

## Medical Information Requirements for Reimbursement Claims

Dear Valued Member,

To ensure fast, smooth and prompt claim settlement, kindly submit your claims with the following mandatory documents to the claims receiving desk.

### Essential documents:

- a. Copy of health insurance Card and Passport with exit and entry stamps (incase claim is outside U.A.E.)
- b. Original itemized bill / Invoices with date.
- c. Original prescription for medication given by the treating doctor.
- d. Investigation results/reports like laboratory tests, x-rays, etc.

### Additional requirements to above:

#### A. Medical Report

##### i. For Outpatient Cases/ Day Care Treatments

Either fill the Medical Information section of the Reimbursement Claim Form (by treating doctor) **OR** Medical Report from the treating doctor: This should include the following details:

- a. Name of the Patient
- b. Brief Past Medical History & Chief Complaints
- c. Duration of the existing complain
- d. Diagnosis
- e. Treatment Details
- f. Visit Date (Treatment Date)
- g. Name & Signature of the Doctor
- h. Date & Stamp of the Clinic/Hospital

##### ii. For Inpatient Cases - Hospitalization/ Procedures / Surgery Cases

Detailed Medical Report / Discharge Summary: This should include the following details:

- a. Name of the Patient, Age, Medical Record No.
- b. Date & Time of Admission and Discharge
- c. Primary & Secondary Diagnosis
- d. Past Medical History & History of Current Clinical Episode
- e. Evaluations /Investigations/Procedures Performed with results
- f. Condition on Discharge
- g. Discharge Advice ( includes medications, diet and level of activity)
- h. Follow up advice
- i. Name & Signature of the treating Doctor
- j. Date & Stamp of the Clinic/Hospital

## **B. Investigation & Procedure Results / Reports**

- a) For **Lab Investigations** (Except Microbiology & Pathology, please see No.4)  
Report or Results should be in the form of Figures / Value / Status etc.
- b) For **Microbiology & Pathology Investigations**  
Report should be in Text format.
- c) **Radiology Investigations** ( X-Ray, Ultra Sound , CT Scan , MRI Scan, Nuclear Scan)  
Report in Text format (Film not required).
- d) **Clinical Procedures** (ECG, EEG, EMG, ECHO, TMT, Audiogram, Biopsy, Echo, Holter Monitoring, Optometry, Otoscopy, Pulmonary Function Test etc).  
Report in Text format (Flim / Graphic Charts not required).

## **C. What needs prior approval?**

- a. All In-patient/ Day care treatment
- b. In case of emergencies, medically necessary treatment will be given immediately and the Company informed at the earliest opportunity but before being discharged or within 24 hours which ever is earlier for approving the expenditure.
- c. MRI, CT Scans, Treadmill Stress test, Echocardiography, EEG, Endoscopic examinations, Nuclear medicine procedures.
- d. Out patient Physiotherapy as advised by the treating physician.
- e. Prescribed dosage exceeding 15 days in case of normal illness and 30 days for chronic conditions.

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❖ All claims subject to reimbursement should be submitted from the last treatment date as mentioned in the policy terms and conditions.

### **Please Note:**

All the documents including invoices and medical reports should be in either **English or Arabic**. Documents in other Languages must be translated by an official public translator prior to submission.