



Foreign Claims Reimbursement Form

Please use this form each time you submit claims to us for review and payment. Complete one form per family member. Keep a copy of all receipts and documents for your records. Please allow 30 days for processing. Any missing information will cause a delay in processing your claim.

Step 1: Member information (please print)

Patient name: _____

ID number: _____

Address: _____

City, State, ZIP: _____

Date of birth: _____

Contact number: _____

Step 2: Submission information:

- a. Attach the itemized bill or statement that includes:
 - Patient's name
 - Date of service
 - Dollar amount charged for each service
 - Provider's name and address
 - Please provide in detail the reason for treatment

- b. Attach the proof of payment. Please tape any receipts to a separate sheet of paper with this form. Remember to make copies of all receipts and documents to keep for your records.
- c. Request must be received within one year from the date of service in order to be considered for processing.
- d. Services were provided at:
 - Hospital inpatient
 - Hospital emergency room
 - Urgent care center
 - Cruise ship
 - Hotel doctor
 - Doctor's office
 - Pharmacy
 - Other
- e. Provide translated versions for all above information.

Y0076_All Forgn Clms Rmbrsmnt Form_C: Approved

1414 East Maple Road, Troy, Michigan 48083 | hap.org

Step 3: Sign:

Required: Your Signature or legally authorized personal representative.
Personal representative must include the appropriate legal documentation.

Step 4: Send to:

HAP Claims Division
Member Reimbursement
1414 E. Maple Rd.
Troy, MI 48303

If you have questions, call our Customer Service team at the number on your ID card. Or dial 711 for TTY service.

Health Alliance Plan (HAP) has HMO, HMO-POS, PPO plans with Medicare contracts. HAP Medicare Complete Duals (HMO D-SNP) is a Medicare health plan with a Medicare contract and a contract with the Michigan Medicaid Program. Enrollment depends on contract renewals.

HAP and its subsidiaries do not discriminate on the basis of race, color, national origin, disability, age, sex, gender identity, sexual orientation or health status in the administration of the plan, including enrollment and benefit determinations.

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