GlobalExcel

DR-WALTER

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	☐ 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.

☐ **I would like to be reimbursed by check**

Recipient of compensation (first name, family name)

Address

☐ **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.

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 committs 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 Managment Inc., P.O. Box 10, Beebe Plain, Vermont 05823, USA
Canada: Global Excel Managment 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