



**REIMBURSEMENT CLAIMS
REQUIREMENTS - CHECK LIST**

DESCRIPTION	PROVIDED	
COMPLETED REIMBURSEMENT FORM WITH:[Arabic and English only].		
• PATIENT'S DETAIL (NAME,CARD NUMBER ETC)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
• DIAGNOSIS/TREATMENT AND HISTORY	<input type="checkbox"/> YES	<input type="checkbox"/> NO
• DOCTOR'S SIGNATURE & STAMP	<input type="checkbox"/> YES	<input type="checkbox"/> NO
• CLINIC STAMP	<input type="checkbox"/> YES	<input type="checkbox"/> NO
• PATIENT'S SIGNATURE	<input type="checkbox"/> YES	<input type="checkbox"/> NO
ALL PAID INVOICES WITH ITEMIZED BREAKDOWN OF TREATMENT COSTS OF EACH SERVICE.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
PATHOLOGY RESULTS[Laboratory results]	<input type="checkbox"/> YES	<input type="checkbox"/> NO
RADIOLOGY RESULTS[Ex Ultra sound, MRI]	<input type="checkbox"/> YES	<input type="checkbox"/> NO
ORIGINAL PRESCRIPTION FOR MEDICINES WITH SIGN&STAMP OF THE TREATING PHYSICIAN	<input type="checkbox"/> YES	<input type="checkbox"/> NO
DISCHARGE SUMMARY/OPERATIVE NOTES (IN CASE OF INPATIENT TREATMENT)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
MEDICAL REPORT	<input type="checkbox"/> YES	<input type="checkbox"/> NO
IP claims notification email. [Attach the notification email copy with claims.]	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Submission		
➤ Initial	<input type="checkbox"/> YES	<input type="checkbox"/> NO
➤ Resubmission[Attach the previous claim evaluation sheet/PO copy]	<input type="checkbox"/> YES	<input type="checkbox"/> NO

For all IP out of network inside and outside UAE to be notified AMAN as below:

Emergency : Within 48 hours of admission.

Elective : Before the treatment.

Note :

All documents should be originals.

Claim submission TAT is 90 days outside UAE & 60days inside UAE from the start date of the treatment. The processing TAT is 21 working days from claim submission date. Resubmissions within 10 WD from the settlement receiving date.