

INFO SHEET

GUIDE TO MEDICAL CLAIMS IN THE USA

What should I know?

Difference in the US vs Europe

In contrast to Europe, the US has a **primarily private healthcare system**, with multiple insurance providers.

In your case, your insurer DR-WALTER has established a partnership with Global Excel Management, a third-party administrator (TPA), which gives you **access to US healthcare**.

What Global Excel does for you:

- **Finding a medical provider** in your area.
- **Organising direct billing** for you, so that you don't have to pay any money up front.
- Helping with **pre-authorisations** for specific treatments or **specialist visits**.
- Getting your **money back for medical/dental/pharmacy bills**.
- Assisting with **statements or letters from debt collectors**.
- Assisting in **accident cases**.


It's very important for you to know that in order to access medical services in the US, **you need to contact Global Excel before your doctor's visit**, and once at the doctor, **you must always present your proof of insurance**.

Global Excel contact information:

- drwalterclaims@globalexcel.com
- **+1-877-835-6243** (toll-free when calling from the US)

For **urgent cases**, such as upcoming treatments or hospitalisations, please **call us whenever possible!**

Kindly remember to include this postal address when submitting your insurance details to the healthcare providers:

For medical claims in the USA 
Global Excel Management,
P.O. Box 10, Beebe Plain,
Vermont 05823, USA

When talking to a Global Excel agent, it would be helpful **if you could provide us with the following information**, so that we can get back to you, if needed:

- Your first and last name
- Your date of birth
- Your zip code or postal code
- Your telephone number with country code
- Your email address
- Any permissions to speak to someone on your behalf (for instance, your local coordinator or your host parents), as nobody can act on your name without your authorisation.
- Reason for calling.

Upon contacting Global Excel, you will be given a **claim reference number**. Please note this number as it will be used throughout your claim.

Who to call and where to go? Doctor's Visits

For **common illnesses and minor injuries**, you can always use **urgent care centers** and **walk-in clinics**. With these providers you won't need to arrange an appointment and they also have the benefit of offering extended hours (sometimes 24/7) and usually shorted waiting times.

If you don't know where to go, you can contact us at our 24/7 telephone number +1-877-835-6243 or write to us at drwalterclaims@globalexcel.com. We can help you find nearby doctors or hospitals based on your location.

When you know where and when you're going, please let us know so that we can check if they accept your insurance, and if possible, set up **direct billing** to ensure cashless services as per policy guidelines. When arranging direct billing, a document called Verification of Benefits (VOB) will be sent to the medical provider to confirm your insurance coverage and treatment details.

If the medical provider refuses to see you, ask them to call Global Excel's 24/7 telephone number +1-877-835-6243. Please remember that **you must always bring your DR-WALTER insurance confirmation with you**.

If you are hospitalized or in the case of a **critical condition or requiring immediate medical attention**, you can also go to a **ER (emergency room within a hospital)**. In these cases you must contact Global Excel as soon as possible by calling +1-877-835-6243 or emailing us at drwalterclaims@globalexcel.com.

Do you continue seeking care? Specialist visit / pre-authorisation

TIP: If you need to visit a specialist, a **referral from your GP is highly recommended**, as it will speed up the process. That's why asking for it at the time of your visit is always a good idea.

It may happen that you **require a specific treatment**, in this case, the doctor's office will have to contact Global Excel (+1-877-835-6243 / drwalterclaims@globalexcel.com) for permission prior to treatment. This permission is called a "**pre-authorization**". Please note that this process can take time.

To get this pre-authorisation, **you'll need to sign a form** that allows Global Excel to obtain your medical records from the doctor's office. Global Excel will then review these records to help DR-WALTER decide if they will cover the treatment or service required, according to the rules and guidelines of your insurance policy.

Where to send?

Statements / payment reminders / letter from a collection agency

When you get medical treatment and the medical bill hasn't been paid yet, the healthcare provider may send you a **payment reminder or statement** showing how much you owe. If you receive a payment reminder, it's important to send it to Global Excel's email address straightaway (drwalterclaims@globalexcel.com).

There are a few reasons why a bill may not be paid yet. First, we might need to get the **original bill** with all the necessary information, which the provider hasn't given us yet. Second, we could **be negotiating the bill** with the provider to find a fair amount to pay. Third, we might have **encountered a problem** that's causing a delay. In any case, you can call us at +1-877-835-6243 or send an email to drwalterclaims@globalexcel.com, and we'll explain which stage the bill payment is at.

If you receive a **letter from a collection agency**, it means the medical bill is quite old. Please send it to us, so we can take care of it.

In any case, you can always send us an email to drwalterclaims@globalexcel.com, with a copy of the received document and we will proceed with the needed actions to process your bill as per policy guidelines.

What form to fill out?

Reimbursement for medical, pharmacy, or dental costs

There are some instances where you may need to **pay upfront and file for reimbursement**, as per policy guidelines:

1. If the **doctor's office doesn't offer direct billing** for medical services.
2. For **pharmacy and dental expenses**, you must always pay upfront and file for reimbursement.

In all cases, you must provide **all bills and payment receipts** together with DR-WALTER's **reimbursement form below** to Global Excel (drwalterclaims@globalexcel.com) for us to review as per your policy guidelines.

It's very important that you let us know if you'd like to be **reimbursed via cheque** to your postal address **in the US** or via transfer **to your** bank account in your **home country**.

If you are experiencing any delays in your reimbursement or **you would like to enquire about your reimbursement status**, please send us an email at drwalterclaims@globalexcel.com.

Notice of Claim – Travel Health Insurance

Important! Please fill in the form fully and don't forget to hand in your original invoices and prescriptions as well.

Insurance Number

Personal data of the insured

Family name

First name

Date of birth (dd, mm, yy)

Phone number

Email address

Travel destination

Trip start date

Scheduled end of your trip

Contact address in your home country

Contact address at your destination (if your trip hasn't ended yet)

c/o Name of the host family

Phone number

Contact address at your destination

☐ I have already returned home

Reimbursement in USD or CAD (for reimbursements in any other currencies, please contact DR-WALTER claims@dr-walter.com)

Type of document	Amount	Sum	Currency
Doctor's bill(s)			
Drug bill(s)			
Hospital bill(s)			
Other receipts			

Please enter your data if you are the person to receive the reimbursement.

☐ I would like to be reimbursed by check

Recipient of compensation (first name, family name)

Address

☐ Please refund to the following account

Account holder (first name, family name)

Bank account number

BIC/SWIFT

Information about the course of disease or the accident

Please hand in (a copy of) the medical report or report of findings.

Please describe the course of disease or your ailments in your own words; in case of an accident, please describe what happened.

What diagnosis was made (by the doctor)?

When did the disease occur for the first time?

Have you ever received any treatment for the disease prior to your trip? ☐ Yes ☐ No

If that was the case, please enter the name and address of the respective doctor.

Which doctor treated you after your return? (name and address)

Information about other insurance policies

Please name your health insurance company or private health insurance (name, address and membership number).

Did you file another request for reimbursement with any other body, such as compulsory or private health insurance, benefits office, etc. (if so, please hand in proof of reimbursement) ☐ Yes ☐ No

Do you have another travel health insurance policy (e.g. through your credit card, or are you a member of ADAC, Red Cross or any other association providing rescue services in case of an emergency)? ☐ Yes ☐ No

Please enter the name, address and membership or credit card number.

Important advice / signature

The policyholder and the insured person are required to provide true, accurate and complete information on the data requested. The insurance company is released from its obligation to perform if the policyholder or the insured person intentionally or with gross negligence provides incomplete or incorrect information or commits fraudulent misrepresentation. In case of intentionally incorrect information, this legal consequence also ensues if it neither affects the assessment nor the scope of benefits incumbent on the insurer. If you act grossly negligent when violating an obligation, we are entitled to reduce our payment proportional to the severity of your fault.

Place and date	Signature of the policyholder
----------------	-------------------------------

Waiver of physician-patient privilege

For (insured person)	Insurance Number
----------------------	------------------

I authorize the insurer to gather information at any time on the following: former and existing diseases, consequences of an accident and ailments; diseases, consequences of an accident and ailments occurring prior to the termination of the contract; applied-for, existing or terminated personal insurance. For this purpose, the insurer is permitted to question doctors, dentists, non-medical practitioners, all kinds of hospital wards, insurance institutions and pension offices. I hereby release them from their physician-patient privilege and authorize them to provide any necessary information to the insurer.

Date and place	Signature of the insured
----------------	--------------------------

For reimbursements in USD or CAD please contact:

USA: Global Excel Management Inc., P.O. Box 10, Beebe Plain, Vermont 05823, USA
Canada: Global Excel Management Inc., 73 Queen Street, Sherbrooke, Canada
Phone: +1-877-835-6243
Email: drwalterclaims@globalexcel.com

For reimbursements in any other currencies please contact:

DR-WALTER GmbH, Eisenerzstrasse 34, 53819 Neunkirchen-Seelscheid, Germany
Phone: +49 2247 9194-31
Email: claims@dr-walter.com

What should you do if you had an accident (subrogation)?

Subrogation makes sure that the right person pays for the costs when **there's an accident and there is somebody at fault**. It's important to note that **not all accidents involve subrogation**, as it depends on the circumstances and liability involved.

When reporting an accident-related medical claim, Global Excel will **ask about the circumstances when the accident occurred** and may require the completion of an **accident report**. For other types of accidents, such as motor vehicle accidents, a **police report** will be also required.

The **time it takes to finish a subrogation case** can vary depending on what type it is. Simple cases might take around six months, but more complicated cases that need legal action can take several years. Please bear in mind that these are only approximations; actual turnaround times could exceed even those stated here.

When reporting an accident to us, you might encounter the following questions during the process:

- What is the **exact date, time, and location of the incident**? **Why** were you there?
- What is the **nature of the injury**?
- Were you **under the influence** of drugs or alcohol at the time?
- Did anyone **witness the incident**? If so, who? Were **any official reports compiled or actions taken**?
- What were the **weather conditions and the surface** at the time?
- **Was anyone / anything to blame** for the incident, if so, why?
- If the incident involved any form of transport, please **provide full details of the vehicle, the owner, and the auto insurance information**.
- **Were the police or any other authority involved**? If so, please provide full details, together with any reports, which may have been issued to you.
- Please provide **insurer & policy number for any private medical or other insurance you may hold** which covers the incident.
- Please provide **any further information** that you feel is relevant