# BENEFIT REQUEST FORM

INTERNATIONAL MEDICAL GROUP sm
407 NORTH FULTON STREET
INDIANAPOLIS, IN 46202
PHONE: 317-655.4500
1 -800-628-4664
FAX: 317.655.45052

**IM-ABC/USA**

PATIENT: _____

GROUP NO: _____ ID NO: _____

*A Benefit Request Form must be completed for charges.

_____ e-mail _____

U.S.A. Address for E.O.B.'s & Check Reimbursements

_____

City/State/Zip

## SUMMARY OF SERVICES RENDERED

| DATE OF SERVICE | PROVIDER | Translation OF SERVICE | NATURE OF ILLNESS | CITY/ COUNTRY | TYPE OF CURRENCY | FOREIGN TOTAL CHG | FOREIGN EXCHANGE/ RATE | US FUNDS |
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