



Coverholder at LLOYDS

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Non-US Itemized Claim Submission Form

This form must accompany all Non-US medical charges

Claimant (Patient) Name:	Trip Registration Number (found on ID card):	If accident, accident date:
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DATE OF SERVICE	PROVIDER	DIAGNOSIS	TRANSLATION OF SERVICES	MONETARY UNITS	COUNTRY	AMOUNT CHARGED

***Please note that this form is to be used for claims-adjudication purposes only and is not a guarantee of payment.*