



The Benefits of Better Health

INTERNATIONAL CLAIM FORM

You may use the GEHA International Claim Form to submit institutional and professional claims for benefits for services received outside the United States. Please include the Provider's itemized bill(s) with this form.

Name of Subscriber:	GEHA ID Number:
Name of Patient:	Patient's date of birth:

Were these expenses the result of an accidental injury? Yes No

If "Yes," please supply us with the following information: Accident date: _____ Time of accident: _____

Nature of accident: _____

Date of Service	Provider Name and Address	Type of Provider (hosp., etc.)	Description of Service	Charge	Diagnosis

Authorization for assignment of benefits Complete if you prefer that benefits be paid directly to the Provider of service.

I, the undersigned, authorize and request GEHA to make payment for benefits due herein to:

Name of Provider: _____

Signature of Subscriber/Patient: _____ Date: _____

Government Employees Health Association, Inc.

Foreign Claims Department

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