

Foreign Overseas Claim Form



As a Compass Rose Health Plan member, you may submit claim(s) to UMR by one of the following methods:

- **Mail claims to:** UMR, P.O. Box 8095, Wausau, WI 54402-8095
- **Fax claims to:** (855) 405-2189

If you have questions, call **UMR Customer Service:** (888) 438-9135

Name of Health Plan: Compass Rose Health Plan **Group Number:** 76-411449

Patient's Name: _____ **Health Plan Member ID#:** _____

Patient's Date of Birth (MM/DD/YYYY): _____ **Subscriber Name:** _____

Address: _____ **City:** _____ **State:** _____ **Zip code:** _____

Phone Number: _____ **Email:** _____

Is this claim related to an accident? Yes No

If Yes: **a. Date of accident (MM/DD/YYYY):** _____

b. Provide details (i.e description/location of accident): _____

List the charges that are being claimed.

Use a new line for each type of service or provider and attach itemized bills and receipts for ALL services claimed. Use a separate sheet of paper if more space is needed. Translation is required for all foreign documents.

Foreign language (identify country, specify language): _____

Name of Provider Making Charge (as indicated on bill)	Type of Provider (physician, specialist, hospital, dentist)	Description of Service (hospital admission, office visit, lab testing)	Date of Service or Purchase (as reflected on bill)	Charge of Service in Local Currency (provide itemization of charges)	Conversion Rate (equal to \$1 USD)

For **prescription claims**, please provide a copy of the drug receipt, outlining the pharmacy name, drug, Rx number and date purchased.

Important: Reimbursement will be made through direct deposit by the Claims Payer (UMR) to the member's designated U.S. banking institution. All payments are made in U.S. dollars. Please note that this information will carry over from year-to-year. To discontinue direct deposit, please contact UMR at **(888) 438-9135**.

Name on Bank Account: _____ **Bank Name:** _____

Bank Routing Number: _____ **Bank Account Number:** _____

Deposit into: Checking Account Savings Account

Member signature

Print member name

Date