



CLAIM PROCEDURE FOR HEALTH INSURANCE

Inpatient & Outpatient Claims:

Please submit all following information / a document is/are included:

- a) A completely filled in "Notification of Claim Form" with Name of patient, Member No, and Policy No.
- b) Original bills and official receipts
- c) Doctor/Service provider name and address including the country where service was rendered
- d) Date of treatment/visit with diagnosis or name of injury
- e) Detailed breakdown of charges/services with actual charges paid
- f) Copy of Diagnostic Reports (Lab result, X-Rays, MRI, CT Scan, etc)
- g) Copy of Prescriptions

Claims for Optional Benefits:

Dental Claims:

Please submit:

- a) A completely filled in "Claim Form for Dental Benefits". The dentist is required to mark the area of oral treatment on the dental chart
- b) Original bills and official receipts
- c) Itemized charges
- d) A completed oral examination reports is required for submission of the first dental claim.

Personal Accident Claims:

Please submit:

- a) Original bills and official receipts
- b) Hospital/physician's reports giving details on the nature of the injury and the extent and period of disability, police report where relevant and if death shall have resulted, a completed "Claim Form - Death", "Attending Physician's Statement for Death Claim", a copy of the death certificate and the relevant coroner's report.