

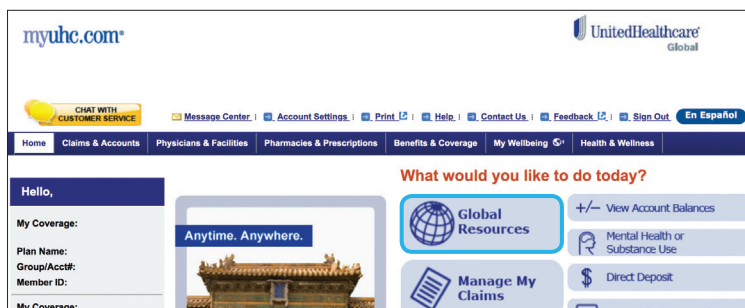


Arranging direct payment to a provider

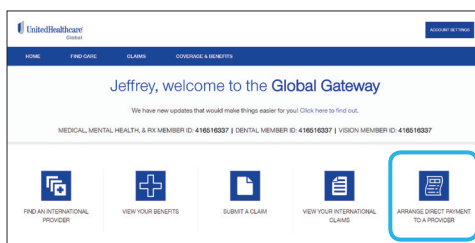
When you seek medical care outside of the United States, providers may require documentation to verify that they will receive payment from UnitedHealthcare Global. This documentation is commonly known as a Guarantee of Payment document, or GOP.

This guide will help you understand how to request a GOP by using the member website, **myuhc.com**. If you have not already signed up for access to the member site, you will need to register at **myuhc.com** before you will be able to request a GOP online.

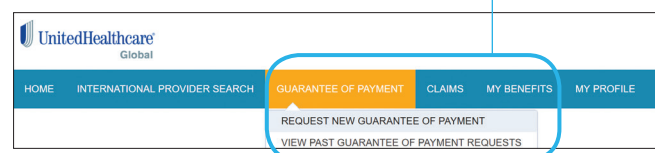
1. Login to myuhc.com and click “Global Resources”



2. Click “Arrange Direct Payment to a Provider”



You can also begin arranging direct payment to a provider from anywhere else within the Global Resources portal by hovering over “Guarantee of Payment” in the top menu bar.



3. Review the pop-up message on the request screen and click “OK”

REQUEST GUARANTEE OF PAYMENT

1 Choose Patient 2 Choose A Provider 3 Fill Out Guarantee of Payment 4 Review Request 5 Your Requested GOP

Notice

Please Note: GOPs generated on this site are valid for routine outpatient services and immunizations only. Please contact UHC Global to obtain a GOP if you are seeking service for a planned inpatient admission, any procedure that requires sedation, or more than 9 therapy sessions of each modality, such as chiropractic, occupational, physio or rehabilitation therapy. We recommend that you contact us if you are uncertain if your services fall into these categories.

Contact UHC Global directly at the phone number on your Member ID Card or email your non-urgent request to EmailInsurance_MemberServices@uhcglobal.com

Note that even non-predicated services may not accept a GOP and may require you to pay upfront. Any upfront payment you make may be reimbursed as a claim. Eligible expenses will be reimbursed to you up to the covered benefit amount.

OK

JNSYTG EBZKFM Child 10/12004 Yes 11/12012 12/319999 [Print](#)

4. Select the member that requires care and needs a Guarantee of Payment document

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Who is this Guarantee of Payment For?

10 Search:

Last Name	First Name	Relationship	Date of Birth	Eligibility	Coverage Start Date	Coverage End Date	Select
SKWPKD	JINHSI	Subscriber	03/11971	Yes	11/12012	12/319999	Select
THJEHVZUB	NSVPCR	Spouse	12/61972	Yes	11/12012	12/319999	Select
SPXHDQ	PHBID	Child	10/92003	Yes	11/12012	12/319999	Select
OZKZLV	HELPPFU	Child	10/12004	Yes	11/12012	12/319999	Select
JNSYTG	EBZKFM	Child	10/12004	Yes	11/12012	12/319999	Select

Showing 1 to 5 of 5 entries

5. Indicate the location where the member is being treated and then search for the care provider

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Where is the Patient?

Country: State/Province: City: Postal Code:

Please select a country Enter state/province Please select a city Enter postal code

* Required Field

Search For Providers

Nearby Providers Specific Provider

Specialties:

To see a list of all nearby providers, do not select a specialty.
To DESELECT a provider specialty, hold the CTRL key and click on the specialty again.

[Search](#)

6. From the list of results, choose the provider you intend to see and click the “Request Guarantee of Payment” button

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← Back to Search

Search results for:

10 Search:

Provider Name	Specialties	Facility Type	Provider Information	Speaks English	Preferred Provider	Request GOP
American Medical Center Afghanistan	View Specialties	Outpatient Clinic	View Provider Information	Yes	Yes	Request Guarantee of Payment
Blossom Health Care Center	View Specialties	Outpatient Clinic	View Provider Information	Yes	Yes	Request Guarantee of Payment
Cure International Kabul	View Specialties	Hospital	View Provider Information	Yes	No	Request Guarantee of Payment
DK - German Medical Diagnostic Center Ltd	View Specialties	Outpatient Clinic	View Provider Information	Yes	Yes	Request Guarantee of Payment
Guardian Medevac Kabul	View Specialties	Outpatient Clinic	View Provider Information	Yes	Yes	Request Guarantee of Payment
Guardian Medevac Stratex Green Village	View Specialties	Outpatient Clinic	View Provider Information	Yes	Yes	Request Guarantee of Payment

7. Provide the required details regarding the service(s) that are being requested. When completed, click “Go To Next Step”

REQUEST GUARANTEE OF PAYMENT

1 Choose Patient 2 Choose A Provider 3 Fill Out Guarantee of Payment 4 Review Request 5 Your Requested GOP

Final Questions

Diagnosis/Symptoms * Please provide a description of your symptoms.

Services/Procedure * -- Select service type -- If you need assistance making billing arrangements, please contact us.

Date of Service *

Contact Person/Dept for Billing Arrangements

* Required Field

← Go Back A Step Go To Next Step →

Cancel Guarantee of Payment

If a pop-up window appears and says that your request can not be completed, please contact UnitedHealthcare Global at 1-877-844-0280 from inside the U.S. or Canada or call +1 (763)-274-7362 from any other country. Reverse charges will be accepted.

1 Choose Patient 2 Choose A Provider 3 Fill Out Guarantee of Payment 4 Review Request 5 Your Requested GOP

Questions

Diagnosis/Symptoms * Annual physical

Services/Procedure * Other

Message from webpage

⚠ We are unable to approve this Guarantee of Payment request online. Please contact us for further information.

OK

8. Review the details of the request. If everything is correct, check the box of attestation at the bottom of the screen and click “Submit Guarantee of Payment”

1 Choose Patient 2 Choose A Provider 3 Fill Out Guarantee of Payment 4 Review Request 5 Your Requested GOP

Review Request

Patient JN0NH5I BXWPKD

Patient Location Kabul, Afghanistan

Provider Name American Medical Center Afghanistan

Diagnosis/Symptoms Sick stomach

Services/Procedure Medical Visit - Clinic

Date of Service 03/Jul/2019

Contact Person For Billing Contact Name

I attest that, to the best of my knowledge and belief, all information in the above referenced data reported is accurate and complete.

Cancel Guarantee of Payment Submit Guarantee of Payment →

After completing your request, print your guarantee of payment document and bring it to your appointment. The provider will submit it with your medical claim. If, for whatever reason, your provider does not accept the GOP, please have the provider call us at the numbers listed below.

Contact us



Questions? We're available to help 24/7. From inside the U.S. or Canada, call us toll-free at **1-877-844-0280**. From outside the U.S. or Canada, call us at **+1-763-274-7362**. Reverse charges will be accepted.



You can also reach us by email at **Expatriance_MemberServices@uhcglobal.com**