

Reimbursement Medical Claim Checklist

Recommend: upload claim on online portal or mobile app for confidential processing.

Essential documents

- a. Reimbursement Claim form duly filled signed and stamped by treating Doctor and members with clear diagnosis
- b. Original itemized bill/invoice with date
- c. Original medical prescription for medication by the treating doctor
- d. Investigation results/reports like laboratory tests, x-rays, etc.
- e. Copy of health insurance card (correct card number if the card copy is not provided)
- f. Passport copy with exit and entry stamps (overseas claims)
- g. Bank account details including IBAN for bank transfer
- h. Police report and vehicle insurance report for claims arises from vehicle accident

Additional Requirements

Outpatient

Fill the Medical Information section on the Reimbursement Claim Form by treating doctor Medical Report from the treating doctor, which shall includes 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

Inpatient and Daycare

Detailed Medical Report and discharge Summary

Evaluations /Investigations/Procedures Performed with results

Prior Approval

Elective In-patient/ Day care treatment

Overseas Treatment

Provide medical report, cost estimate of treatment, place, and date of treatment

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.

For Assistance:

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