



BLUE MEDICARE  
**ADVANTAGE**

## **WORLD WIDE EMERGENCY Member Request for Reimbursement**

This policy informs you of how you may get reimbursed for ambulance, emergency or urgent care medical services provided when you travel outside the United States.

Please submit the following information within 365 days of the date of service:

1. a copy of your proof of payment; **and**
2. an itemized list of services provided; **and**
3. any medical documentation provided to you during your treatment

Please ensure your information is written legibly on each piece of documentation and should include:

- Your first name
- Your last name
- Your date of birth
- Blue Medicare Advantage ID Number.
  - *Include the first 3 letters, in addition to the nine (9) digits.*
  - *For example: RKN123456789*

**FAX:** 1-877-549-1746

**MAIL:**

Blue Medicare Advantage  
ATTN: Government Program Claims  
2301 Main St.  
Kansas City, MO 64108

Please allow six to eight weeks processing time while Blue Medicare Advantage obtains any translation of your materials (if not in English) and to request a certified coder to review the services provided so that we can process your request.

*Services will be considered in accordance to the provisions outlined in your Evidence of Coverage, up to any limits of the benefit. You may be responsible for services not covered or services received beyond the limits of any benefit.*