



## Provider Guidelines for Submitting a Claim for Direct Payment

As a contracted AGB facility, we can pay you directly on behalf of our members for eligible health-related services provided to our members. Please follow the instructions below to submit a claim for direct payment:

- 1) Identify that the patient is an AGB member by asking to see their AGB Member Identification Card
- 2) Upon admitting the individual to your facility, contact the AGB International Service Center to verify coverage. To contact the Service Center, dial 1-800-231-7729, preceded by the appropriate access code listed on the AT&T calling guide. To call collect, please dial: 1-813-775-0190. You may also send an e-mail to our office at: [agbservice@aetna.com](mailto:agbservice@aetna.com). Representatives are available to assist with direct payment requests and verification and eligibility questions 24 hours a day, 365 days a year.
- 3) After receiving patient information, an AGB Service Representative will fax a Verification of Benefits to your office. This verification will provide you with information on what portion of the bill should be collected directly from the member prior to their discharge (applicable deductibles and coinsurance as designated by their plan of benefits with AGB) and what portion of the bill will be paid to your facility directly by AGB. *We recommended that you collect a credit card number from the patient to cover any incidental costs not covered under an AGB plan (e.g. coinsurance, personal items, phone calls, etc).*
- 4) Submit a detailed bill/claim for services rendered to the AGB International Service Center. You may create your own bill/claim by including the information outlined below in a separate document, or you may complete an AGB claim form that has been provided to you by the patient at the time of their visit. The following information must be included with your direct payment request:
  - Patient name
  - Contact Information, including: Hospital or Clinic Name, Address and Phone Number
  - Date of Service
  - Amount charged for services rendered
  - Amount that you have already collected from the patient
  - Diagnosis, nature of illness and procedures performed (office visits, lab work, surgery). Please provide as much detail as possible.
  - Name of the patient's Employer and the Employer Identification Number
  - Member ID number and group number
- 5) Please send a copy of the Verification of Benefits letter that you received from AGB along with your **complete bill/claim** to our International Service Center via fax or mail:

**FAX:** Attention: Global Provider Services: 860-975-0610

**MAIL:** Attention: Global Provider Services, Aetna Global Benefits  
P.O. Box 30258, Tampa, Florida 33630 USA

**PLEASE NOTE:** The AGB Service Center will process the bill/claim and initiate the funds transfer or check within 30 days of receipt of complete information. The currency conversion rate used to calculate the amount of the payment will be based upon the date of service.