



Name: Smith, John

Insured ID: 12345678

Certificate: PATEI12345678

Effective: 03-SEP-2024

**This coverage contains precertification requirements (see back).
Possession of this card does not guarantee coverage.**



Bin No.:123456
Rx Group #: IMG123
PCN#: URX001

Pharmacy Help Desk
800.329.0988

Failure to comply will result in a reduction of benefits. To precertify, prenotify, or verify eligibility and/or benefits, please contact IMG at:

Telephone: +1.317.655.4500

Email: customercare@imglobal.com

Website: [www . imglobal . com](http://www.imglobal.com) (Live Chat available)

Online Provider Network: www . imglobal . com / provider

Claim Filing Information

Electronic Claim Payor ID: IMGIN

Mail claims to: International Medical Group (IMG)
Claims Department
PO Box 240429
Apple Valley, MN 55124 USA



Fax: +1.317.655.4505

Confirmation of Coverage

September 09, 2024

RE: Confirmation of Coverage for JOHN SMITH
Certificate Number: PATEI12345678

To Whom It May Concern:

Please be advised that JOHN SMITH has purchased Patriot Multi-Trip(SM) certificate number PATEI12345678 effective 03-Sep-2024 to 03-Sep-2025 at 12:01 AM EST. The policy is administered by International Medical Group®, Inc., and underwritten by SiriusPoint Specialty Insurance Company, a member of the SiriusPoint Ltd. group with offices in the EU (Belgium, Germany, Sweden, Switzerland), United Kingdom, Bermuda, Canada, United States, Singapore and China. Sirius has an "A-" (Excellent) rating from A.M. Best.

Medical insurance coverage is provided while traveling worldwide outside of the insured person's Country of Residence including United Kingdom, per policy provisions. Coverage includes the Schengen states per the policy provisions. Emergency evacuation (also known as Repatriation) is provided up to the policy maximum and Return of Mortal Remains benefits up to the policy maximum are included when coordinated by IMG. A copy of the Schedule of Benefits, which provides an outline of the plan's coverage, limitations, and maximum benefits, as well as a copy of the Declaration page of the Certificate indicated above may be presented as required. This information will verify that Eligible Expenses, including Hospitalization and certain outpatient expenses, are subject to a 250.00 USD annual deductible after which the plan will pay 100% of Eligible Expenses. The maximum limit of coverage per period of insurance is 1,000,000.00 USD.

If you need further information, please feel free to contact our office at the number listed below. Thank you.

Sincerely,

Certificate Holder Services

SAMPLE COPY
INSUBUY.COM

Your Producer Contact Information:

Insubuy, Inc. - 51855
4200 Mapleshade Lane, Suite 200
Plano, TX 75093
Telephone: (866) INSUBUY
Fax: 972-767-4470
Email: info@insubuy.com
Website: www.insubuy.com