



B D A E G R U P P E

PAYMENT OF INSURANCE BENEFITS EXPAT®GLOBAL US 2000

CLAIMS REIMBURSEMENT FORM

INSURED PERSONS ON THE AMERICAN CONTINENT PLEASE DIRECT ALL QUESTIONS CONCERNING APPROVAL OF BENEFITS AND CLAIMS SETTLEMENT AS PER INSTRUCTION SHEET TO:

EURO CARE • PO BOX 4610 • SEMINOLE, FL 33775, USA
FON: +1-727-593-5462 • FAX: +1-727-593-5973
E-MAIL: EUROCARE@TAMPABAY.RR.COM

ALL MEMBERS OUTSIDE THE AMERICAN CONTINENT ARE REQUESTED TO COMPLETE THE FOLLOWING FORM AND THE TABLE ON THE REAR SIDE IN ORDER TO APPLY FOR REIMBURSEMENT OF CLAIMS. PLEASE COMPLETE ONLY ONE FORM PER PERSON AND SEND IT TO:

BDAE HOLDING GMBH • KÜHNEHÖFE 3 • D-22761 HAMBURG

Form with sections: PARTY ENTITLED TO INSURANCE, PAYMENT DETAILS FOR REIMBURSEMENT, ADDITION FOR FOREIGN ACCOUNTS, INFORMATION ON OTHER ACTIVE HEALTH INSURANCE. Includes fields for Surname, First name(s), Company name, Current address, Phone, Fax, e-mail, Account holder, Bank, Account no., Sort code, Insurance no., etc.

Stand: 14.04.2010

PLEASE ENLIST THE CLAIMS TO BE REIMBURSED IN THE TABLE OVERLEAF, RESPECTIVELY LET IT BE COMPLETED BY THE ATTENDING PHYSICIAN!

FOR QUERIES PLEASE CONTACT:
SABRINA RICKER
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