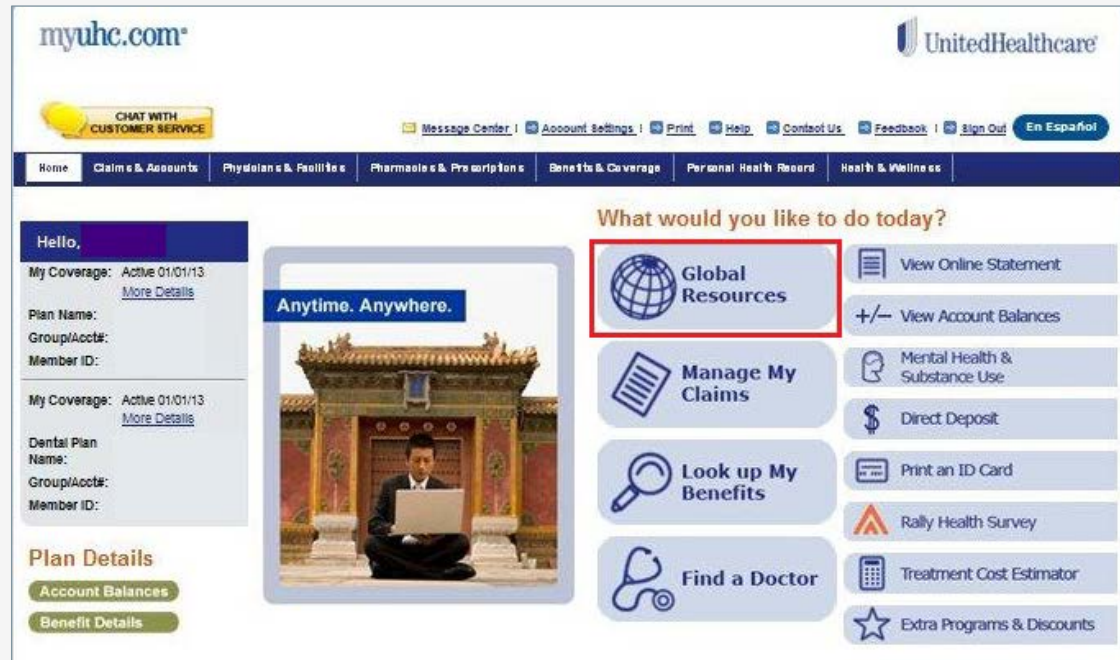


Obtain Guarantee of Payment (GOP)

In some locations outside of the U.S., depending on the health care professional you visit, a guarantee of payment (GOP) is required. UnitedHealthcare Global “guarantees” the reimbursement to a health care professional* for covered services up to covered benefit amounts.

Members can request a GOP using myUHC.com, or by calling UnitedHealthcare Global.

To request a GOP online, select *Global Resources* from the landing page.



*Note that some providers may not accept a GOP and require upfront member payment (as is sometimes the case with outpatient visits). Any upfront out of pocket payment is a reimbursable claim.

Obtain Guarantee of Payment

1

Select *Request Payment to Doctor/Hospital* from the Global Resources Links menu.

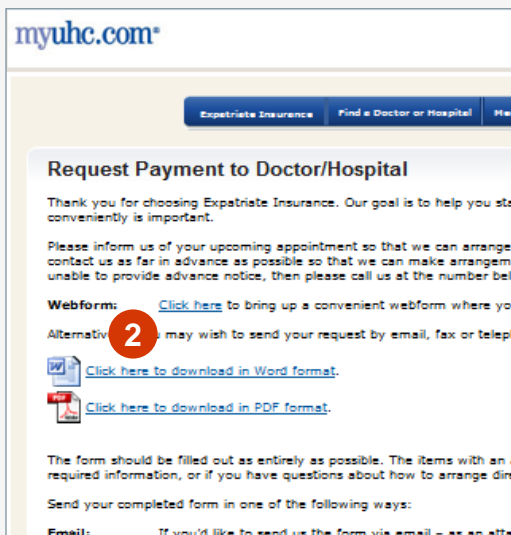


The screenshot shows the myuhc.com website with a navigation menu at the top. Below the menu, there are sections for 'myClaims Manager' and 'Global Resources'. The 'Global Resources Links' table is highlighted, and the link 'Request Payment to Doctor/Hospital' is circled in red with a '1' in a red circle next to it.

Link	Description
Expatriate Insurance	Launch the Expatriate Insurance Page, for access to international resources.
Change Mailing Address	
Find an International Doctor or Hospital	Locate a provider outside States.
Request Payment to Doctor/Hospital	Arrange for an international provider to bill Expatriate directly for covered medical services.
Submit a Claim	Instructions for filing claim online.
Contact Expatriate Insurance	Access our 24/7/365 multilingual Customer Care Service Center.
Medical Resources	Explore the medical risks.

2

Complete the online form to submit your request, or download the form in Word or PDF format. Once completed, you may fax or email the downloaded document using the information provided.



The screenshot shows the 'Request Payment to Doctor/Hospital' form on myuhc.com. The form title is 'Request Payment to Doctor/Hospital'. Below the title, there is a thank you message and instructions. There are three options for submitting the request: 'Webform', 'Email', and 'Download'. The 'Webform' option is circled in red with a '2' in a red circle next to it.

Request Payment to Doctor/Hospital

Thank you for choosing Expatriate Insurance. Our goal is to help you stay conveniently is important.

Please inform us of your upcoming appointment so that we can arrange for contact us as far in advance as possible so that we can make arrangements unable to provide advance notice, then please call us at the number below.

Webform: [Click here](#) to bring up a convenient webform where you can submit your request online.

Alternative: [Click here](#) may wish to send your request by email, fax or telephone.

Download: [Click here to download in Word format.](#) [Click here to download in PDF format.](#)

The form should be filled out as entirely as possible. The items with an asterisk are required information, or if you have questions about how to arrange direct payment, please contact our Customer Care Service Center.

Send your completed form in one of the following ways:

Email: [Click here](#) If you'd like to send us the form via email - as an attached file.

3

A sample of the form to be completed is displayed below.



The screenshot shows a sample of the 'Request Payment to Doctor/Hospital' form. The form title is 'UnitedHealthcare Expatriate Insurance Guarantee of Payment'. Below the title, there is a 'Requested by:' field and a 'Completed by:' field. The 'Requested by:' field is circled in red with a '3' in a red circle next to it.

UnitedHealthcare Expatriate Insurance Guarantee of Payment

Requested by: _____ **Completed by:** _____ **Date Completed:** _____

Provider Name*

Provider Address*

Provider Country*

Provider Telephone Number including country code*

Provider Fax number including country code

Provider Email address

Diagnosis/Symptoms*

Services/Procedure*

Contact Person/Dept. for Billing Arrangements

Date of service

For admissions: length of stay from

Patient and Subscriber Information

Subscriber Name*

Subscriber ID number as shown on ID card*

Group Name

Group Number Patient