



Procedures

How to Utilize our Services



Travel Assistance Services
Global Network Providers
Services 24/7

Travel Assistance Program

PROCEDURES TO REQUEST PRE-AUTHORIZATION

The client (holder) or an authorized person acting on his/her behalf must contact the SEGUROS PATRIA **CALL CENTER**, available **24/7**, using the telephone numbers, facsimile or email indicated below:

Toll Free USA & Canada	Direct Number Rest of the world (Collect calls are accepted)	Local Number Dominican Republic	Email Monitored 24/7
1.800. 761.4982	1.305. 921.8616	1.829.954.8525	service@segurospatria.com

YOU must:

- (1) Request prior authorization from the **CALL CENTER**, prior to initiating or accruing any expense or service;
- (2) Provide the following information:
 - Full name of the travel problem requiring the service
 - Type of assistance service required
 - Name of the Employer of the traveler
 - Passport number and country of issue
 - Date of birth
 - Plan contract number and effective period
 - Address and telephone number where you can be located
 - Any other information deemed necessary or required

IMPORTANT INFORMATION

Emergency Situations. If due to an unforeseen medical emergency of a serious nature, the need for assistance is urgent and it is not possible to contact the **CALL CENTER** prior to seeking medical care, immediately proceed to obtain the health care services required. You or anyone acting on your behalf has the obligation to communicate with our **CALL CENTER** within twenty-four (24) hours from the date/time of which the emergency occurred.

Deadline for Requesting Reimbursement. We will only consider those reimbursement requests submitted to our attention within sixty (60) days following the date of the event or emergency services for which assistance was required.

Prescribed Medicines. If you need a medication(s) that the attending physician or hospital cannot provide, you must immediately contact the **CALL CENTER** prior to proceeding with the purchase of the prescribed medicine(s). You may request a refund of the pre-authorized purchase by submitting the original vouchers or receipts obtained for such purchase, as well as any related medical information.

Preexisting & Recurring Conditions. This program does not offer or provide services in connection with a pre-existing or recurrent condition or illness.



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Original Receipts. To request reimbursement for any expense, original receipts must be submitted, as well as any required documents related to the case which will allow for the correct assessment of the claim.

Baggage Delay or Loss. The **CALL CENTER** must be notified immediately of the loss or delay of baggage prior to leaving the international airport where the loss occurred; but in any event, not later than twenty-four (24) hours from the date/time of occurrence. The Property Irregularity Report (PIR) provided by commercial airlines must be completed in full and signed by the claimant. **SEGUROS PATRIA** will have no responsibility or liability for missing items, damage or lost baggage, baggage shipped as cargo or other cargo items, baggage sent ahead or after the date of the registered traveler, the damage or defective manufacturing of baggage, or the usual wear from use of the luggage.

The initial date is when **SEGUROS PATRIA** begins to provide the services offered by the Plan and usually coincides with the date that the trip starts. The Plan has a "Waiting Period" of twenty-four (24) hours from the date/time of contracting the Plan, and will apply to any Plan obtained or purchased after the trip starts, during which services provided under the Plan will not be provided or paid.

PROCEDURES TO SUBMIT A CLAIM

The Claim Form may be obtained from our Website:

<http://patria.redbridgetravel.com>

After having completed and signed the claim form in its entirety, it must be submitted with all original documents, invoices and receipts to **SEGUROS PATRIA** to the address shown below, within sixty (60) calendar days after the date/time of service. Any missing information may delay the process.

SEGUROS PATRIA

Claims Department

P.O. BOX 144490

Coral Gables, FL 33114 EE.UU.

Email: service@segurosatria.com

KEY INFORMATION IN THE PROGRESS OF A CLAIM

1. If the claim is related to medical services, the claim form must be duly completed and signed by the attending physician in the country where the assistance was received, accompanied by the original invoice or bill receipt showing the fees for services rendered, and must be submitted to **SEGUROS PATRIA** within sixty (60) days from the date the event or assistance was received.
2. Provide all documentation to allow proper evaluation of the case, including vouchers, receipts and expenses incurred medically or otherwise, that relates to the claim. Send the original legible invoices clearly indicating the date, the reason for the service, and the amount for the services required. Photocopies of receipts or credit card vouchers do not replace the original invoices. Photocopies or illegible documents will not be accepted.



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3. If, as a result of an event, **SEGUROS PATRIA** is responsible to pay the difference in airfare cost of a ticket previously purchased, it is your responsibility to submit the original airline ticket(s) to **SEGUROS PATRIA**.

4. It is your responsibility to ensure that **SEGUROS PATRIA** or its designee is provided with all information deemed necessary for the assessment of the case or situation. This includes any authorization given to suppliers, authorities and institutions which intervened in the emergency case or situation and for which the services were required.

SEGUROS PATRIA AND THE CALL CENTER RESERVES THE RIGHT TO REQUEST ANY ADDITIONAL DOCUMENTS THAT MAY BE DEEMED NECESSARY DURING THE EVALUATION OF A CLAIM.

ADDITIONAL DOCUMENTS ENTITLED TO BE REQUESTED

- Copy of passport or official identification card
- Copy of airline ticket (also required in trips from Puerto Rico to U.S.A.)
- Complete Medical History
- In the event of hospitalization or surgery, an itemized statement of all services rendered
- Hospital or Medical Center medical reports of patient (epicrisis)
- Hospital discharge report
- Assessment report of all diagnostic tests, including biopsies, laboratories, x-rays, nuclear medicine exams, among others
- Attending physician itemized invoice clearly indicating: a) Full name of the patient, b) treatment provided and date, c) diagnosis, and d) procedures performed and related fees. All documents must have the full name, signature and the physician specialty.
- Prescribed medicines and original receipts.
- In the event of an accident, police report or a sworn affidavit describing the accident.
- In the event of a traffic accident, copy of the lease or rented vehicle agreement, copy of leasing or rental company detailed invoice, evidence of payment, and police report.
- Copy of automobile insurance policy, and if it includes medical coverage for the insured (must include policy number, coverage, the insurer full name and telephone number), even if the benefits were not provided through the automobile insurance policy.
- If the event of a claim related to an eligible dependent between 18 and 23 years of age, you are required to submit evidence that the dependent is a full time student in an accredited college or university.



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