

Mail invoice and claim form to:

From the US:

MedCare International , Inc.
12480 West Atlantic Boulevard,
Suite 2
Coral Springs, FL 33071
U.S.A

From all other countries:

HanseMerkur Reiseversicherung AG
Abt. RLK, Schadenregulierung
Siegfried-Wedells-Platz 1
20352 Hamburg
Germany

Claim Form		Insurance number:	96002607
Name of participant:	<input type="text"/>		
Address in the host country:	<input type="text"/>		
	Street		
	<input type="text"/>	City, Zip	
	<input type="text"/>		
	Telephone		
The above-mentioned person's claim is for:			
(Please mark with an X where appropriate.)	<input type="checkbox"/>	Sickness (Original bills for <input type="text"/> are enclosed.)	
	<input type="checkbox"/>	Third-party-damages (A completed claims form of HanseMerkur is enclosed.)	
The reimbursement should be sent to:			
(Please mark with an X where appropriate.)	<input type="checkbox"/>	Physician	<input type="checkbox"/>
	<input type="checkbox"/>	Hospital	<input type="checkbox"/>
			Dentist
			Program Participant
<input type="text"/>	<input type="text"/>		
City, Date	Signature		