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OVERSEAS BENEFIT REQUEST FORM

INTERNATIONAL MEDICAL GROUP
407 NORTH FULTON STREET
INDIANAPOLIS, IN 46202
PHONE: 317-655-4500
1 -800-628-4664
FAX: 317-655-4505

GMI

THIS POLICY HAS A 90 DAY FILING TIME LIMIT FROM THE TIME THE SERVICE IS RENDERED.

PATIENT: _____

GROUP NO: _____ ID NO: _____

*A Benefit Request Form must be completed for overseas charges.

SUMMARY OF SERVICES RENDERED

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