



Out of Country Claim Form

TCC Benefits Administrator will accept a statement of services rendered by a foreign provider as a claim for reimbursement. The statement must be fully translated into English and the charges converted to US Currency. In addition to the statement the below claim form must be completed. Once this information is received; TCC Benefits Administrator will review and process

Name of Insured: _____ ID# _____

Patient's name: _____ Date of Birth: _____

Provider's Name: _____

Type of Facility: _____
(office, outpatient, emergency room, hospital, etc)

Provider's address: _____

Dates of Service: _____ Date of injury/illness: _____

Diagnosis or type of illness or injury: _____

Description of Services: _____

Charge for Services(US currency): _____

Signature _____ Date _____

*Please attach a copy of the statement. Statement must be translated into English and converted to US currency. Because TCC Benefits Administrator does not have agreements with foreign providers; reimbursement will be made directly to the insured. Traveling out of the country for the sole purpose of medical care is not covered under your health plan.