health, we are committed to offering the best quality products and services to all our clients. Customer satisfaction is very important to us, therefore we are always interested in hearing about your experience with Globality Health and any suggestions you may have for how we may improve.

If you do have any comments or feedback for us, we would be very pleased to hear from you. Our contact details are as follows:

E-mail: feedback@globality-health.com
Fax: +352 270 444 5599
Post: Globality S.A.
1A, rue Gabriel Lippmann
L-5365 Munsbach, Luxembourg

Globality Health Claims Assessment Additional Requirements for Selected Benefit Types

Your Globality Health policy documents will detail the type of benefits that are eligible for coverage. In order to evaluate eligibility for coverage of these benefits, we ask for specific documents and information during the claims process. In all cases, eligibility for coverage will depend on the medical necessity of the proposed treatments.

For all claims, we recommend that you complete and return to us a Health Insurance Claim Form, which you can find on the “My Globality” portal. In this section we have detailed the additional information we usually require for certain selected benefit types. For these benefits, pre-authorisation of coverage may be either mandatory or highly recommended, depending on your plan type.

Please note that this is not an exhaustive list of requirements for all our benefit types. Additional documents may also be needed for these benefit types in particular cases if deemed necessary.

If you have any questions on our claims requirements, please contact us using the details quoted on your Globality Health Service Card.

Outpatient treatments

Physiotherapy, Psychotherapy, Speech Therapy and Occupational Therapy

To assess these benefits, we require the following:

- A valid medical doctor's prescription with the following:
 - the diagnosis
 - the frequency and duration of treatment (recommended number of sessions).
- A treatment plan from the therapist outlining the following:
 - the relevant medical evaluation (i.e. for physiotherapy, psychotherapy, speech or occupational therapy)
 - long-term and short-term goals that are specific, quantifiable and objective

- a reasonable estimate of when the goals will be reached
- the specific treatment techniques and/or exercises to be used in the treatment
- a detailed cost estimate.

Infertility treatment

To assess this treatment, a detailed medical report is required which includes the following information:

- the diagnosis
- the medical history (anamnesis)
- the tests performed with the corresponding results
- a summary of the previous attempts at fertility treatment and the results
- a treatment plan and the probable success rate
- a prognosis
- copies of the two most recent semen analyses
- copies of the most recent blood tests for each partner.

Dental treatments

For the following dental treatments, there is a Dental Report Form available on the “My Globality” portal which can be used by your dentist to provide most of the information required. Dentists can alternatively submit their own report if they prefer.

Complex dental treatments, dental implants, dentures treatment

For these procedures, the following information is required:

- a medical report detailing the diagnosis
- a copy of the latest x-ray
- intra-oral photos (if available)
- a treatment plan with a cost estimate.

Orthodontic treatment

The following information is required:

- a medical report that details the classification of the mal-occlusion
- a copy of the latest x-ray
- intra-oral photos (if available)
- a treatment plan with a cost estimate.

The inpatient treatment cost estimate should include the following:

- a detailed breakdown of the hospital fees, which should include, if applicable, the costs for the hospital room, along with care costs, operating theatre costs, pharmacy costs, and so on
- a detailed cost estimate for the doctors' fees, including those for the surgeon, anaesthetist, assistant doctor, and so on if applicable.

Inpatient treatments

For all planned inpatient treatments or procedures, we require a medical report and a cost estimate signed and stamped by the treating doctor or surgeon.

The medical report should include the following information:

- a diagnosis
- a description of the symptoms
- full details of the proposed treatments to be undertaken, including all medical or surgical procedures to be carried out during the hospitalisation
- details of any previous treatment carried out relating to the condition, including details of any previous surgical procedures and hospitalisations.

Note: The information provided in this document does not represent a guarantee of coverage or specific payment. All health insurance benefits are subject to the terms, conditions and limitations of the specific policy issued, including, but not limited to, the relevant provisions relating to eligibility, pre-authorisation, exclusions, limitations and medical necessity. Benefits may be excluded if they relate to conditions that were pre-existing at the time the insurance commenced. This provision may only apply if a medical assessment was carried out prior to the commencement of your policy. For further information on the terms of your policy, please refer to your General Conditions of Insurance (GCIs).