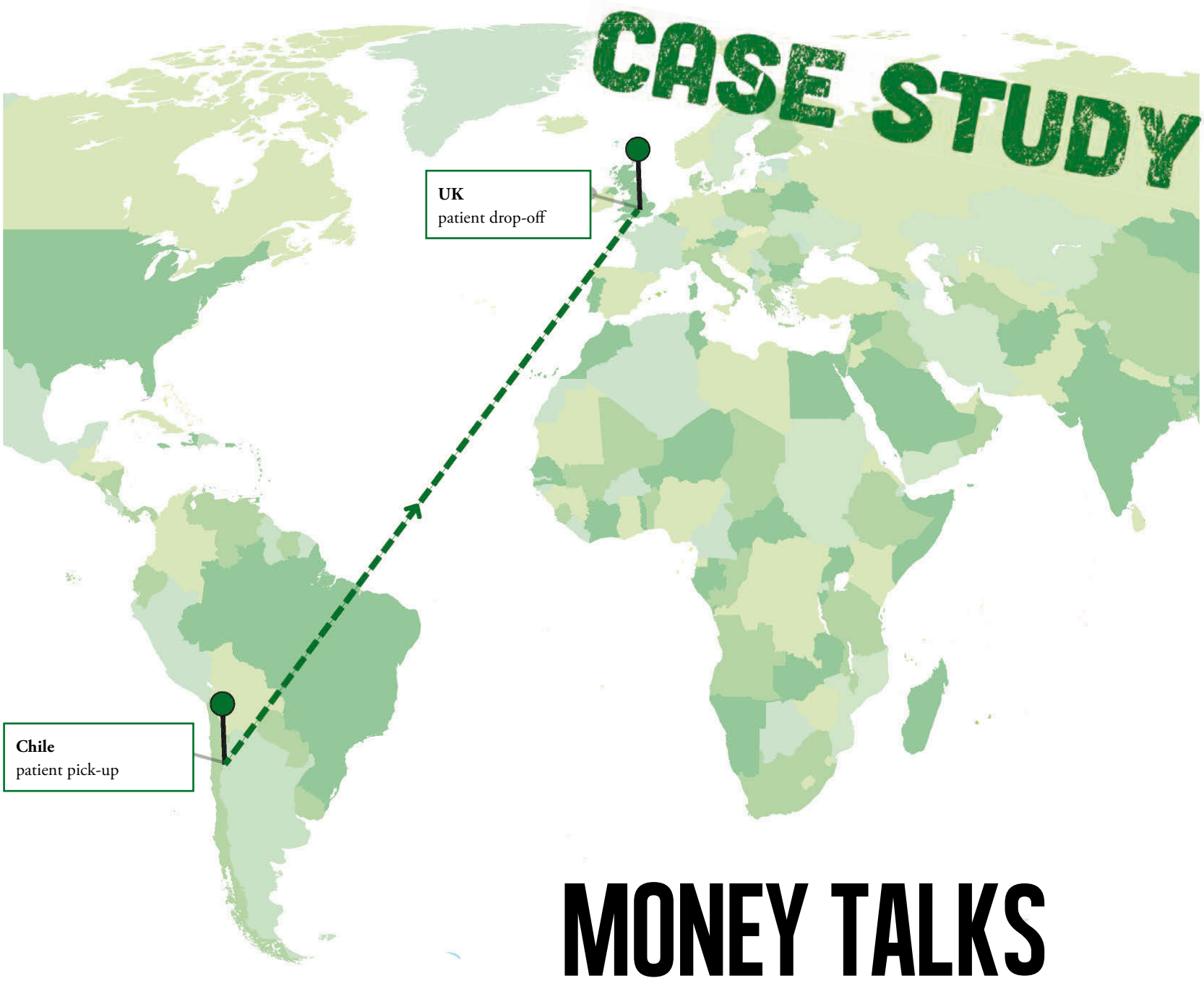
ASSISTANCE & REPATRIATION REVIEW 2017

ITIJ
International Travel & Health Insurance Journal



MONEY TALKS

Traveller Assist gives details of a case that explores the risks and considerations for paying a GOP in cash

When it comes to travel insurance claims, especially for medical cases, travellers are not always fully aware of the what goes on behind the scenes, the lengths that are taken and how many people and organisations it involves to provide quality medical assistance to one person. This case is a good example of how good teamwork and local knowledge can result in a timely and successful repatriation.

The situation

In a recent case, the Traveller Assist team provided assistance for a traveller who we will call Mark, a 42-year-old man with no past medical history or pre-existing medical conditions. He was involved in a single-vehicle rollover on the Chilean/Argentinian border, suffering multiple fractures, including a head injury, concussion, facial lacerations, broken collar bone, broken elbow, broken thigh bone, bruising to the ribs and a sprained ankle. First aid was provided on-scene by a nurse who witnessed the accident. Mark was then taken to the nearest medical facility in a remote village a few kilometres away.

Mark's wife was at a local motel when the crash occurred, and after six hours, when her husband had still not returned, she called the police. After several frantic calls over 12 long hours, she was informed that Mark's vehicle had been found and that it had been involved in an accident, but they did not know where he was. The motel did not have wi-fi and, due to its location, there was no cell phone signal; it had just one payphone that could make calls, but not receive them. After being driven to the city that was two hours away, it took Mark's wife 48 hours to locate her husband, which she did by calling each individual hospital, the whole time not knowing if he was dead or alive.

Four days later, the Traveller Assist team received a call. By then, the patient had been transferred by helicopter from the local medical facility to a hospital approximately one hour away. At the time of the accident, Mark was not carrying any money, credit cards or ID in his pockets. He did not have a cell phone and his concussion had caused confusion and disorientation. Thankfully, the doctors at the hospital provided emergency medical treatment despite having no confirmation that they would be paid. However, there was then a considerable amount owed to the hospital and the remote medical facility for medical care, and for the helicopter medevac.

WE DEAL WITH APPROXIMATELY FIVE CASES PER YEAR WHERE MEDICAL FEES ARE REQUESTED IN CASH

Insurance delay
Typically, what causes the delays in a travel insurance case is waiting for medical records from family doctors, medical reports from hospitals, and ultimately waiting for underwriters to make a decision on whether they will cover the medical assistance costs. In this particular case, the patient had already received medical care, which also included a helicopter transfer. The delay was caused by the fact that Mark's wallet, passport, cell phone and travel insurance documents were in the vehicle when he crashed. When his wife went back to where the vehicle was the following day, everything was gone. It took 72 hours for the insured's wife to speak to his travel insurance company. It then took a further two days for the insurance company to request assistance. This delay was caused by several factors, including the language barrier between the insurance company and the hospital staff, the fact that the hospital would not release any medical reports without payment, and then there was the issue of how to pay the hospital.

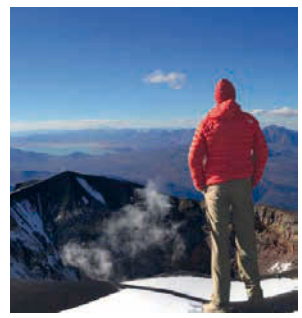
IT TOOK EIGHT DAYS, NINE PEOPLE AND FIVE ORGANISATIONS TO PROVIDE MEDICAL ASSISTANCE TO ONE PERSON

Once we had been retained to assist with the case, we were faced with the immediate problem that the hospital would not accept guarantees of payment (GOP), and they did not have the ability to accept

payments either directly to their bank, or via credit card. While rare, this does happen. We deal with approximately five cases per year where medical fees are requested in cash. This left us with two options. Send the money to a local assistance company who could pay on our behalf, or send someone from our company with cash to pay the medical bills. It was a considerable amount of money and while corruption risks in Chile are somewhat low due to anti-corruption regulations being enforced, the decision was made that we would pay the bills in person.
We were informed by the travel insurance company that the underwriters were reluctant to approve a GOP in cash. As the assistance company, that made us nervous. Typically, we will issue GOPs up to US$250,000 on behalf of an insurance company, with specific payment terms. For cash GOPs, we request the funds immediately for obvious reasons. While we were waiting for the underwriters to make a decision, our operations team planned as if the case was going ahead.

Plan of action
From previous cases in Chile, we knew that you can only take $10,000 into the country without waiting for 30 days for approval of amounts exceeding that. We called our bank, who deal with incoming and outgoing international bank transfers on our behalf on a daily basis. By coincidence, a major bank in Santiago, Chile uses the same bank as ours to conduct its international transfers. We called the bank in Chile and made an arrangement to transfer money directly to their bank that we would then withdraw in cash, in-country. It sounds simple, but it was quite a process. We were then informed that we could only withdraw the equivalent of $10,000 in cash per day from their institution.
Within 48 hours of being activated and making the appropriate arrangements, the underwriters approved the funds, and the insurance company confirmed the transfer of $64,500 to cover medical bills, plus our assistance fees. Less than 24 hours later, I flew into Santiago, Chile with $10,000 in cash. It's important to note that if you do this, ensure that you do not have any extra money in your wallet or pockets, including coins. $10,000 is the limit. One dollar more can result in all of the cash being seized for further investigation.
I was met at the airport by a member of our security team who drove me into the city to the bank. After the relevant ID checks had been confirmed, I was allowed to withdraw a further $10,000. We then made our way north to the hospital where the patient was, a two-and-a-half-hour drive. I visited the patient (who was very pleased to see me) and confirmed with the doctors, in-person, that everything we had been told with reference to medical care was correct. They released the medical reports to me which I photographed with my phone and forwarded to our assistance centre, who translated and forwarded them to the insurance company. I then explained to the doctor that it could take a week for me to arrange payment, and I would call the day before to let them know exactly when I would be there.
Conscious of the fact that I was a target carrying a large amount of cash, from a security point of view, I did not want to give any indication of an exact time and day where I would be with the total amount of cash that they were expecting. With that in mind, I also did not want to check into a hotel with the $20,000 I was then carrying, so we made our way to pay the medical bill at the remote medical facility, a further two hours away, close to the border of Argentina.
That night, we stayed at the same motel that Mark and his wife had been staying. No wi-fi! No cell phone signal! I called our operations centre using the satellite phone and they confirmed they had our location on the map through our GPS trackers.
The next day, we drove back to Santiago. I visited the British Embassy to confirm an emergency travel document was being prepared for Mark due to him losing his passport in the crash. Having some money still available, I then visited the bank, withdrew another $10,000 and drove to pay the bill for the helicopter medevac.
Confirming with our operations centre that arrangements had been made for Mark and his wife to fly home to the UK, I went to visit him to explain the plan for the next few days. As a rule, the patient should only be moved when necessary and it must be done in a timely and efficient manner to reduce the risks and stress. In this case, the patient required longer term care and it was deemed he would be more comfortable at home.
It would take a further four days of bank withdrawals to pay the hospital so that the treating medical officer would provide a fit-to-fly letter, and Mark could be released. We arranged transport from the hospital to the airport and our flight nurse flew in the day before to meet us and provide a medical escort back to the UK in business class on a commercial flight. From the day the Traveller Assist team was activated, it took eight days, nine people and five organisations to provide medical assistance to one person. This was a case that was manageable due to the crime, corruption and security risks being low. Now imagine this case, the same scenario, in a country with a high risk of crime, with medium to high medical risks, and poor financial infrastructure, such as Venezuela. How would your organisation manage it? ■

Author



Danny Kaine is the head of assistance for Traveller Assist, a medical assistance company specialising in Latin America, with offices in Chile, Peru and Australia. He is an ex-soldier, adventurer and traveller with 20 years of experience in over 60 countries.