

Medical Expense Claim Form

While on my trip, I had expenses for medically necessary treatment due to an injury or sickness.

Step 1 – Provide Documentation (provide all)

Provide the following required documentation:

- Provide copies or photos of your itinerary and paid invoice.
- Provide copies or photos of itemized bills or similar documentation from your healthcare providers.
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Step 2 - Submit All Pages of this Claim Form

Completed claim form and documentation can be submitted by either:

- Scan/Upload:

- Email to: GallagherZurich@hsri.com

Medical Expense Claim Form

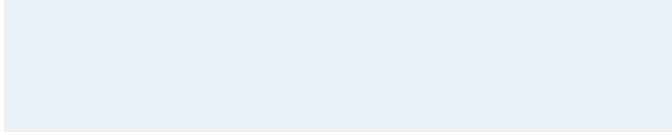
Note – Benefits under any coverage will not be paid for expenses reimbursed or services provided by any other source. Benefits cannot be duplicated under this protection plan and claims will be adjusted in accordance with the terms of the policy.

About the Medical Expenses Incurred

Name of Medical Service Provider / Doctor	Date of Service <i>(mm/dd/yyyy)</i>	Hospitalized <i>(Yes / No)</i>	Prescribed Medication <i>(Yes / No)</i>	Amount on Invoice <i>(USD)</i>	Did You Pay this Invoice? <i>(Yes / No)</i>	Amount Paid by Other Insurance <i>(USD)</i>	Amount Requested for Reimbursement <i>(USD)</i>
		Choose an item.	Choose an item.		Choose an item.		
		Choose an item.	Choose an item.		Choose an item.		
		Choose an item.	Choose an item.		Choose an item.		

Claim Form Fraud Requirements

Mandatory – Please read and sign below.



California