



GLOBALNET TPA LLC

Claim Reimbursement Form

Detail of Patient/Member:

Name:	Card/Policy No:
Company Name:	Phone:
Pre-Approval Ref. No:	Patient Mobile No:

Medical:

Name & Address of Hospital/Clinic	Bill No.	Treatment Date	Description of Services	Amount
Currency (if treatment done out side UAE).....				TOTAL

Patients Declaration:

I Confirm I am the patient and wish to claim benefit and declare that all the particulars given above are to the best of my knowledge true and correct. I agree that a copy of this consent shall have the validity of the original.

Signature: Date:/...../.....

Employer's Section

(To be attested by HR Dept/Insurance Coordinator) (Please tic of any One)

Is the above case work related? No: Yes: (Pls. Specify)

Cheque Payment is to be collected by: Employer Employee other

Name: Stamp & Signature:

Instructions:

Please submit the following Essential documents along with dully filled claim form:

- Original bill/Invoices with date.
- Original prescription for medication given by the treating Doctor.
- Investigation reports like Laboratory test, X-rays, etc.
- Medical report/Discharge summery for Inpatient (Hospitalization cases)
- Copy of passport showing Exit & Re-entry to UAE if treatment done outside UAE.



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Claims Submission Period:

- Within 30 Days if service taken within UAE.
- Within 60 Days if service taken outside UAE.

Note:

- Non Network Claims will not be reimbursed, if the treatment is done in UAE.
- All Claims will be reimbursed as per the contract signed by the company.
- Deductible and Co-payment will be deducted from the claimed amount, if any.
- Patient has to bring an approval from the company to collect the cheque, if the cheque is on patient name.
- You need to attach card copy along with the required documents as mentioned above.
- The patient need to present Original card during collection of cheque.