



ALLIANCEBENEFITS



ALLIED

Filing International Medical Claims

International medical claims can be intimidating.
Let's break down the process in three easy steps...

[Instructions](#)



[Timeline](#)



[Form](#)



[Worksheet](#)



File Your Claim in Three Steps

1 Complete the Form

Complete the **International Claim Form** and **Worksheet**. When completing the worksheet, please list each service date on a **separate line** with its corresponding currency conversion rate. Sign and date the authorization to release your claim information. Save a copy for your records.

2 Attach Itemized Bills

Attach itemized **bills** with your **receipts** for proof of payment(s). Receipts are *only* necessary if the bill is over \$2,000 USD. The bills must include:

- Patient name and info
- Provider name and address
- Dates(s) of service(s)
- Reason for service(s)
- Description of service(s)
- Total charge for service(s)
- Basic translation on your submitted receipts

If information is missing, you may write it directly on the bill, then sign and date your name next to it.

3 Submit Your Items

Submit the completed claim form with the itemized bill(s).

Submit Online:

- Log in to the [My Allied Portal](#) at alliedbenefit.com or mobile app.
- Go to the 'Activity' page and select 'Submit Claims'
- If you have a completed form, click 'Continue'
- Click 'Add PDF or Image' to upload your form and bill(s).
- Check the box to agree to terms and click 'Submit.'
- Email a copy of each claim to Jamie Stevenson at JaStevenson@acrisure.com

Submit by Email:

- If you do not have online access, please send your completed form and itemized bills to Allianceclaims@alliedbenefit.com and copy Jamie Stevenson at JaStevenson@acrisure.com

Submit by Mail:

- Carefully enclose the form and bill(s) in a secure envelope and mail to the address on your ID card.

Reimbursement **Timeline**

Our average processing time is **60 days**.



STEP 1

Allied processes your claim.

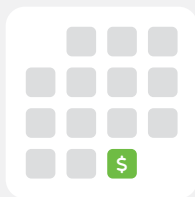
Please allow 30 days.



STEP 2

International Payroll is notified.

After Allied processes your claim, Alliance Benefits notifies International Payroll.



STEP 3

You are reimbursed.

Your reimbursement will be processed with the next monthly allowance.

Please allow 30 days.



Allied Benefit Systems
 PO Box 211651
 Eagan, MN 55121
 Phone: (800) 288-2078
 Fax: (312) 906-8359
 AllianceClaims@alliedbenefit.com

International Claim Form

Employer Information	
Employer Name	Group Number

Employee Information	
Employee Name	Birthdate
Member ID/UID	
Employee Address	City
	State
	Zip

Patient Information	
Patient Name	Gender
	Birthdate
Relationship to Employee	
<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other:	

Claim Information	
Was this claim due to an accident?	If yes, what was the date of the accident?
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Where did the accident occur?	Is this claim the result of a work related illness or injury?
	<input type="checkbox"/> Yes <input type="checkbox"/> No

Provider Information						
Provider Name	TIN *	Patient Name	Date of Service	ICD 10 Code	CPT Code	Total Charge

Reimbursement Information	
Amount of currency in foreign currency	Currency Name
Country of Origin	Exchange Rate Used
Date of Conversion Rate	Amount of Expense in US Dollars
Please attach proof of expense to claim form (receipt, letter, prescription label or box top, billing statement, etc.) **	

Employee Authorization	
AUTHORIZATION TO RELEASE INFORMATION: I hereby certify that the foregoing statements are true to the best of my knowledge. I also authorize any hospital, physician, or other persons who have attended me or examined me or any of my dependents, to disclose to Allied Benefit Systems and/or my employer any and all information with respect to any illness or injury, medical history, consultation, diagnosis or treatment, and copies of all hospital or medical records. A photo static copy of this authorization shall be considered as effective and valid as the original.	
Employee Signature	Date
Patient Signature	Date

* TIN, ICD 10 Code and CPT Code only applicable for out of network claims in the US.
 **Receipts only needed if expense is over \$2,000 USD

