



Reimbursement claim form

MEMBERSHIP DETAILS (TO BE COMPLETED BY THE BENEFICIARY)

Company Name : Principal Name :

Patient Card Number : Date of Birth :

Amount Claimed : Gender :

IBAN No :

Bank Name : Emirates ID :

DECLARATION

I hereby appoint the physician or the hospital as my representative to file this medical claim, for injury/sickness. I hereby certify that all answers and documents submitted with the claim form are complete and true, as I am fully aware that any person who intentionally makes any false and/or misleading statement and/or information to obtain reimbursement from INSURANCE HOUSE P.S.C is subject to penalization. I hereby authorize any doctor, hospital clinic or medical provider, any insurance company or any other company, institution or any other person who have any record of information, about me and/or any of my family members to provide INSURANCE HOUSE P.S.C or its authorized representative with the complete information, including copies of their records with reference to any sickness, accident, any treatment, examination, advice or hospitalization.

Patient's Name : Relationship to the principal member:.....

Signature : Date : Mobile No :

MEDICAL PROVIDER'S SECTION (TO BE COMPLETED BY THE TREATING DOCTOR)

Medical Provider's Name:

Chief complaints / symptoms: If the case is chronic Yes No

Diagnosis:

Treatment Details:

If related to pregnancy/childbirth, the expected/actual delivery date:

I declare that I have attended to this patient and the medical services shown in this form are/were medically indicated for his health.

Doctor's Name :

Stamp / Seal :

Date :

Signature :



Documents Required / Procedure

BENEFICIARY REQUIREMENTS

(ALL DOCUMENTS SHOULD BE DULY FILLED & SUBMITTED WITH THE REIMBURSEMENT)

- Copy of INSURANCE HOUSE P.S.C medical card.
- Original diagnostic reports stamped and signed by the treating doctor.
- Itemized bill/invoices details with the date along with the original paid receipt.
- Prescription for medication given by the doctor.
- Investigation results/reports for all Laboratory tests services or X-ray diagnostic services like MRI, CT scans and endoscopies etc.
- For inpatient (Hospitalization Cases), preapproval / Authorization copy need to be attached.
- For treatment availed outside the UAE, copy of the passport showing Exit & Re-entry to UAE or any other similar documents.
- All the documents including invoices and medical reports should be either English or Arabic. Documents in other languages must be translated by an official public translation prior to submission.
- Use separate claim form for each members / treatment taken and need to mention the IBAN No.
- INSURANCE HOUSE P.S.C bears no liability for any incorrect bank account (IBAN) details provided along with the claim form and any changes related to corrective action shall be deducted from the final settlement
- Please retain copies of receipts and documents enclosed with your claim, as INSURANCE HOUSE P.S.C will not return the original documents.
- Please verify the amount of settlement against the eligible claim amount. In case of any discrepancies, errors or clarifications, Please contact concerned Claims Department within 21 days of receipt of the settlement. Otherwise the file will be closed assuming the Payment to be in good order.

Note: Reimbursement claims must be submitted through HR Department /Broker company /through online portal as per the Policy terms & conditions.