

Quality health plans & benefits
Healthier living
Financial well-being
Intelligent solutions



Member Portal Online Claim Submission



Updated log-in and registration for members

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Member login

Login

Username

Password

[Trouble logging in?](#)

[Forgot username](#) | [Forgot password](#)

Login

Register

Easy access to a world of useful tools

Register here to access tools that will help you manage your health care.

- View and manage claims
- Access policy information
- Find hospitals and healthcare providers
- Find travel safety and security information and more

Register

Enroll for Benefits

Before enrolling please contact your plan's Benefits Administrator to:

- *Ensure your plan sponsor has elected to use our enrollment utility.*
- *Have your benefit option(s) and enrollment package handy.*

One global log-in and registration screen now identifies the member and sends them directly to their secure member website.

Member welcome page

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Welcome, BRIDGET KISH

Welcome! You have successfully entered our online member service center. This site provides you with helpful tools to manage your health care while on your international assignment. Here, you can locate health care, find answers to frequently asked questions about your plan of benefits, and find out more information about your destination city.

Alert: Ebola planning and prevention

The World Health Organization [declared](#) an international public health emergency in August 2014, bringing more attention to the Ebola outbreak in West Africa that has claimed thousands of lives. On September 30, the CDC reported the first Ebola case diagnosed in the U.S.

[Log Out](#)

Get help

- Toll Free (Reverse Charges):
800-231-7729 (international)
- Direct or Collect: +1-813-775-0190
- Facsimile: Toll Free (Reverse Charges):
800-475-8751
- Direct: +1-859-425-3363
- TDD (hearing impaired): 800-325-6273
- [Visit our FAQs to find an answer](#)
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Member claims center

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Claims Center



What would you like to do?

Search claims

- Visit Aetna Navigator to search claims, view the status of your claims, and view your related explanation of benefits

[Go ▶](#)

Submit claims

- Start a new claim or update an existing claim
- Upload your related receipts and invoices

[Go ▶](#)

[Log Out](#)

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Submit an online claim

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Claims Center



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Submit and update claims

Here you can submit a new claim, update an existing claim or get a Reference Tracking Number.

[Submit New Claim](#)

[Online Claims Submission History](#)

[Update Claim](#)

Everything you need to know about claims

Because submitting a claim is how you get repaid for money you've spent on health care, it's in your best interest to know what you can do to help make the process go smoothly.

Here are some important things to keep in mind when submitting a claim:

- ✓ All claims must be submitted within 180 days of the treatment date
- ✓ Make sure to provide all supporting documents including original receipts, certificates and x-rays
- ✓ Keep your original receipts on file in case they are needed for verification purposes
- ✓ Include your Aetna ID number on each document submitted with your claim form
- ✓ Make sure to indicate the country and currency you'd like to be reimbursed in
- ✓ Provide complete details on the description of service and the reason for visit
- ✓ If you submit a claim for any of the following treatments, we need a referral letter from your medical practitioner or specialist:

[Log Out](#)

Get help

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World clock

Kolkata 6:10 am

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Step 1 – Member details



Home › Individuals & Members › Claims Center › Submit and Update Claim

Submit a claim

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2

3

4

5

Step 1 of 5: Member details

Fields marked with an asterisk (*) are mandatory.



TIP: This section asks you some basic details about the claim. We've already filled out as much information as we have on file to make it easy. Now, just fill in the blank fields. The 'subscriber' is the primary member. The 'patient' is the person who the claim is for - this could be the subscriber or any covered dependent.

Subscriber Details


First name(s):	BRIDGET
Last name/Surname:	KISH
Aetna ID number:	181726064
Date of birth(mm/dd/yyyy):	01/10/1967
Gender:	Female
Street address:	247-41 BUTTON VALE Address line 2
City:	WASHINGTON
State/Province:	DC
Country: *	<div>Select Country </div>

The primary member's information is prefilled based on the member's profile.


If the information displayed is incorrect the member should contact their Plan Administrator.

Step 1 – Patient details

Employer details

Employer name: 


Demo Company

Group number: 

0123456789

Patient details

Patient name: *

Select Patient 

Select Patient
BRIDGET KISH
ERIC KISH
HEWITT KISH
QadeprreoneTestingdep
RAEANN KISH


Date of birth (mm/dd/yyyy):

Gender: 

Relationship to member:

Telephone number:

(include area &/or country code)

Contact email address: * 

Shanmugasundarams@aetna.com

Confirm contact email address: * 

Shanmugasundarams@aetna.com

Cancel

Save

Save and Next

The member's employer and group number is prefilled.

The patient details may appear blank during the member's first claim submission. But their information will automatically appear for future claim submissions.

Step 2 – Reimbursement details



Home ▶ Individuals & Members ▶ Claims Center ▶ Submit and Update Claim

Submit a claim



Step 2 of 5: Reimbursement details

Fields marked with an asterisk (*) are mandatory.



TIP: This section asks how you'd like to be reimbursed. If you've already set up Recurring Reimbursement Election (RRE), we'll give you the option to use the information we already have on file.

Where would you like reimbursement to be sent?*

☒ To the member (subscriber)

☐ To the provider

Use the Recurring Reimbursement Election (RRE) information currently on file:*

☒ Yes ☐ No

Select	Payment Method:	Currency	Account Number / IBAN	Beneficiary Name	Destination Country	Submission Date
<input type="radio"/>	Electronic	U.A.E. Dirham	AE350350000006204291091	JAIME CONNAHAN	UNITED ARAB EMIRATES	2014-12-11
<input type="radio"/>	Electronic	U.S. Dollar	3624964345	Jaime Connahan	UNITED STATES OF AMERICA	2014-12-11
<input type="radio"/>	Electronic	Indian Rupee	14654654654	BRIDGET KISH	INDIA	2014-12-06

The member can choose to use the Recurring Reimbursement Election (RRE) information we have on file from the list or they can set up a new account.

Step 2 – Reimbursement details



Submit a claim

1

2

3

4

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Step 2 of 5: Reimbursement details

Fields marked with an asterisk (*) are mandatory.



TIP: This section asks how you'd like to be reimbursed. If you've already set up Recurring Reimbursement Election (RRE), we'll give you the option to use the information we already have on file.

Where would you like reimbursement to be sent?*

☒ To the member (subscriber)

☐ To the provider

Use the Recurring Reimbursement Election (RRE) information currently on file:*

☒ Yes ☐ No

For primary members, if you have previously entered a U.S. Dollar Recurring Reimbursement Election but do not see it below, please enter your U.S. Dollar Recurring Reimbursement Election and it will appear on all future submissions. For covered dependents, you may select a Recurring Reimbursement Election submitted by the primary member on the plan.

Select	Payment Method:	Currency	Account Number / IBAN	Beneficiary Name	Destination Country	Submission Date
<input type="radio"/>	Electronic	U.S. Dollar	123456789	Jaime Connahan	UNITED STATES OF AMERICA	2015-01-09

Please note; If a member has previously entered a USD Recurring Reimbursement Election but it is not appearing in the banking history, please re-enter the USD RRE online. The USD election will appear on all future submissions.

Step 2 – Reimbursement details



Submit a claim



Step 2 of 5: Reimbursement details

Fields marked with an asterisk (*) are mandatory.



TIP: This section asks how you'd like to be reimbursed. If you've already set up Recurring Reimbursement Election (RRE), we'll give you the option to use the information we already have on file.

Where would you like reimbursement to be sent?*

☒ To the member (subscriber)

☐ To the provider

Use the Recurring Reimbursement Election (RRE) information currently on file:*

☐ Yes ☒ No

Select Recurring Reimbursement Election Type:*

☒ Use the information provided below as your Permanent RRE

☐ Use the information provided below only for expenses related to this claim

NOTE: Failure to provide complete reimbursement information may result in:

- Delayed claim settlement.
- Additional bank charges.

Country:*

- Select -



GO

The member can create a new Permanent Reimbursement Election or a Temporary RRE for the expenses related to the claim.

Step 2 – Reimbursement details

Country:* UNITED ARAB EMIRATES

Payment Method: Electronic - Non Local Wire Country: UNITED ARAB EMIRATES

Fields marked with an asterisk (*) are required.

Destination Currency * U.A.E. Dirham

IBAN *

SWIFT BIC

OR

Destination Bank Name

Destination Bank Address Line 1

Destination Bank Address Line 2

Destination Bank Address Line 3

Destination Bank Address Line 4

Destination Bank Address Line 5

Destination Bank Postal Code

Destination Bank Country UNITED ARAB EMIRATES

Intermediary Bank SWIFT

Intermediary Bank Name

On this step, the member will enter the banking details needed for their new RRE election.

Step 2 – Reimbursement details

Fields marked with an asterisk (*) are required.

Destination Currency *	Hong Kong Dollar
Bank Code *	?
Branch Code *	?
Account number *	
Account Type *	
Beneficiary First Name *	CHRISTINE
Beneficiary Middle Initial	
Beneficiary Last Name *	TUCKER
Beneficiary Telephone	
Beneficiary Email *	x@y.in

[I want to be reimbursed in a different currency](#)
[I do not have all of the required information](#) →
[I want to receive a paper check](#)

[Back](#) [Cancel](#)


Fields marked with an asterisk (*) are required.

Destination Currency *	Hong Kong Dollar
Account number *	
SWIFT BIC *	
OR	
Destination Bank Name *	
Destination Bank Address Line 1 *	
Destination Bank Address Line 2	
Destination Bank Address Line 3	
Destination Bank Address Line 4	
Destination Bank Address Line 5	
Destination Bank Postal Code	
Destination Bank Country *	HONG KONG

If the member does not have all the information required they can click on the link “I do not have all of the required information” this link will populate a new screen that asks the member for their “Account number, Bank name or SWIFT BIC”.

Step 2 – Reimbursement details

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Payment Method: **Electronic - Non Local Wire** Country: **HONG KONG**

Destination Currency

Hong Kong Dollar

Account number123456789

SWIFT BIC
OR
Destination Bank NameBank of America
Destination Bank Address Line 1123 Bank Street
Destination Bank Address Line 2
Destination Bank Address Line 3
Destination Bank Address Line 4
Destination Bank Address Line 5
Destination Bank Postal Code
Destination Bank Country

HONG KONG

Intermediary Bank SWIFT
Intermediary Bank Name
Intermediary Bank Address Line 1
Intermediary Bank Address Line 2
Intermediary Bank Address Line 3
Intermediary Bank Postal Code
Intermediary Bank Country

HONG KONG

Beneficiary First NameCHRISTINE
Beneficiary Middle Initial
Beneficiary Last NameTUCKER
Beneficiary Telephone
Beneficiary Emailx@y.in

Back

Confirm

The member's completed reimbursement details will appear in a confirmation screen. Click confirm to continue or back to make any edits needed.

Step 3 – Claim details



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Submit a claim



Step 3 of 5: Claim details

Fields marked with asterisk(*) are mandatory



TIP: This section asks for more detailed information about the service(s) provided. It may be helpful to have your invoice handy as you fill out these fields. You can also use your mouse to hover over the blue icons for help.

Select Claim Type *

Select

Is this claim related to a work related accident or condition? *

☐ Yes ☐ No

Is this claim related to an accidental injury? *

☐ Yes ☐ No

Treatment summary

Treatment date (mm/dd/yyyy): *

Treatment Currency *

Select

Total charge: *

Provider's name and address: *

On this step, the member will select a medical, dental, pharmacy, or vision claim and fill out the details of their treatment.

Step 3 – Claim details

Treatment summary

Treatment date (mm/dd/yyyy): *	<input type="text" value="12/01/2014"/>	
Treatment Currency *	<input type="text" value="U.A.E. Dirham"/>	
Total charge: *	<input type="text" value="500.00"/>	
Provider's name and address: *	<input type="text" value="Medcare"/>	
Description of service: * <i>i.e.type of treatment, name of medication/device</i>	<input type="text" value="MRI"/>	
Reason for visit: *	<input type="text" value="Chest Pain"/>	
Type of treatment: *	<input checked="" type="radio"/> Inpatient <input type="radio"/> Outpatient	
Admitted date (mm/dd/yyyy): *	<input type="text" value="12/01/2014"/>	
Discharged date (mm/dd/yyyy): *	<input type="text" value="12/05/2014"/>	

Treatment date	Currency	Total charge	Patient type	Admitted date	Discharge date	Action
12/01/2014	U.A.E. Dirham	900.00	Inpatient	12/01/2014	12/05/2014	

Add Treatment Summary

Under the treatment summary section, the member can add the details to their treatment. They can add multiple treatments by clicking the “add treatment summary button.”

Step 4 – Other existing health coverage



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Submit a Claim



Step 4 of 5: Other existing health coverage

Fields marked with asterisk(*) are mandatory



TIP: This section asks you some basic details about the other existing health coverage of your family members.

Is anyone in your family covered by another health plan or scheme, Medicare, or any US Federal, US State, National or Social government plan? *

☐ Yes ☒ No

[Back](#)

[Cancel](#)

[Save](#)

[Save and Next](#)

On this step, the member will enter some basic details about any additional health coverage.

Step 5 – Upload necessary documentation



Submit a claim

1

2

3

4

5

Step 5 of 5: Include all necessary documentation

Unless specifies, all fields required



TIP: This section asks you to upload all relevant documents that can help us process your claim. You can use the 'browse' button below to find the files you need. You can upload up to 10MB of files at a time. If you have more than 10MB of files to upload or if you need more time to collect the necessary files, you can always come back and update this claim.

Attach the following to your claim form (as appropriate):

- All paid receipts (or other proof of payment)
- All supporting documents relating to the claim for all treatments referred to in the claim, including the diagnosis
- A copy of the Physician, Dentist or Vision Statement.

Upload documents from your computer

Uploaded documents

You can upload up to 10MB of files at a time.

Declaration

☒ I hereby authorize Aetna Life & casual

The member should upload all relevant documents that can help process the claim. TO complete the process check the box and click the “Submit claim” button.

Confirmation page and email

Home ▶ Individuals & Members ▶ Claims Center ▶ Submit and Update Claim

Online Claim Submission Completed

Thank you. Your online claim submission was successful. A confirmation e-mail has been sent to the e-mail address we have on file.

Reference Tracking Number: UAG00004761

Receipt Date/Time Stamp Eastern Time: 12/12/2014 10:16:07 PM EST

Number of attachments successfully

Attachment Detail: *

✓ suc.pdf

* Any files marked with a ✖ above caught during the virus scanning process. Please contact your IT department or software to check and fix the file, then resubmit. Be sure to select "Update to Prior Submission" listed above.

Please keep your reference tracking number for use when you have questions about your claim status or would like to make an update to the prior online claim submission.

Submit Another Claim

View

Subject: Your online claim submission was successful.

**** Claims Reimbursement Request Submitted ****

This is an automated message, please do not reply to this mailbox. You will not receive any additional messages from this email address.

Thank you. You have successfully submitted a new claims reimbursement request. Please allow at least 3 business days for processing. For more information, please contact Member Services with inquiries about your submission; or check for your Explanation of Benefits claim status via your Aetna secure member website at www.aetnainternational.com.

Details of your submission are as follows:

US Expat member now starts with "UAG"

Reference Tracking Number: UAG00004761

Receipt Date/Time Stamp Eastern Time: 12/12/2014 10:16:07 PM EST

Number of attachments successfully submitted: 1

Please keep your reference tracking number for use when you have questions about your claim status or would like to make an update to the prior online claim submission.

If you have separate questions or inquiries you would like addressed, please submit those separately to aiservice@aetna.com

Thank you,
Aetna International

Details of your submission are as follows:

WT member now starts with "UWT"

Reference Tracking Number: UWT00152402

Receipt Date/Time Stamp Eastern Time: 12/16/2014 02:09:12 PM EST

Number of attachments successfully submitted: 1

Please keep your reference tracking number for use when you have questions about your claim status or would like to make an update to the prior online claim submission.

If you have separate questions or inquiries you would like addressed, please submit those separately to aiservice@aetna.com

After a successful online claim submission, members will receive a confirmation screen with a web reference tracking number along with a confirmation email to the email they entered on Step 1.

The reference tracking number has been reformatted to display 11 characters versus the previous 35 digit tracking number.

Thank you

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