

Mail invoice and claim form to:

From the US:

MedCare International, Inc.
12480 West Atlantic Boulevard, Suite 2
Coral Springs, FL 33071
USA
Attention to Mrs Lacroix

From all other countries:

HanseMerkur Reiseversicherung AG
Abt. RLK, Schadenregulierung
Siegfried-Wedells-Platz 1
20354 Hamburg
Germany

Claim Form		Insurance number:	
Name of participant:			
<input style="width: 100%; height: 20px;" type="text"/>			
Address in the home country:			
Street			
<input style="width: 100%; height: 20px;" type="text"/>			
City, Zip		Telephone	
<input style="width: 80%; height: 20px;" type="text"/>		<input style="width: 20%; height: 20px;" type="text"/>	
E-Mail			
<input style="width: 100%; height: 20px;" type="text"/>			
insured period			
<input style="width: 100%; height: 20px;" type="text"/>			
The above-mentioned person's claim is for:			
(Please mark with an X where appropriate.)			
<input type="checkbox"/> Sickness		(Original bills for <input style="width: 150px;" type="text"/> are enclosed.)	
<input type="checkbox"/> Reason of treatment		<input style="width: 150px;" type="text"/>	
<input type="checkbox"/> Third-party-damages			
The bill should be paid to:			
(Please mark with an X where appropriate.)			
<input type="checkbox"/> Physician		<input type="checkbox"/> Dentist	
<input type="checkbox"/> Hospital		<input type="checkbox"/> Program Participant/parents	
		(if the bill was already paid)	
BIC	IBAN		
<input style="width: 150px; height: 20px;" type="text"/>	<input style="width: 150px; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	
bank account information			
<input style="width: 100%; height: 20px;" type="text"/>			
For payment abroad (non EU) please note: SWIFTCode, bank address			
City, Date		Signature	
<input style="width: 150px; height: 20px;" type="text"/>		<input style="width: 150px; height: 20px;" type="text"/>	