



INTERNATIONAL MEDICAL GROUP

# Overseas Benefit Request Form

International Medical Group®, Inc.  
407 Fulton Street, Indianapolis, IN 46202  
Phone: 317.655.4500 or 1.800.628.4664  
Fax: 317.655.4505

PATIENT: \_\_\_\_\_

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

GROUP NO: \_\_\_\_\_ ID NO: \_\_\_\_\_ EMAIL: \_\_\_\_\_

## SUMMARY OF SERVICES RENDERED

| DATE OF SERVICE | PROVIDER | TRANSLATION OF SERVICE | NATURE OF ILLNESS | CITY/COUNTRY | TYPE OF CURRENCY | FOREIGN TOTAL CHARGE | US FUNDS | FOREIGN EXCHANGE RATE |
|-----------------|----------|------------------------|-------------------|--------------|------------------|----------------------|----------|-----------------------|
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