

# How to submit a Claim Form

If you seek care from a doctor or hospital who is not part of MetLife's direct pay network and you pay for covered services out-of-pocket, you can submit a claim for reimbursement.

You can submit claims in five convenient ways:



Online via MetLife's website, eBenefits, at [MetLifeWorldwide.com](http://MetLifeWorldwide.com)



Mobile app



Email



Fax



Courier mail

If you do not submit your claim online, you can use the claim form provided in your Welcome Kit or log on to eBenefits and download a copy.

## How to complete a Claim Form:\*

### PART A

1. Employee's First, Middle and Last Name = your name as shown on your ID card
2. Employer Name = name of your employer as shown on your ID card
3. Group Policy Number = Policy Number as shown on your ID card
4. Mailing Address, City, State, Postal Code, Country = address where you want to receive mail from MetLife
5. Email = your work or personal email address
6. Birth Date = your personal date of birth
7. If you are changing your address, check "Yes," if not, check "No"
8. Employee Status = if you are still working for the policy holder listed on your ID card, the status is "Active"

### PART B

1. Patient's First, Middle and Last Name = as shown on their ID card (either yourself or covered dependent)
2. Patient's Birth date = the date the patient was born
3. Patient's Gender = choose "Male" or "Female"
4. Patient's Relationship to Employee
5. Does your family have any other form of medical or dental coverage? Only say yes if you or the covered dependent has another form of coverage in which he/she is also enrolled.

### PART C

1. Diagnosis or Chief Complaint = why did you or your dependent go to the doctor or hospital?
2. Is condition due to an injury arising out of patient's employment? = Did you hurt yourself while at work? If yes, please describe.

### PART D

1. Payment to Employee: Please indicate where the payment should be sent. Reimbursement options include check or wire transfer. Check with your Regional Service Center<sup>1</sup> to determine what reimbursement options are available to you.
2. Please check with your Regional Service Center to see what reimbursement options are available. If a wire transfer is available and you'd like to be reimbursed by wire transfer, please complete a Wire Transfer form and send in with your claim. A Wire Transfer form can be downloaded from the eBenefits website once you are logged in.
3. What currency would you like your payment in? The currency selected must be the same currency as the bank account if selected wire transfer.
4. Authorization to pay provider = if you have not yet paid the provider and want MetLife to pay the provider directly, check this box.

### PART E

1. Authorization to Release or Obtain Information = sign your name and date the form. This allows MetLife to see information that may be needed to process your claim on your behalf if needed.

\*If completing an online claim form, responses for Part A will pre-populate.

## Attending physician's statement:

If your doctor or the hospital did not give you a complete, itemized bill including dates of service, descriptions of service, cost per service, and diagnosis, have your doctor complete this part of the claim form. Send this part of the claim form in along with a receipt showing what you paid.

## Claim submission hints

- The best way to avoid submitting a claim is to use a direct pay provider who will bill MetLife instead of you for the cost of your services. Use MetLife's **online claim submission** for the quickest response.
- Include your itemized **bills** and **payment receipts**. An itemized bill should clearly identify individual dates of service. For each date of service, ensure a description of the service and the cost per service are available.
- You have a limited time to submit claims — check your medical certificate, found on eBenefits, for details. Claims submitted after this deadline may be denied.
- If you fill out a **Claim Form** rather than submitting online:
  - Fill it out completely and be specific about your diagnosis or reason for treatment.
  - Remember to include your **Policy Number** (found on your ID card).
  - Clearly state how you would like to be reimbursed.
  - No matter where you are in the world outside of the US, submit your claim form to your Regional Service Center **using the contact information on your ID card**. If you incur the claim within the US, send the claim to your US Regional Service Center, using the address on the US side of your ID card.
  - **Sign and date** the form.
  - **Keep a copy** of your forms and receipts for your records. Please do not send us your original receipts.

**If you have any questions,**  
**contact Customer Care using the information listed on your ID card.**



1. Some Regional Service Centers are operated by MetLife affiliates and some by third parties contracted by MetLife.

**MetLifeWorldwide.com**

MetLife's worldwide benefits products are underwritten by Delaware American Life Insurance Company, a MetLife affiliate domiciled at 600 North King Street, Wilmington, DE 19801, and other affiliates.

Like most group insurance policies, insurance policies offered by MetLife contain certain exclusions, exceptions, waiting periods, reductions, limitations and terms for keeping them in force. Ask your MetLife representative for costs and complete details.



Delaware American Life Insurance Company | 600 North King Street | Wilmington, DE 19801

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## Frequently asked questions

- Q.** What date do you use for the exchange rate?  
**A.** The date that you visited the doctor or hospital.
- Q.** How long will it take for me to be reimbursed once I submit my claim?  
**A.** The standard turnaround for processing of a claim received with all required documentation is 7 to 10 business days.
- Q.** Why isn't my claim showing up on the website?  
**A.** Your claim detail will appear on eBenefits once the claim has been processed.