Study Abroad Health Insurance & Travel Checklist

UHC Global Contact Info:

Call 844-249-0748 or +1 – 410-453-6330) or email assistance@uhcglobal.com

SUNY Reference Number: 902490431

If you are a member and you are not currently traveling, studying abroad, or more than 100 miles from your residence and you have general questions related to your benefits or claims, please press 1 to be connected with StudentResources.

Key reimbursement reminder

If services are paid for out of pocket abroad, the fastest path to reimbursement review is to submit the itemized bill and valid proof of payment together at the same time. For foreign claims, UHCSR (not UHC Global) reviews the reimbursement claim.

Before You Leave the U.S.

- **Register your UHC Global account and portal access before departure: https://www.uhcsr.com/myaccountlanding.**
- Add authorized contacts, such as a parent, guardian, advisor, or other approved contact, who can speak with UHC on your behalf.
- Save UHC Global contact information and keep digital and paper copies of your insurance ID card accessible.
- Review what to collect if you need to pay out of pocket while abroad: an itemized bill and valid proof of payment.

While Abroad, if I feel sick, what should I do?

- **Whenever possible, contact UHC Global before seeking non-emergency care:**
  - **Call 844-249-0748 (number on back of ID card or +1 – 410-453-6330)**
  - **Email assistance@uhcglobal.com.**
- UHC Global can help locate providers, coordinate care, and may be able to help arrange payment directly when available.
- Working through UHC Global first may help reduce or avoid out-of-pocket expenses.
- If a provider requires payment at the time of service, ask for documentation before leaving the provider location. See below for “required documentation” details on page 2.

In an Emergency, what should I do?

- Seek emergency care immediately if needed.
- Call the appropriate local emergency phone number to receive care immediately, if needed.
- As soon as possible, contact UHC **Global** or have an advisor/family member contact them on your behalf.
  - **Call 844-249-0748 (number on back of ID card or +1 – 410-453-6330)**
  - Email assistance@uhcglobal.com.
  - Contact your program administrators and/or SUNY campus administrators

- Early notification helps coordinate ongoing care, transportation, and payment assistance.

Submitting Out-of-Pocket Medical Claims to UHCSR

If you must pay for medical services out of pocket while abroad, submit your reimbursement claim documentation to UHCSR for review. **UHC Global, (call 844-249-0748 or +1 – 410-453-6330, SUNY Reference Number: 902490431)** is helpful before and during care coordination, but out-of-pocket reimbursement claims are handled through UHCSR (1-888-714-6544)

UHC Global and/or UHCSR will assign a **case number** to you. Include this case number with all your documentation, emails, phone calls or any communication throughout this process.

Required documentation for foreign medical claims

- Itemized bill showing what services were rendered.
- Clear explanation or description of why the services were rendered.
- Valid proof of payment showing the payment amount and date.
- Mobile phone screenshots of claims or proof of payment are not acceptable.
- All documents translated into English, if available. Translation is not required, but having the itemized bill and proof of payment translated may help expedite processing.
- Foreign currency amounts may be shown on the provider documents; UHCSR will convert the currency during claim processing.

Important

Foreign providers may not be able to provide U.S.-style billing elements such as provider tax ID, ICD-10 diagnosis codes, CPT/HCPCS procedure codes, or formal place-of-service coding. Students should still request as much detail as the provider can reasonably provide, especially what was done, why, dates of service, amounts charged, and proof of payment.

Proof of payment examples

Payment type	Documentation to submit
Credit/debit/ATM card	Bank or credit card statement showing cardholder or account holder name, payment amount, transaction date, and payee/provider if available.
Check	Copy of the front and back of the processed check.
Cash	Valid receipt showing payment. UHCSR teams may reach out to providers to verify cash payments.

Mobile payment	Bank or payment app statement showing payment service type, payee, amount, and transaction date. Mobile phone screenshots are not acceptable.

Common Reasons Claims Are Delayed

- Documents are submitted separately instead of together.
- The itemized bill and documentation does not explain what services were rendered.
- Proof of payment is missing, unclear, or does not match the billed amount/date.
- Cash payment cannot be verified from the documents submitted.
- Screenshots from mobile phones of claims or proof of payment are submitted instead of acceptable documentation.
- Documents are not translated into English, if available. Translation is not required, but it can help expedite processing.

Quick Checklist Before Submitting

☐ Itemized bill included	☐ Bill shows what services were rendered
☐ Bill explains why services were rendered	☐ Date(s) of service included
☐ Amount charged/paid included	☐ Valid proof of payment included
☐ All documents translated into English, if available	☐ Documents are clear and legible
☐ All documents submitted together at one time	☐ No mobile-phone screenshots of claims or proof of payment included

Provider Billing Checklist / Student Handout

Use this page when services are paid for out of pocket and you need to request documentation from a foreign provider. The provider may not use U.S. billing codes, so the goal is to capture clear, practical documentation that explains the services and payment.

Student / Patient Information

Student name	_____
Date of birth	_____

SUNY campus / program	_____
Date of visit	_____

Provider / Facility Information

Provider or clinician name	_____
Facility / clinic / hospital name	_____
Address	_____
Phone number / email	_____
Provider stamp or signature, if available	_____

Visit / Service Information

Date(s) of service	_____
Description of services rendered	_____
Reason services were rendered / condition treated	_____
Medication, lab, imaging, or other services, if applicable	_____

Charges and Payment

Cost per service or total amount charged	_____
Currency used	_____
Total amount paid	_____

Payment method: ☐ Card ☐ Cash ☐ Check ☐ Mobile payment ☐ Other	_____
Proof of payment attached: ☐ Receipt ☐ Bank or credit card statement ☐ Other	_____