



Mutuaide Assistance

UNE SOCIETE DU GROUPE



Groupama

MEDICAL/DENTAL REIMBURSEMENT FORM

NACEL OPEN DOOR

To be used for upfront out-of-pocket expenses incurred by student or host family.

File #: _____ (from pre-authorization phone call)

Policy # (Refer to card): #3924 - Nacel Open Door
OR #3926 – French Students

Student ID Number: _____
(from Insurance Card)

Personal Accident Illness

Last Name:		First Name:	
Date of Birth (MM/DD/YYYY):	Home Country:	Area Code & Phone No. of Host Family:	
Host Family Name and Address:			

PERSONAL ACCIDENT

ILLNESS

Type of injury:	Diagnosis of illness:
Date of occurrence:	Have you previously suffered from the same illness or injury? <input type="radio"/> YES <input type="radio"/> NO
Date symptoms first noticed:	Date of service rendered:
If injury – Describe how and where the injury occurred: If illness- Describe onset symptoms:	
Name of Medical Facility <i>including address</i> :	Name of Doctor consulted:

To be completed by the person who incurred the out-of-pocket expense:

Dental – paper ADA claim form and copy of Dentists progress notes must be included for reimbursement.

Pharmacy – original labels and receipts stapled to bag with price of medication and NDC code.

EXPLANATION OF COSTS: Payment to dental or medical provider receipt(s) MUST be attached for reimbursement.

TYPE OF COST INCURRED (medicine, doctor, hospital, clinic, etc.)	AMOUNT OF CLAIM	REFUND PAYABLE TO:

Total _____

***ANY CLAIM SUBMITTED WITHOUT PRE-AUTHORIZATION AND FILE NUMBER WILL NOT BE COVERED. CLAIM FORM MUST BE COMPLETED IN FULL**

To make a claim, please return this form to:

Nacel Open Door, Inc.
Attn: Student Health Insurance
101 5th Street East, Suite 1900
St. Paul, MN 55101