



REFERENCE GUIDE

Healthcare Providers Support

Find useful information on filing claims, obtaining pre-authorization, verifying eligibility, and completing other essential procedures gathered for you, our dedicated provider.

www.gbg.com/healthcare-providers-support



Contact Support 24/7/365

Listed by location. Our dedicated team is ready to help you with any questions or concerns.

[Find Support](#) • P3



Identify a GBG Member

Take a look at our global member ID card design, which is used for all our ID variations worldwide.

[Member ID Example](#) • P4



Request a Pre- Authorization

Find all the essential details you need to submit a request for a "Letter of Guarantee."

[Learn more](#) • P6



Submit a Claim

Follow the steps described below to ensure the proper claim processing and find information about direct payment details.

[File a claim](#) • P9



24/7/365 SUPPORT

Need Help?

Our dedicated team is ready to help you with any questions or concerns. Contact us via email or phone call. We are here 24/7/365 to support you whenever you need us.



Latin America & the Caribbean

Email us

Pre-Authorization Requests preauthorizations@gbg.com

Claim Submissions providers.claims@gbg.com

Claims Status & EOB (Explanation of Benefits) Requests customerservice@gbg.com

Contract Queries providers@gbg.com

Call us

General line +1 305 697 1778

Brazil +0800 900 0501

Venezuela +0800 104 9195

Mexico +800 099 1606

Colombia +01 800 518 9220

China

Email us

Pre-Authorizations Requests chinapreauth@gbg.com

Claim Submissions chinaclaims@gbg.com

Claims Status & EOB (Explanation of Benefits) Requests chinaservice@gbg.com

Contract Queries chinanetwork@gbg.com

Call us

Main Number +86 400 816 9300

Rest of the World

Email us

Pre-Authorizations Requests gbgassist@gbg.com

Claim Submissions eclaims@gbg.com

Claims Status & EOB (Explanation of Benefits) Requests claimscs@gbg.com

Contract Queries directbill@gbg.com

Call us

Worldwide Collect +1 786 814 4125

USA/Canada Toll-Free +1 866 914 5333



HARD COPY OR DIGITAL



Identify a GBG Member

Below is an example of our Member ID Card, which can be presented in hard copy or digital format through the MyGBG App. This is the authorised design used for the ID cards of all our global members.

Each member will receive a personalized identification card containing all the necessary policy and health plan details. This card serves as a quick and easy reference guide for members and providers to access important information whenever needed.

1 GBG Logomark

2 Member Name

3 UHC ID#

4 Policy Effective Date

5 Deductible, Co-insurance, and Co-payment

6 Pharmacy, Dental, Vision, and/or Preventive Medical Coverage (varies by product)

Member Name	Member Name
Primary:	Group Name
Group:	123456789876
UHC ID#:	(00000) 123-12345-00
Health Plan#:	UnitedHealthcare Options PPO
Plan Name#:	87654321
UHC Group#:	GSG-11033 / Territory B
Policy:	01 Jan 2023
Effective Date:	EUR 250
Deductible:	0%
Co-Ins:	EUR 0
Co-Pay:	
Preventive:	
Dental:	
Vision:	

6 RxBIN#: 001234 PCN: ADV RxGRP#: RX0000 RXID#: 123455678900

7 Eligibility/Benefit Verification / Member & Provider Services / Pre-authorization / Emergency Assistance

8 Claims Submission

9 GBG Assist logomark

7 Eligibility/Benefit Verification / Member & Provider Services / Pre-authorization / Emergency Assistance
GBG Assist – 24 Hour Customer Service:
 U.S./Canada Toll-free: 1.866.914.5333
 Worldwide Collect: 1.786.814.4125
 Email: GBGAssist@gbg.com
 To find a provider, members please visit the website <https://www.whyuhc.com/us1>

8 Claims Submission
UHC Providers mail submissions/claims to UHC:
 P.O. Box 30526 Payor ID# USN01
 Salt Lake City, UT 84130-0526 Provider Services: 1.844.251.0748
 Providers please visit the website www.usnetworksuhc.com
Non-UHC Providers mail to GBG:
 PO BOX 211008 EAGAN, MN 55121
 Payor ID 68251
 Online: www.gbg.com

This card does not guarantee coverage.

1. GBG Logomark (Displayed on all cards)
2. Insured's First & Last Name
3. Unique Policy Number (GBG ID#)
4. Policy Effective Date
5. Deductible, Co-insurance, and Co-payment
6. Pharmacy, Dental, Vision, and/or Preventive Medical Coverage (varies by product)

7. Contact Details for:
 - Eligibility/Benefit Verification
 - Member & Provider Services
 - Pre-Authorization
 - Customer Service & Emergency Assistance
8. Claims Submission Contact Details
9. GBG Assist logomark (Displayed on all cards)



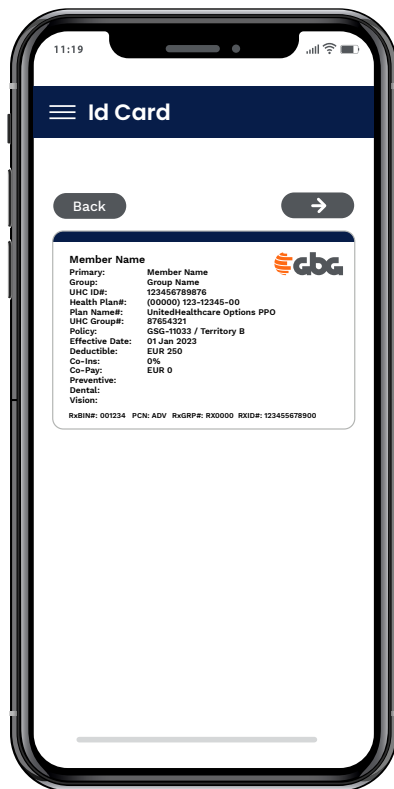
HARD COPY OR DIGITAL



Identify a GBG Member *cont*

Digital version through the MyGBG App

All our members also have the option to show their ID card digitally using the MyGBG App. The digital version is a valid form of identification that shows all the exact information detailed in the hard copy.





REQUIREMENTS

Pre-Authorization Details



Request a “Letter of Guarantee” before performing pre-authorized medical procedures to avoid financial risks from non-covered treatments.

Services that required a Pre-Authorization

A pre-authorization is required for specific procedures or treatments. Failure to comply with this requirement could result in the application of penalties (varies by product).

- Hospitalizations
- Outpatient surgery requiring general anesthesia
- Specialized or private nursing services (Home Care)
- Physical therapy
- Organ, bone marrow, stem cell transplants, and other similar procedures
- Air ambulance
- All conditions, including treatment for cancer or other chronic conditions that do not comply with the previously mentioned criteria and which can exceed the amount of US\$10,000 in medical treatments during the policy coverage year

[Download the Form](#)



REQUIREMENTS

Pre-Authorization Details *cont*



How to Request a Pre-Authorization

To initiate a pre-authorization, we recommend that providers complete a Pre-Authorization Request Form or simply submit the following information:

- Diagnosis
- Medical Information
- Treatment Plan
- Signature of the treatment physician
- Cost Estimate

The GBG member's ID card includes all the necessary contact information from all our regional offices' services.

Go to **Need Help? on page 3** to find the Pre-Authorization contact details by location.



REQUIREMENTS

Pre-Authorization Details *cont*



Emergencies

In case an emergency occurs, the GBG team must be notified within the first 48 hours following admission to the hospital and before the insured is discharged.

An emergency is defined as an acute injury or illness that endangers the life of a person, possibly resulting in death or permanent damage if immediate medical attention is not received. Treatment for an emergency should be provided in a qualified medical facility closest to where the emergency occurred.

Evacuations for medical reasons can only be coordinated and authorized by GBG to be covered under the plan.

- GBG must be contacted immediately when medical personnel determines an evacuation is necessary for the safe transportation of the member.
- We are available 24 hours a day, seven days a week, via phone and email.
- When contacting GBG, the provider must be ready to provide complete medical information relevant to the case.



FOLLOW THESE STEPS

Claims Submission Requirements



Claims must be submitted individually for each member via email within 180 days* of the service date to ensure proper processing.

How to submit a claim

1. Go to **Need Help? on page 3** to find the correct claims contact details by location.
2. Include the patient's full name and policy number in the subject line as follows:

Subject: GBG Jane Doe 012345-123456789-00

3. Attach all your documents in PDF format and make sure to include all the following details:
 - Diagnosis
 - Procedure
 - Date of Service
 - Physician and hospital name
 - Itemized Bill
 - Copy of the Letter of Guarantee (See sample on next page)

Important note

*Please remember that GBG has a deadline for processing claims payments. To ensure a smooth process, please submit your claims on time.


Understanding the "Letter of Guarantee"



Letter of Guarantee Sample

The following information will be found in GBG's Letter of Guarantee:

1. Addressee Information (provider's name and point of contact)
2. GBG contact information
3. Member's name & date of birth
4. Policy number
5. Diagnosis & procedure
6. Day(s) of service approved and duration of service
7. Medical fees approved by GBG and member financial responsibility:
 - 7.1 Copayment / Coinsurance (percentage of cost member must pay to the provider)
 - 7.2 Deductible (the total amount member must satisfy according to the policy)
 - 7.3 Remaining or Pending Deductible (the amount the member must pay to the provider)
8. Additional notes



Letter of Guarantee

To: Member Name
 Provider: Name
 Pages: 03
 Today's Date: 01 Aug 2023

From: GBG Assist Telephone: +1-786-814-4125 Fax: +1-949-271-5038 Case Reference Number: 336706

For Claims Enquiries:
 Please Call GBG: +1-786-814-4125 or Email: customerservice@gbg.com

3 Patient Name: Member Name	DOB: 22 Jun 1954
4 Policy #: 012345678	
5 Diagnosis: Neoplasms	
Procedure: Test	
6 DOS: 24 Aug 2023 - 31 Aug 2023	Authorized Length of Stay: 7
Effective Date: 01 Mar 2019	7.1 Patient Co-Pay: 0%
7 Medical fees approved: N/A	Patient Responsibility: N/A
7.2 Deductible: N/A	7.3 Remaining: N/A
8 Additional Note: N/A	

This letter is your confirmation that the above-mentioned patient has a policy administered by Global Benefits Group (GBG), and is also your authorization for the above-mentioned treatment to be completed. All other tests or procedures must be further pre-authorized by the Case Manager assigned to this patient.

Provided all policy requirements are met at the time services are rendered, eligible expenses will be considered in accordance with the policy terms and conditions. Pre-Authorization approval does not guarantee payment of a claim in full, as additional co-payments, and deductibles may apply. Benefits payable under the Policy are still subject to eligibility at the time charges are actually incurred, and to all other terms, limitations, and exclusions of the Policy. GBG Assist reserves the right to deny claims for any pre-approved treatment or procedure related to a pre-existing condition not disclosed on the application and discovered after the pre-authorization was issued.

Understanding the deductible

Upon reviewing the provider's expenses and agreement, the Letter of Guarantee will outline the specifics of the deductible.

The Deductible (\$2000) is the amount that the member is responsible to pay to the healthcare provider each year according to the terms of the policy. Once a policy holder meets his/her plan's deductible and the balance is \$0, the member has completely fulfilled the deductible for that year and doesn't owe any money to the provider. All costs can now be billed to GBG.

Every year the deductible will reset back to the total amount.



FOLLOW THESE STEPS

Claims Submission Requirements *cont*



Direct Payment

Clean Claims that fulfill all the requirements will be processed and paid within thirty (30) business days (unless it is stipulated differently in the contract).

Untimely Claims processed after 180 days from the service date are subject to rejection.

All payments are via bank transfer and will be processed according to the details specified in the provider contracting agreement.

If you need to update any banking information, send the following details to your dedicated provider contact found on page 3 under the **"Need Help?"** section:

- Name of banking institution
- Account name
- Account number
- SWIFT number
- IBAN number



FOLLOW THESE STEPS

Claims Submission Requirements *cont*



How to Request an EOB (Explanation of Benefits)

When you receive a payment from GBG and cannot allocate or identify it, you can request an EOB via email. Note the contact details by location below.

Please always mention the beneficiary's name, the date on which you received the transfer, the received amount and the payment reference or attach a copy of the bank's payment notification to your request.

Latin America & the Carribean

Request an EOB at customerservice@gbg.com

China

Request an EOB at chinaservice@gbg.com

Rest of the World

Request an EOB at claimscs@gbg.com



www.gbg.com/healthcare-providers-support