

INFO SHEET

GUIDE TO MEDICAL CLAIMS IN THE USA

WHAT SHOULD I KNOW?

Difference between the USA & Europe

In contrast to Europe, the US has a **primarily private healthcare system**, with multiple insurance providers.

In your case, your insurer DR-WALTER has established a partnership with Global Excel Management, a third-party administrator (TPA), which will help you when you need it the most.

We will help you navigate the system based on your medical emergency.

What Global Excel does for you:

- ✓ Provides you with a **list of local medical providers**
- ✓ Assists your medical provider with **benefits, eligibility confirmation, and billing addresses**
- ✓ Helps you coordinate **prior payment authorisation, whenever possible**
- ✓ 24/7 Guidance on benefits for **medical/dental/pharmacy bills** based on your policy, terms, and conditions
- ✓ Processes your reimbursement
- ✓ Intervenes when you receive a **statement or collection letter**.
- ✓ Assists in **accident cases**

It's important to know that to access medical services in the US, you need to contact Global Excel before your doctor's visit!

At the doctor's office, you must always present your DR-WALTER proof of insurance, which has our phone number so the provider can reach out to us to confirm benefits.

Global Excel contact information:

drwalterclaims@globalexcel.com

+1-877-835-6243 
(toll-free when calling from the US)

For urgent cases, such as upcoming treatments or hospitalisations, call us as soon as possible!

Remember to include this postal address when submitting your insurance details to healthcare providers:

For medical claims in the USA

Global Excel Management,
P.O. Box 10
Beebe Plain, VT 05823
USA

When talking to a Global Excel agent, you will need to **provide the following information:**

- ✓ Your first and last name
- ✓ Your date of birth
- ✓ Your DR-WALTER policy ID
- ✓ Your zip code or postal code
- ✓ Your telephone number with country code
- ✓ Your email address
- ✓ Any permissions to speak to someone on your behalf (for instance, your local coordinator or your host parents), as we are unable to speak to anyone on your behalf without your authorisation
- ✓ Reason for calling

Upon contacting Global Excel, you will be given a claim reference number. Please note this number as it will be used throughout your claim.

WHO TO CALL AND WHERE TO GO? Doctor's Visits

For **common illnesses and minor injuries**, use Urgent Care Centers and **Walk-in Clinics**. With these providers, you won't need to schedule an appointment, and extended hours (even 24/7) are sometimes available with typically shorter wait times.

When you know when and where you're going, please **inform us**. We can then verify that they accept your insurance and, if possible, we can set up direct billing to ensure cashless services as per your policy guidelines. When arranging **direct billing**, a document called Verification of Benefits (VOB) will be sent to the medical provider to confirm your insurance coverage, benefits, and eligibility details.

If the medical provider refuses to see you due to an **insurance matter**, have them call Global Excel's 24/7 telephone number: **+1-877-835-6243**. Always bring your **DR-Walter insurance confirmation with you**, so the providers can contact Global Excel.

If you don't know where to go, contact us at our 24/7 telephone number: **+1-877-835-6243**, or e-mail us at **drwalterclaims@globalexcel.com**. We can help you find local doctors or hospitals, based on your location.

If you are in **critical condition or require immediate medical attention**, go to the nearest hospital emergency room. In these cases, you must contact Global Excel as soon as possible by calling: **+1-877-835-6243** or emailing **drwalterclaims@globalexcel.com**.

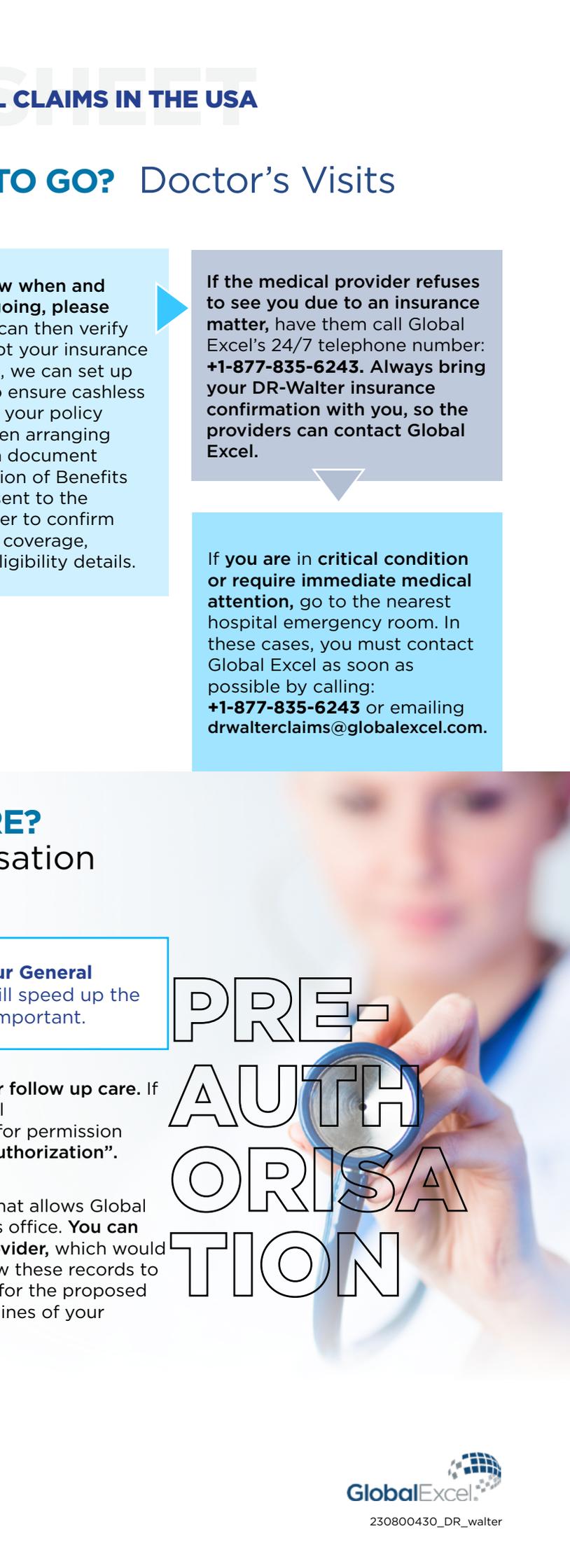
DO YOU NEED FURTHER CARE? Specialist Visit / Pre-Authorisation

Tip

If you need to visit a specialist, a **referral from your General Practitioner (GP) is highly recommended**, as it will speed up the process. Requesting it at the time of your visit is important.

It may happen that you **require a specific treatment or follow up care**. If so, the doctor's office will have to contact Global Excel **+1-877-835-6243 / drwalterclaims@globalexcel.com** for permission **prior to treatment**. This permission is called a "**prior authorization**". Please note that this process can take time.

To get prior authorisation, **you'll need to sign a form** that allows Global Excel to obtain your medical records from the doctor's office. **You can always collect your own medical records from the provider**, which would help expedite the process. Global Excel will then review these records to help DR-WALTER determine if coverage is authorized for the proposed treatment or service, according to the rules and guidelines of your insurance policy.



PRE-AUTHORISATION

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WHERE TO SEND?

Statements / Payment Reminders / Letters from a Collection Agency

It's general practice for healthcare providers to **send payment reminders or statements** to keep **members informed of account balances**. If you receive a payment reminder, send it to Global Excel's email address at your earliest convenience: drwalterclaims@globalexcel.com.

There are many reasons why a bill may not be paid yet.



FIRST

First, the provider may not yet have shared the **original bill**, with all necessary information.

SECOND

Second, we may **be negotiating the bill** with the provider to agree on a more reasonable payment amount.

THIRD

Third, we could be **missing information to complete processing**. In any case, you can call us at **+1-877-835-6243** or send an email to drwalterclaims@globalexcel.com, and we'll explain which stage the bill payment is at.

If you **receive a letter from a collection agency**, it could be that a collection agency is managing the medical provider's accounts payable department, or that the medical bill is outdated. Send us a copy of the letter and we will manage it going forward.

In any case, as soon as you receive any statement, contact us by email at drwalterclaims@globalexcel.com with a copy of the statement. We will review it and advise.

WHAT FORM TO FILL OUT?

Reimbursement for Medical, Pharmacy, or Dental Costs

There may be times when you may need to pay upfront and file for reimbursement, as per policy guidelines:

1. If the **doctor's office doesn't offer direct billing** for medical services
2. For pharmacy and dental expenses, you must always pay upfront and file for reimbursement

In all cases, you must provide **all bills and payment receipts** together with DR-WALTER's **reimbursement form below** to Global Excel (drwalterclaims@globalexcel.com) for us to review as per your policy guidelines.

Be sure to inform us if you'd like to be **reimbursed via cheque** to your postal address **in the United States**, or via transfer **to your bank account in your home country**.

If you are experiencing any delays in your reimbursement or **you would like to inquire about your reimbursement status**, please email us at drwalterclaims@globalexcel.com.



WHAT TO DO?

If You've had an Accident

In the event of an accident, Global Excel's Subrogation/Legal Team will investigate and seek recovery of the costs when an accident occurs, fault or not.

If the accident occurs on private property, like a store or office, the Subrogation Team will ask that property's insurance to contribute towards the medical bills.

If it's a car accident, we will request information from all parties involved, no matter who is at fault, in order to determine who is legally and financially liable.

In the United States, there are two types of car insurance: PIP (Personal Injury Protection) follows the vehicle the insured was in at the time of accident regardless of fault, and BI (Bodily Injury), where coverage is through the at-fault driver of the collision.

When you inform us of a medical claim from an accident, we'll ask when and where it happened, and you may be required to complete an accident or incident report. For all car accidents, we will require a police report.

The time frames to resolve a subrogation case can vary. Simple cases without an individual at fault can be complete in a period of six months. If the case is more complicated and requires legal action, it could take some years. Keep in mind, these time frames are estimates; processing may be longer.

When you report an accident, you will be asked these questions to start the claim:

1. How the accident occurred, what resulted after the initial accident, and if there were damages made
2. Where the accident took place, including the city, state, and the specific address or location
3. Name and contact details of the individual or entity who owns or manages the location where the accident occurred
4. If a report about the accident was made by the property owner, inform us of who created the report and share a copy with us, if possible
5. If you decide to seek legal action, such as an attorney, inform Global Excel at your earliest convenience

If the incident is from a car accident:

1. Was a police report made? If yes, you will be asked to obtain copy and send it to us. If you are unable to obtain the report, inform us as to which police department was involved, their location, and their contact information and we will try to obtain it on your behalf
2. Share the police report number along with the first and last names of the drivers involved
3. Tell us exactly where the accident occurred, including streets, the city, and the state
4. Share the date and time the accident took place

Notice of Claim – Travel Health Insurance

Important! Please fill in the form fully and don't forget to hand in your original invoices and prescriptions as well.

Insurance Number

Personal data of the insured

Family name	First name
Date of birth (dd, mm, yy)	Phone number
Email address	Travel destination
Trip start date	Scheduled end of your trip

Contact address in your home country

Contact address at your destination (if your trip hasn't ended yet)

c/o Name of the host family	Phone number
Contact address at your destination	
<input type="checkbox"/> I have already returned home	

Reimbursement in USD or CAD (for reimbursements in any other currencies, please contact DR-WALTER claims@dr-walter.com)

Type of document	Amount	Sum	Currency
Doctor's bill(s)			
Drug bill(s)			
Hospital bill(s)			
Other receipts			

Please enter your data if you are the person to receive the reimbursement.

<input type="checkbox"/> I would like to be reimbursed by check
Recipient of compensation (first name, family name)
Address

<input type="checkbox"/> Please refund to the following account
Account holder (first name, family name)
Bank account number
BIC/SWIFT

Information about the course of disease or the accident

Please hand in (a copy of) the medical report or report of findings.

[Empty box for medical report or report of findings]

Please describe the course of disease or your ailments in your own words; in case of an accident, please describe what happened.

What diagnosis was made (by the doctor)?

When did the disease occur for the first time?

Have you ever received any treatment for the disease prior to your trip? Yes No

If that was the case, please enter the name and address of the respective doctor.

Which doctor treated you after your return? (name and address)

Information about other insurance policies

Please name your health insurance company or private health insurance (name, address and membership number).

Did you file another request for reimbursement with any other body, such as compulsory or private health insurance, benefits office, etc. (if so, please hand in proof of reimbursement) Yes No

Do you have another travel health insurance policy (e.g. through your credit card, or are you a member of ADAC, Red Cross or any other association providing rescue services in case of an emergency)? Yes No

Please enter the name, address and membership or credit card number.

Important advice / signature

The policyholder and the insured person are required to provide true, accurate and complete information on the data requested. The insurance company is released from its obligation to perform if the policyholder or the insured person intentionally or with gross negligence provides incomplete or incorrect information or commits fraudulent misrepresentation. In case of intentionally incorrect information, this legal consequence also ensues if it neither affects the assessment nor the scope of benefits incumbent on the insurer. If you act grossly negligent when violating an obligation, we are entitled to reduce our payment proportional to the severity of your fault.

Place and date | Signature of the policyholder

Waiver of physician-patient privilege

For (insured person) | Insurance Number

I authorize the insurer to gather information at any time on the following: former and existing diseases, consequences of an accident and ailments; diseases, consequences of an accident and ailments occurring prior to the termination of the contract; applied-for, existing or terminated personal insurance. For this purpose, the insurer is permitted to question doctors, dentists, non-medical practitioners, all kinds of hospital wards, insurance institutions and pension offices. I hereby release them from their physician-patient privilege and authorize them to provide any necessary information to the insurer.

Date and place | Signature of the insured

For reimbursements in USD or CAD please contact:

USA: Global Excel Management Inc., P.O. Box 10, Beebe Plain, Vermont 05823, USA
Canada: Global Excel Management Inc., 73 Queen Street, Sherbrooke, Canada
Phone: +1-877-835-6243
Email: drwalterclaims@globalexcel.com

For reimbursements in any other currencies please contact:

DR-WALTER GmbH, Eisenerzstrasse 34, 53819 Neunkirchen-Seelscheid, Germany
Phone: +49 2247 9194-31
Email: claims@dr-walter.com