دبي للتأمين
DUBAI INSURANCE

DubaiCare

REIMBURSEMENT PROCEDURE

All claims in respect to Medical Services received by an insured member outside the agreed Network of medical providers or within the network on cash basis will be settled on re-imbursement basis as per policy terms & conditions.

REIMBURSEMENT FOR CLAIM AMOUNT EQUAL TO & LESS THAN AED 2,000

Any reimbursement claim with "claimed amount of AED 2,000 and below" shall not require original documents and shall be processed on scanned copies e-mailed to Dubaicare-reimb@dubins.ae through HR/Broker. The same will be processed & settled by DubaiCare on the copies. Claim documents sent by e-mail should be compressed to not more than 4MB size and please ensure receipt of acknowledgement from DubaiCare of your e-mail and its contents.

REIMBURSEMENT FOR CLAIM AMOUNT MORE THAN AED 2,000

Any reimbursement claim with "claimed amount above AED 2,000" shall require original documents as specified below submitted to DIC through HR/Broker.

GENERAL PROCEDURE FOR SUBMITTING A REIMBURSEMENT

1) The reimbursement claim form needs to be completely filled (In English/Arabic) by the treating doctor with his/her **original** signature & seal/stamp. The form also has to be signed by the patient/guardian. Failure to obtain the same might disqualify the claim unless otherwise considered by the insurer at its discretion.
2) Please make sure to complete all pertinent information particularly the name of insured, card no, policy details, Contact Number, name of principal for cheque issuance and those relating to diagnosis and medical services rendered. DIC will not be able to process claims if the Reimbursement Claim Form is incomplete or lacks proper documentation.
3) Use a separate Form for each member.
4) All the documentation including invoices (originals) and medical reports (originals or copies) should be in either English or Arabic. Documents in other languages must be translated by an official public translator prior to submission. Cost of translation shall not be borne by the Insurer.
5) The following documents are required to be submitted to evaluate a claim for reimbursement:

OUT PATIENT CLAIMS:

- ☐ Duly filled in reimbursement claim form duly completely filled in. (if there is no available claim form, the member can request for a medical report from the treating doctor indicating the symptoms, diagnosis & treatment provided.)
- ☐ Medical card copy
- ☐ **Original** invoices / receipts
- ☐ **Original** prescription
- ☐ Investigation results (laboratory, MRI, X-ray, etc.), if any

IN-PATIENT CLAIMS:

- ☐ Prior Approval required from Dubai Insurance Company before any elective IP treatment.
- ☐ Duly filled in reimbursement claim form duly completely filled in. (if there is no available claim form, the member can request for a medical report from the treating doctor indicating the symptoms, diagnosis & treatment provided.)
- ☐ Medical card copy
- ☐ Discharge Summary/Medical report
- ☐ Itemized breakdown of the bills
- ☐ **Original** invoices / receipts
- ☐ **Original** prescriptions
- ☐ Investigation results (laboratory, MRI, X-ray, etc.), if any

6) Forward your claim to the HR/Broker (single authorized person) who can submit the claims to Dubaicare by courier/post/ hand delivery for evaluation.
7) Ensure getting an acknowledgement for each claim submitted to DIC.
8) Retain copies of receipts and documents enclosed with your claim, as DIC will retain original documents submitted.

TURN AROUND TIME FOR REIMBURSEMENT IS 15 WORKING DAYS FROM DATE OF RECEIPT OF COMPLETE DOCUMENTS

IMPORTANT NOTES

1) All the above requirements apply for any reimbursement claims including overseas claims.

2) Claims to be submitted through his Company/HR/broker within 60 days if claim incurred in UAE & 90 days outside UAE of receiving treatment/ incurring medical expenditure.

3) All Claims shall be considered in accordance with the terms and conditions of the original Policy

CLAIMS LACKING SUPPORTING DOCUMENTS/REPORTS

Claims lacking in any of the above mentioned supportive documentation shall result in partially processed claims, i.e the Insurer will remunerate only those eligible claims/services that have all requirements submitted and those claims/services lacking requirements will be rejected. Cutoff date for further resubmission of documents for claims rejected/denied shall be 30 calendar days for local as well as overseas claims, from rejection date after which the claim shall be completely closed.

CLAIMS SETTLEMENT

- Claim(s)/services falling in the excluded category will be denied & are not paid and the Insured is accordingly communicated in writing. Denial sheets will be scanned and sent to respective contact person/policy holder.

- Settlement of valid medical insurance claim is effected by the issuance of an account payee cheque in the name of the claimant or company or bank transfer effected as the case may be (to be decided at policy inception and shall be common for all members in a policy).

**** All submissions received at DubaiCare by e-mail/courier/hand delivery till 2.00PM shall be registered on the same day.***