



*From wherever you are...  
We will bring you home.*



Centurion Travel Assistant Services

Missionary Travel Association Services

We at MTA and Centurion are so sorry to learn about your recent occurrence on your scheduled trip.

For your convenience, please find attached an Accident, Sickness, Travel and Luggage Claim (ACS) form. You will need to submit a completed ACS form with copies of your paid and/or unpaid medical/travel/luggage expenses incurred on your trip. Please complete the attached **MTA-CTA Accident-Sickness-Travel Claim (ACS) Form 240314A PDF**, save it, and attach it to an email to [MTAservices@gowithmta.com](mailto:MTAservices@gowithmta.com)

Please review the attached **MTA Claim Required Documents** to inform you of needed documentation.

When filling out the ACS form you only need to Complete the **top section** and the **red columns** only. Those sections include the following:

MTA/CTA Reimbursement Claim Details [GRAY AREAS: MTA/CTA OFFICE USE ONLY]

1. All requested information at the top
2. Payable To
3. Mailing Address Section
4. Receipt Item # [Place corresponding number(s) on your receipts]
5. Date of Service
6. Memo: Service Provider
  - When claim is for more than one member, please list names & member numbers in this section
7. Original Cost
8. Country Currency or Currency Code
9. Please give a brief explanation for your claim [bottom of the form]

**To expedite your claim please submit documentation documenting that your policy with your USA primary health insurer does not cover medical expenses incurred outside of the USA.**

Please provide a clear and legible copy of the receipt or invoice for each item you have listed on the ACS form. Please indicate on the receipt or invoice the item number to which the receipt or invoice is associated.

Unpaid bills and/or invoices regarding your medical and/or travel need to be submitted to MTA/CTA with a separate document providing the billing name and mailing address of the provider.

If for any reason a receipt or invoice is unavailable, please provide, as a separate attachment, a document listing the Item Number, Date of Service, Service Provider, Cost and providing an explanation for the lack of a receipt or invoice.

**Please be advised that failure to provide complete and accurate information to MTA/CTA will hinder and delay our ability to process your claim. We cannot effectively process your claim without the required information.**

All claims are subject to the approval of the underwriter. MTA/CTA will promptly notify you once we receive, review, and submit the claim to the underwriter.

If you have any questions, please do not hesitate contacting a MTA/CTA representative at [352] 678-5885 or via email at [MTAservices@gowithmta.com](mailto:MTAservices@gowithmta.com)

With kindest regards

MTA/CTA Claims Department.