



**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.

<b>Name of Subscriber:</b>	<b>GEHA ID Number:</b>
<b>Name of Patient:</b>	<b>Patient’s date of birth:</b>

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	Rate of exchange	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

P.O. Box 21542 • Eagan, MN 55121 • Telephone: 800.821.6136 • Email: [overseas@geha.com](mailto:overseas@geha.com) • Website: [geha.com](http://geha.com)