

# MEDICARE

## World-Wide Benefit Reimbursement Request Form

### Reimbursement for emergency and urgent services outside the United States



**AlohaCare**

For a healthy Hawaii.

1357 Kapiolani Blvd., Suite 1250  
Honolulu, Hawaii 96814

Your AlohaCare Advantage Plus plan has a limited annual benefit that covers emergency and urgent services you may need while traveling outside the United States. Please review your Evidence of Coverage document for information on the World-Wide Benefit before leaving Hawaii and traveling outside the United States. You may also contact AlohaCare's Member Services Department for detailed information about the World-Wide Benefit.

You will have to pay the facility or provider directly for services. **To file a claim, please complete the information below and attach clear and legible copies of any itemized bills and receipts.** *Please keep the originals for your records, because documents you submit will not be returned to you.*

AlohaCare will reimburse you up to your benefit limit based on the foreign currency conversion rate in effect at the time services were rendered.

**Any questions, please contact our Member Services Department:**

CALL: 973-6395 or  
toll-free at 1-866-973-6395

**Mail or Deliver Completed World-Wide Benefit Reimbursement Forms to:**

AlohaCare  
Attn: Reimbursement Coordinator  
1357 Kapiolani Blvd., #1250  
Honolulu, HI 96814

**REIMBURSEMENT REQUEST – PLEASE COMPLETE EACH SECTION BELOW:** Use a separate reimbursement request form for each facility/provider service for which you are requesting reimbursement. **(Note: The reimbursement request must be received within one year from the last day on which services were rendered.)**

#### MEMBER INFORMATION:

NAME:		ALOHACARE MEMBER ID#:	
DATE OF BIRTH:	PHONE NUMBER:		
STREET ADDRESS:	CITY:	STATE:	ZIP CODE:

#### FACILITY OR PROVIDER INFORMATION:

FACILITY/PROVIDER NAME:	PHONE NUMBER:
ADDRESS:	COUNTRY:

#### SERVICE INFORMATION:

DATE OF SERVICE	DIAGNOSIS OR TYPE OF ILLNESS OR INJURY	DESCRIPTION OF EACH SERVICE	CHARGE FOR EACH SERVICE

**MEMBER SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

Check the box to authorize the above digital signature.

AlohaCare Advantage Plus is an HMO plan with a Medicare contract and a contract with the Hawaii Medicaid program. Enrollment in AlohaCare Advantage Plus depends on contract renewal. The benefit information provided is a brief summary, not a complete description of benefits. For more information, contact the plan.