

# Reimbursement Form

Card Holder's Name: \_\_\_\_\_ Card No.: \_\_\_\_\_  
 Valid Until: \_\_\_\_\_ Contact Telephone: \_\_\_\_\_

## To be completed by the treating Physician

Dear Doctor: The beneficiary participating in the MedNet Program is consulting you for medical care and kindly requests you to complete this form.

**Diagnosis** : \_\_\_\_\_

**Date of onset of symptoms** : \_\_\_\_\_

**If, hospitalized** : Date of Admission \_\_\_\_\_ Discharge \_\_\_\_\_

**Case Management** : \_\_\_\_\_

**Actual Costs** : \_\_\_\_\_

### Treatment Plan

Diagnostic Tests	Pharmaceuticals
_____	_____
_____	_____

\_\_\_\_\_  
Date

\_\_\_\_\_  
Cardholder's signature

**Physician's Name** \_\_\_\_\_

**Telephone No.** \_\_\_\_\_

**Date** \_\_\_\_\_

**Physician's Stamp and Signature**

Strictly Confidential – Contains Medical Information.  
 Not To Be Duplicated or Handled By Unauthorized Personnel

## CHECKLIST

- Completed "Reimbursement Form"
- Full and Complete Medical Report / Diagnosis / Discharge summary from the treating doctor
- Original itemized invoices or receipts for the amount claimed (Invoice must show cost per service)
- Personalized SOAP / Maternity SOAP / Dental SOAP (if applicable)
- Copies of results of diagnostic tests

For treatment within UAE, please submit your claim **within 60 days** from the date of treatment. For treatment outside UAE, the claim must be submitted **within 90 days** from the date of treatment.

### IN-HOSPITAL NON- EMERGENCY ADMISSION

The MedNet Claims Centre should be notified, at least 7 days in advance for arranging elective treatment on free access basis at a network facility outside UAE, if applicable.

#### **Within UAE** (24 hours a day, 7-days a week)

Toll Free Phone - 800 4882  
Toll Free Fax - 800 4883

#### **Outside UAE** (24 hours a day, 7- days a week)

Phone - 00 971 4 3900749  
Fax - 00 971 4 3908598