



# Overseas Benefit Request Form

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PATIENT: \_\_\_\_\_

\*A Benefit Request Form must be completed for overseas charges.

GROUP NO: \_\_\_\_\_ ID NO: \_\_\_\_\_ EMAIL: \_\_\_\_\_

## SUMMARY OF SERVICES RENDERED

DATE OF SERVICE	PROVIDER	TRANSLATION OF SERVICE	NATURE OF ILLNESS	CITY/COUNTRY	TYPE OF CURRENCY	FOREIGN TOTAL CHARGE	US FUNDS	FOREIGN EXCHANGE RATE