PATRIA

Claim Form

FOR COMPANY USE ONLY	
CLAIM No.	

I-CARDHOLDER NFORMATION

Certificate Number	Passport Number	Effective Date (mm/dd/yyyy)	Termination Date (mm/dd/yyyy)

Client (Cardholder) Full Name:	Name(s) / Last Name	Gender ☐ Female ☐ Male	Date of Birth (mm/dd/yyyy)
Residential Address:	Street / City / State / Country / Zip Code		

Email Address:		Residential Telephone:		Cellular Number:	

II-DEPENDENT INFORMATION (if different from Principal Insured)

Full Name:	Name(s) / Last Name	Gender ☐ Female ☐ Male	Date of Birth (mm/dd/yyyy)

Email Address:		Residential Phone:		Cellular:	

III-CASE INFORMATION

Type of Claim: ☐ Accident ☐ Luggage ☐ Injury ☐ Disease ☐ Hospitalization ☐ Other: _____

Offer details:	Date of Occurrence (mm/dd/yyyy):	Place of Ocurrence

IV-IN THE EVENT OF A MEDICAL ASSISTANCE CLAIM:

Have you had similar or the same symptoms previously?	☐ Yes ☐ No
Have you previously received treatment for this condition?	☐ Yes ☐ No
If affirmative, where and since when?	
Attending physician name:	
Attending physician address:	
Attending physician contact information:	

V-PAYMENT DETAILS

Preferred Payment Method:	☐ Check ☐ Bank Transfer
Account Type:	☐ Check ☐ Savings
Account Holder Name:	
Beneficiary Address Registered in the Account:	
Account Number:	
Name of the Beneficiary's Bank:	
BIC / SWIFT (Beneficiary Bank outside the USA):	
ABA / # Ruta (Beneficiary Bank in USA):	
Metropolitan Bank (if applicable):	
Signature of the Holder:	
Date(mm/dd/yyyy):	

VI AUTHORIZATION TO RELEASE MEDICAL INFORMATION

As evidence with my signature below, I authorize any licensed physician, medical practitioner, hospital, clinic or any medical establishment or medically related, insurance company, governmental agency, MIB, LLC. ("MIB) or any organization, institution or person having records or knowledge about me or my health and my dependents named on the application to disclose to Redbridge Assist, affiliates and reinsurers such information, including copies of records related to any advice, care or treatment provided to me or my dependents, without any limitation to information related with mental illnesses, use of drugs and/or alcohol.

A photocopy of this authorization shall be as valid as the original.

Client's Signature (Cardholder)	Eligible Dependent Signature (18 years or older)	Date (mm/dd/yyyy)

Claim From

INSTRUCTIONS TO PROCESS AND SUBMIT A CLAIM

To request reimbursement or compensation, you must:

- Have notified within the first twenty-four (24) hours of the event and obtained the Pre-Certification by REDBRIDGE;
- Submit to REDBRIDGE within sixty (60) days of the event, the Claim Form with all required documents. Any claim filed after the period specified herein will be waived without the right to compensation.

Original invoices and required documents should be sent to:

Redbridge Network & Healthcare

P.O. Box 144490, Coral Gables, FL 33114 EE.UU.

To initiate registration or processing of a claim, you must:

- Deliver the documents to your representative; or
- Send legible documents in electronic format, preferably PDF, to: **claims@redbridge.cc**;
- For questions regarding the status of your claim, please write to us at: **service@segurospatria.com**

For Customer Service, please contact us via:

service@segurospatria.com | Tel: (829) 954-8525 | www.patria.redbridgeassist.com

REQUIRED DOCUMENTS TO BE SUBMITTED:

The following information will always be requested:

- **Claim Form completed and signed.**
- **Passport photo with stamp of evidence of entry and exit from the country.**
- **Round-trip tickets (in case there is no stamp in the passport)**

If you file a claim related to medical benefits, file:

- Claim Form completed and signed by the patient.
- Authorization to Disclose Medical Information Signed by the Patient.
- Evidence of travel, including copy of passport pages, itinerary and round-trip tickets.
- Medical history including the notes of the attending physician, diagnostic tests, radiology, magnetic images and prescriptions or prescriptions, among others.
- Original invoices and payment receipts including: patient's name, date of service, diagnosis and procedure, cost per service; name, address and telephone numbers of the doctor and / or the Hospital. The Claim Form must be signed by the attending physician.

If you file a claim related to hotel stay benefits, file:

- Completed and signed Claim Form.
- Invoices corresponding to the payment made for the hotel reservation in accordance with the policy and service conditions. No statements are allowed.

In case of filing a claim related to return on a different date or transfer, submit:

- Completed and signed Claim Form.
- Deliver the unused segment of the ticket to Redbridge, provided that the Company has to pay the cost of a ticket, or difference or penalty imposed by the carrier.

APPLIES FOR THE FOLLOWING BENEFITS:

- **Transfer of a companion for hospitalization of the Holder**
- **Guaranteed return to a date other than scheduled**
- **Return delayed by Covid-19**
- **Return of a companion 15 years of age or younger, or an adult over 75 years of age**
- **Return due to death of family member**
- **Return for Catastrophic Loss of Permanent Residence**

If you file a claim related to a funeral repatriation, submit:

- Death certificate of the covered person.

In case of filing a claim related to legal assistance or bail expenses, submit:

- Completed and signed Claim Form.
- Police report, court order, original attorney bill, and proof of payment.

In case of filing a claim related to a delayed or cancelled flight and missed connection, submit:

- Completed and signed Claim Form.
- Original invoices for expenses incurred that have been previously approved by Redbridge and proof of the carrier accepting responsibility for the delay, cancellation or loss of the connecting flight.

In case of filing a claim related to the delay or permanent loss of baggage, submit:

- Completed and signed Claim Form.
- Property Irregularity Report (PIR).
- Approval of the baggage control/identification tag.
- Status of the carrier accepting responsibility for the loss/delay of baggage.

***Note**: This coverage will not apply in case the carrier pays for the value of the contents of the baggage.*

In case of filing a claim related to the loss of passport, submit:

- Completed and signed Claim Form.
- Affidavit in loss of passport.
- Proof of the amount paid for the passport recovery process.

In case of filing a claim related to the cancellation of a trip due to a catastrophic event (when the client has not yet started his trip), submit:

- Proof of what was paid in advance in relation to the total amount requested for reimbursement.
- Original documentation evidencing your claim.
- Original documentation evidencing any reimbursement or any other type of concession provided by the airline, cruise line and others, such as a credit for future travel.

***Note**: When the cancellation of the trip is related to the result of the positive Covid-19 test and you cannot make the trip due to quarantine, in addition to the above, present:*

- *Covid-19 Vaccination Card with complete scheme.*
- *Positive Covid-19 test result issued by a qualified medical laboratory facility.*
- *Resolution of the Ministry of Health if the country so requires.*
- *Documents and invoices of fines charged for the services contracts that the Holder will not be able to use.*