



How should a claim be notified?

1. Please report your claim through our online claim form:
<https://mein-hmr.de/service/claim-form/>
Or simply scan the QR code and go directly to our online claim form:



2. Enclose the doctor's bills, receipts, medical report, etc.
3. If you have questions on the notification of claims or on your insurance cover, please contact:

HanseMerkur Travel Insurance AG
telephone +49 40 4119-3000

Important note for medical treatments in the USA (for in- and out-patient treatments):
Please do not make any direct payments to American service providers (such as doctors, hospitals, etc.). Please refer directly to our partner MedCare for payment of the invoice or letter of guarantee:

MedCare International Inc.
12520 West Atlantic Boulevard
Coral Springs, FL 33071
Attention to Mrs Lacroix
info@medcareinternational.com
telephone +1 954 345 5650

Important note: If you have already paid the invoice in the USA, please use the online form to file the claim directly to HanseMerkur: <https://mein-hmr.de/service/claim-form/>

Worldwide emergency service of HanseMerkur Travel Insurance:
For emergencies such as emergency transport for repatriation or in-patient stay worldwide, please contact our 24-hour assistance service:



Emergency number:
+49 40 5555 7877 (Germany)
+1 800 397 99 05 (USA)

Step-by-Step Guide

Claim Information: Destination USA

What to do in case of medical treatment?

Direct payment via our local partner MedCare:

1. In case medical treatment is needed, you may visit a medical facility of your choice. A doctor or mini clinic is recommended instead of ERs to avoid long waiting hours and high costs.
2. Please **contact MedCare** to:
 - a. receive **assistance locating a medical facility**.
 - b. obtain a **letter of guarantee** or **additional insurance confirmation** for partners such as First Health Network to arrange **direct payment** with a medical facility in the USA.

MedCare International Inc.
12520 West Atlantic Boulevard
Coral Springs, FL 33071
Attention to Mrs Lacroix
info@medcareinternational.com
+1 800 397 99 05 (toll-free)

3. Show CareMed/HanseMerkur insurance confirmation or First Health Network confirmation from MedCare to the medical facility and **refer to MedCare contact for payment of invoices**.
4. In case you receive invoices, **immediately** forward them to MedCare for payment. Please also add the completed claim form and any medical documents on file.

ATTENTION for host students: Always have the student's home address filed and **do not indicate** the host family address when seeing a doctor. This way the natural parents can handle claim reimbursement and will receive all information.

Exceptionally, the AIFS address may be indicated if a US address is mandatory:
1 High Ridge Park, Stamford, CT 06905, United States.

In case of emergency, hospitalization, surgery or medical repatriation, please call the Assistance.

24/7 Emergency Assistance
+1 800 397 99 05 (USA)

Claim submission for paid invoices

If you have already paid invoices, please use the online claim submission to submit the claim for reimbursement. Please enclose all available bills, receipts, medical reports, etc.

Directly to online claim submission:

<https://mein-hmr.de/service/claim-form/>

For questions & claims submission by e-mail:

Phone: 1-800 397 9905 (toll-free number)

E-mail: CareMedClaims@hansemerkur.de



Step-by-Step Guide

Claim Information: Destination outside of the US

What to do in case of medical treatment?

1. You have a free choice of medical facilities. If you need assistance, you can call the **24-hour emergency service**:
 - to locate a medical facility.
 - in case of hospitalization, surgery and higher bills to receive required pre-approval.
 - to arrange direct payment.
 - verification of benefits.

24/7 Emergency Assistance
+49 (0) 40 55557877

2. Show CareMed/HanseMerkur insurance confirmation to the medical facility.
3. You either pay invoices yourself out of pocket and get reimbursed later or the invoices are settled directly between us and the medical provider. Please note that processing claims takes a few weeks.
4. There may be instances where you will be asked to provide payment to the physician/medical facility prior to receiving medical care. If this situation occurs, we recommend the following steps:
 - Contact the assistance, they will be able to confirm the benefits, terms and conditions of the insurance.
 - If applicable, the assistance can provide a payment guarantee.
 - If the medical facility still requires the insured to pay in advance, all you need to do is to submit the claim.
5. Claim submission: Please use the online claim submission to submit the claim for reimbursement. Enclose all available bills, receipts, medical reports, prescriptions etc. Please keep originals which may be requested later.

Directly to online claim submission:

<https://mein-hmr.de/service/claim-form/>

For questions & claim submission by e-mail:

Phone: +49 (0)40-4119-2671

E-mail: CareMedClaims@hansemerkur.de



CareMed Claims

HanseMerkur Reiseversicherung AG (legal form: public company)
Abtlg. RLK 4/CareMed Claims
Siegfried-Wedells-Platz 1
20354 Hamburg, Germany

Medical Claim form – for claim submission by email

Your personal data	
Last name:	First name:
Date of birth (DD/MM/YY):	Gender:
Date of departure from home country*:	
*please add travel receipts for proof of departure, e.g. plane or train ticket or separate written statement	
Insurance period from to	Renewal period from to
Address in home country	Address in country of destination
Street:	c/o:
City, ZIP code:	Street:
State:	City, ZIP code:
Country:	State:
Phone number:	Country:
E-mail address:	Phone number:
Your medical treatment	
Type of illness or accident:	
Has this illness/accident occurred or has been treated prior to start of travel? yes <input type="checkbox"/> no <input type="checkbox"/>	
If yes, when?	
In case of an accident: own responsibility <input type="checkbox"/> caused by a third party <input type="checkbox"/>	
Is there currently insurance cover through another health insurance provider (e.g. credit card)?	
If yes, which insurance?	
Number of enclosed documents:	
Reimbursement	
Payments are possible only by bank transfer.	
Have you already paid the doctor's bill? yes <input type="checkbox"/> no <input type="checkbox"/>	
If no, payment will be made directly to the doctor/hospital:	
Name of attending doctor/hospital:	
Address of attending doctor/hospital:	
If yes, you will receive reimbursement by wire transfer to the below account:	
Account holder:	
Name of bank:	
Address & country of bank:	
SWIFT/BIC (please indicate in any case):	
IBAN (please indicate in any case):	
Claim documents	
<p>Send completed and signed claim form as well as original invoices, documents and available medical reports to our claims office.</p> <p>INCOMPLETE OR WRONG INFORMATION MAY CAUSE A DELAY IN CLAIM PROCESSING.</p>	<p>Contact claims office 1 <u>for cases that occur in the USA</u> MedCare International, Inc. 12480 West Atlantic Boulevard Suite 2 Coral Springs, FL 33071, USA Attention to Mrs Lacroix / Mrs Schmidt Phone: 1-800 397 9905 (toll-free number) E-mail: info@medcareinternational.com</p>
	<p>Contact claims office 2 HanseMerkur Reiseversicherung Abtlg. RLK 4/CareMed Claims Siegfried-Wedells-Platz 1 20354 Hamburg Germany Phone: +49(0)40-4119-2300 E-mail: CareMedClaims@hansemerkur.de</p>
<p>I hereby authorize any hospital, physician or other person who has attended or examined me, including those in my home country to furnish to the Assistance Center, or its representative, any and all information with respect to any illness or injury, medical history, consultation, prescriptions or treatment, and copies of all hospital or medical reports. A photostatic copy of this authorization shall be considered as effective and valid as the original.</p>	
Date	Signature of insured

CareMed PREMIUM Schedule of benefits

Travel Health Insurance (HA)	CareMed PREMIUM
Insurable at the time of application, up to	65 th birthday
Maximum insurance duration	24 months
Deductible per claim	according to insurance confirmation
2.1 Out-patient treatment costs	
2.1.1 Treatment	100 %
2.1.2 Psychotherapy, up to six sessions	€ 1.000
2.1.3 Rehabilitation measures	100 %
2.2 In-patient treatment costs	100 %
2.2.1 Medical transportation	100 %
2.2.2 Treatment	100 %
2.2.3 Rehabilitation measures	100 %
2.2.4 Deficiency compensation from the 6 th day of hospitalized treatment up to a max. 90 days	-
2.2.5 Family member to the bedside of the insured person	-
2.3 Dental treatment	
2.3.1 Pain-relieving dental treatment at 100 % per policy year up to	€ 1.000
2.3.2 Restoring function of dentures at 50 % per year up to	€ 2.000
2.3.3 Accident-related dentures per year up to	€ 2.000
2.3.4 Dentures (waiting period of 6 months)	€ 2.000
2.4 Medication, bandages, remedies and medical aids	
2.4.1 Medication and bandages	100 %
2.4.2 Remedies per insurance year	100 %
2.4.3 Accident-related aids	100 %
2.5 Costs for pregnancy examinations	
2.5.1 Pregnancy treatment due to complaints	100 %
2.5.2 Pregnancy examinations and childbirth (waiting period of 8 months)	100 %
2.6 Medical repatriation	100 %
2.7 Repatriation of remains /funeral costs	€ 30.000
Travel Accident Insurance (I)	
1.1 Disability benefit	€ 40.000
1.2 Progression in the event of total invalidity	350 %
1.3 Death benefit	€ 5.000
1.4 Costs for search, rescue or recovery operations	€ 2.500
Third Party Liability Insurance (3)	
1.1 Personal injuries and damage to property	€ 2.500.000
1.2 Damage to rented property (deductible 20 % at least € 50 per claim) incl. damage to movable items of furniture	€ 25.000
1.3 Damage to household of host family (deductible 20 % at least € 50 per claim)	€ 25.000
1.4 Deportation costs (deductible 10 %, minimum € 100,-)	€ 5.000
1.5 Loss of keys	€ 250
1.6 Professional activities (deductible 20 % at least € 250 per claim)	€ 10.000
Return Trip Emergency Insurance (T)	
1.1 Return trip due to an emergency	€ 1.000
1.2 Family member to the bedside of the insured person	100 %
Travel Luggage Insurance (L)	
Sum insured	€ 2.000
4.1 Damage due to delay in delivery (necessary replacements)	€ 500
4.2 Valuables (e.g. jewelry)	50 % of sum insured
4.3 Glasses, hearing aids, mobile phones	€ 250 per item

The contents of the insurance terms and conditions VB-RKS 2022 (CareMed-GV-Premium-D) and the insurance confirmation are the decisive factors for the Scope of the insurance coverage. Please also note the limitations of benefits.