

**U.S. Department of State  
Accident and Sickness Program for Exchanges (ASPE)**

**Quick Reference Guide U.S. Grantees**

As of April 1, 2007, there is now a new third-party administrator for the Accident and Sickness Program for Exchanges (ASPE):

Seven Corners, Inc.  
P.O. Box 3724  
Carmel, Indiana 46082-3724 USA  
*Telephone:* 1-800-461-0430 (toll free for grantees in the United States)  
or 317-818-2867 (a collect call for grantees outside of the United States)  
*E-Mail:* [aspeinfo@sevencorners.com](mailto:aspeinfo@sevencorners.com)  
*Website:* [www.usdos.sevencorners.com](http://www.usdos.sevencorners.com)

**Life-threatening medical emergency** If you are outside the United States: contact the Fulbright Commission or the Public Affairs Officer at your US Embassy or Consulate for information about emergency help.

**Find a provider outside of the US** Call customer service TOLL FREE at (800) 461-0430;

OR COLLECT FOR EXCHANGE PARTICIPANTS OUTSIDE OF THE US at (317) 818-2867 for assistance in finding a provider in your host country area and to coordinate scheduling of care;

**When you arrive at your medical provider appointment** Present your ASPE Health Benefit Identification Card and a photo identification.

**Pre-notification** Seven Corners must be contacted:

1. to confirm coverage and benefits
2. as soon as non-emergency hospitalization is recommended
3. within 48 hours of the first working day following an emergency admission
4. when your physician recommends any surgery including outpatient
5. for emergency evacuation, repatriation and assistance services
6. if in the United States, call (800) 461-0430
7. if outside the United States, call (317) 818-2867 (collect)

**Submit claims** Outside of the US, contact Customer Service to coordinate possible direct billing to Seven Corners or mail or fax a completed claim form and copy of receipt(s) and / or an itemized bill to Seven Corners. Mail to the address above. Refer to page 15 of the ASPE booklet on "How to Submit a Claim". See page 20 for a claim form.

**Need Durable Medical Equipment or Diabetic Supplies** USDOS has a preferred Durable Medical Equipment and Diabetic Supply network provider and ordering supplies should go through [www.sevencornersonline.com](http://www.sevencornersonline.com) or by contacting customer service TOLL FREE at (800) 461-0430

OR COLLECT FOR EXCHANGE PARTICIPANTS OUTSIDE OF THE US at (317) 818-2867.

**Inquire about medical bills** Call customer service TOLL FREE at (800) 461-0430 OR COLLECT FOR EXCHANGE PARTICIPANTS OUTSIDE OF THE US at (317) 818-2867 or send an email to customer service at [ASPEinfo@sevencorners.com](mailto:ASPEinfo@sevencorners.com)

**Check on eligibility or benefits** Call customer service TOLL FREE at (800) 461-0430 OR COLLECT FOR EXCHANGE PARTICIPANTS OUTSIDE OF THE US at (317) 818-2867 or go online at [www.usdos.sevencorners.com](http://www.usdos.sevencorners.com).

**Replace your ID Card** Lost or misplaced cards will be replaced by your enrolling organization or program agency. By contacting customer service TOLL FREE at (800) 461-0430

OR COLLECT FOR EXCHANGE PARTICIPANTS OUTSIDE OF THE US at (317) 818-2867 or go online at [www.usdos.sevencorners.com](http://www.usdos.sevencorners.com), a temporary ID card replacement

can be immediately issued to ensure no disruption in access to care.

**Request a claim form** Call customer service TOLL FREE at (800) 461-0430 OR COLLECT FOR EXCHANGE PARTICIPANTS OUTSIDE

OF THE US at (317) 818-2867 or go online to download forms at [www.usdos.sevencorners.com](http://www.usdos.sevencorners.com).

**If you need to be medically evacuated out of your country of assignment**

For Americans abroad:

- a. contact the U.S. Embassy, Consulate or post.
- b. explain your need for medical care and why it cannot be provided at your place of assignment.
- c. a competent medical authority, which may include the regional medical officer, must approve evacuation. Embassy staff and / or program staff will contact USDOS to assist in transporting you to the closest, most suitable medical facility.

**Deductible** You will not be reimbursed for the deductible. The ASPE health benefit plan requires that you pay the **first \$25 for medical services associated with each accident or sickness**. If your bills are greater than \$25, the ASPE health benefit plan will pay the excess cost for **covered** treatment that is not pre-existing.