



شركة الوثبة الوطنية للتأمين
ALWATHBA NATIONAL INSURANCE CO. P.S.C.



Reimbursement Form

Card Holder's Name: _____ Card No.: _____

Valid Until: _____ Contact Telephone: _____

To be completed by the treating Physician

Dear Doctor: The beneficiary participating in the MedNet Program is consulting you for medical care and kindly requests you to complete this form.

Diagnosis	:	_____
Date of onset of symptoms	:	_____
If, hospitalized	:	Date of Admission _____ Discharge _____
Case Management	:	_____ _____
Actual Costs	:	_____ _____

Treatment Plan

Diagnostic Tests	Pharmaceuticals
_____	_____
_____	_____
_____	_____
_____	_____

Date

Cardholder's signature

Physician's Name

Telephone No.

Date

Physician's Stamp and Signature



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CHECKLIST

- Completed "Reimbursement Form"
- Full and Complete Medical Report / Diagnosis / Discharge summary from the treating doctor
- Original itemized invoices or receipts for the amount claimed (Invoice must show cost per service)
- Personalized SOAP / Maternity SOAP / Dental SOAP (if applicable)
- Copies of results of diagnostic tests

For treatment within UAE, please submit your claim **within 60 days** from the date of treatment. For treatment outside UAE, the claim must be submitted **within 90 days** from the date of treatment.

IN-HOSPITAL NON- EMERGENCY ADMISSION

The MedNet Claims Centre should be notified, at least 7 days in advance for arranging elective treatment on free access basis at a network facility outside UAE.

Within UAE (24 hours a day, 7-days a week)

Toll Free Phone - 800 4882

Toll Free Fax - 800 4883

Outside UAE (24 hours a day, 7- days a week)

Phone - 00 971 4 3900749

Fax - 00 971 4 3908598