

# International Long-Term Care Services Claim Form

## Claimant Information

Full Name

Date of Birth

Address

Contact Number

Email

Policy Number

## Provider Information

Facility/Provider Name

Provider Address

Provider Contact Number

## Claim Details

Date of Admission

Date of Discharge

Type of Services Received

Description of Services

Total Amount Claimed

Bank Information (for Reimbursement)

Bank Name

Account Holder Name

Account Number / IBAN

SWIFT/BIC Code

Bank Address

Declaration & Signature

Signature

Date