How should a claim be notified?

With the Insurance identity card you received a claim notification form from HanseMerkur Travel Insurance AG.

1. Fill out the claim notification form and provide all relevant details; this is very important as otherwise no payments can be made.

2. Enclose the original doctor's bills, prescriptions and receipts (photocopies, reminders and cash receipts are not acceptable – but you should keep copies of the original documents for your own records).

3. Send all the documents listed above within two weeks to:

HanseMerkur Reiseversicherung AG
Abt. RLK/Schadenregulierung
Siegfried-Wedells-Platz 1, 20354 Hamburg

<u>From the US:</u> MedCare International, Inc
12480 West Atlantic Boulevard, Suite 2
Coral Springs, FL 33071
USA
Attention to Mrs Lacroix

4. If you have questions on the notification of claims or on your insurance cover generally contact HanseMerkur Travel Insurance AG, telephone +49 40 4119-3000.

5. Settlement payments are made after 1-2 weeks.

Claim forms can be found as well on:
https://mein-hmrv.de/service/schadenmeldung/

In case of Emergency:

If you are taken into hospital or need emergency transport for repatriation contact the worldwide emergency service:

WORLDWIDE
Emergency Service
Rescue Flights / Repatriation
24-hour Hotline Service

WORLDWIDE EMERGENCY SERVICE

Phone +49 40 5555-7877
From the US: (1) 800 397 9905
(toll free)

Important note:
For travel to the USA: We do not recommend making any direct payments to American service providers (such as physicians, hospitals, etc.) Please send all invoices and/or requests for cost assumption to MedCare International (see above for address).

RT 404 08.18

Die Austausch Experten

HanseMerkur Reiseversicherung AG

Schicke die Rechnung und die Schadenmeldung bitte an:

aus den USA:
MedCare International, Inc.
12480 West Atlantic Boulevard, Suite 2
Coral Springs, FL 33071
USA
Attention to Mrs Lacroix

aus anderen Ländern:
HanseMerkur Reiseversicherung AG
Abt. RLK, Schadenregulierung
Siegfried-Wedells-Platz 1
20354 Hamburg
Germany

Schadenmeldung

Versicherungsnummer:

Name des Teilnehmers:

Nachname, Vorname

Anschrift im Heimatland:

Straße

PLZ, Ort

Telefon

E-Mail

Versicherungszeitraum

Für die vorgenannte Person wird hiermit gemeldet ein:

(Zutreffendes bitte ankreuzen!)

☐ Krankheitsfall
(Originalrechnungen über _____ sind beigefügt)

☐ Grund der Behandlung _____

☐ Haftpflichtschaden

Die Rechnung soll beglichen werden an den/das

(Zutreffendes bitte ankreuzen!)

☐ Arzt
☐ Zahnarzt
☐ Krankenhaus
☐ Programmteilnehmer/Eltern
(sofern in Vorkasse getreten)

BIC IBAN

Kontoinhaber

Bei Zahlungen ins Ausland (nicht EU): SWIFTCode, Adresse der Bank

Ort, Datum

Unterschrift

Schadenformulare findest Du auch bei: https://mein-hmrv.de/service/schadenmeldung/

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Die Austausch Experten

HanseMerkur Reiseversicherung AG

Mail invoice and claim form to:

From the US:
MedCare International, Inc.
12480 West Atlantic Boulevard, Suite 2
Coral Springs, FL 33071
USA
Attention to Mrs Lacroix

From all other countries:
HanseMerkur Reiseversicherung AG
Abt. RLK, Schadenregulierung
Siegfried-Wedells-Platz 1
20354 Hamburg
Germany

Claim Form

Insurance number:

Name of participant:

Address in the home country:

Street

City, Zip

Telephone

E-Mail

insured period

The above-mentioned person's claim is for:

(Please mark with an X where appropriate.)

☐ Sickness
(Original bills for ____ are enclosed.)

☐ Reason of treatment

☐ Third-party-damages

The bill should be paid to:

(Please mark with an X where appropriate.)

☐ Physician
☐ Hospital
☐ Dentist
☐ Program Participant/parents
(if the bill was already paid)

BIC IBAN

bank account information

For payment abroad (non EU) please note: SWIFTCode, bank address

City, Date

Signature

Claim forms also can be found on: https://mein-hmrv.de/service/schadenmeldung/

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