International Claims Transmittal

UnitedHealthcare

A UnitedHealth Group Company

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Check here if this is a
repeat submission

Via	Secure	Email:

cat@uhc.com

For courier services that require a physical address:

UnitedHealth Group
International Claims
216-B Bullsboro Dr.
Newnan, GA 30263

US Postal Service:

UnitedHealth Group International Claims PO Box 740817 Atlanta, GA 30374 Or Via Fax: 855-882-9303
Caution! Do not fax this from a fax machine that you cannot receive returned correspondence

Please complete all sections of this transmittal form. Claims may be delayed if all sections of this form are not completed. However, this does not guarantee that additional information will not be requested from you to process the claim. You will be advised in writing should additional information be required.

Please complete a new & separate claim transmittal form for:					
* Each patient * Each inpatient hospital stay * Each different healthcare provider * Each currency type					
Section 1 – Member & Patient	Information				
Check one:I am an Expatriate or retiree living abroadI am traveling internationally for pleasure.					
	_I am traveling internationa	lly for business, however, liv	ve in the U.S.		
Group Name	Caterpillar Inc.	Group Policy#	100400		
Member Name	·	Member id #			
Patient Name		Patient Relationship			
Patient Date of Birth		Member Phone #			
Member's Return Street					
	Town/city				
	Area postal code Region				
	Country				
In which country did the treatm	<u>*</u>				
What type of currency is the bill submitted in?					
What is the total amount of the claim in U.S.Dollars? (opt)					
Please check the type of service	that was rendered:	Date of service(s):			
Office visit		A 1		14	
Inpatient hospital care Inpatient surgery		A brief explanation of the purpose of your healthcare provider visit; including services rendered and/or procedures performed:			
Outpatient surgery		services rendered and/or pr	roccuures periorine	u.	
Emergency room visit					
Lab or X-ray services					
	ered under your UHC plan				
Medical supplies					
Other					
Section 2 – Healthcare Provide	ler Contact Information				
Name of Healthcare Provider					
Name of facility or hospital					
Address Street		Town/city			
Area postal code			Region		
Telephone number (including	Country				
digit country code)					
Any person who knowingly f					
information may be guilty of a criminal act punishable under law and may be subject to civil penalties.					
Member signature Date: Continued on reverse side					

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	<u> </u>
Fax number (if available)	

Section 3 – Important Information for Submitting Your Medical Claim

- Faxing a Claim Illegible faxes received in our mailroom will be returned to you via the fax number used to send the document to us. Therefore, when faxing correspondence to us, please make sure you use a fax machine where you can also receive correspondence. Please follow the below steps when submitting a fax to help ensure your information is protected:
 - Ensure the fax number is accurate
 - Ensure fax machines are monitored
 - Use cover pages when sending a fax to indicate authorized recipient(s)
- Emailing a claim To submit this bill via secure email, please email via your secure Caterpillar email process to cat@uhc.com. You will receive a confirmation of receipt within one business day. If you do not receive this confirmation, your email has not been received. Large attachments are sometimes undeliverable. It may be necessary to create smaller attachments within multiple emails or submit via postal service or fax.
- Submitting original documents is always helpful in expediting the processing of your claim. When possible, send the original claim, itemized bill, and medical records. This is especially helpful for inpatient hospital bills. Always remember to keep a copy of all documentation for your records.
- If possible, ask the provider of service to write the bill in English and convert the currency to U.S. Dollars.
- If the provider of service is not able to present the bill or claim in English and U.S. Dollars, do not perform the translation and currency exchange yourself. United Healthcare will provide these services for you.
- Remember that all plan-filing rules apply to international claims. Submit your claims as soon as possible after treatment is rendered.
- If payment is to be issued to you, please submit a proof of payment. A cancelled check, cash receipt, charge receipt, or handwritten receipt from the medical provider is acceptable.
- If you have a U.S. address for the receipt of mail, please make sure that your employer is aware of this address so they may supply it to us for the mailing of your check and/or explanation of benefits.
- International bills can be more complicated than a regular U.S. bill due to language and currency conversion and/or the receipt of additional information required to process the claim. As a result, it may take longer to process your claim.
- Your international claim payment information is available on www.myuhc.com. Please use this as a resource when checking the status of your claim.
- If a reasonable amount of time has passed, and after checking www.myuhc.com for the status of your claim, you still have questions regarding the status or payment of your claim, please call the Member Services number on the back of your ID card.

Note for non-medical or non-UHC claims (ie: Dental, Rx, etc.) – this is not the process for submitting your international bill. Please contact the Member Services number located on the applicable member id card.

Any person who knowingly files a statement of claim containing any misrepresentation or any false, incomplete or misleading information may be guilty of a criminal act punishable under law and may be subject to civil penalties.

Member signature	Date: