Healthcare Insurance
Reimbursement Claim Form

One Claim Form per person, family members must apply individually.
For the required supporting documentation, use the attached Summary Table as cover sheet.
Before you submit, check your Table of Benefits in your policy document for exclusions to avoid rejections.
Please write in BLOCK LETTERS, complete in full and submit within 30 days to ensure timely processing.

1. Member and Payment Details

		Form Number	
Claimant Name		Employer	
Card Number		Policy Number	
Email Address		Mobile	0 5
Principal Member		Employee #	
Bank Account Name		Bank A/C #	
Bank Name		Branch	
IBAN (23 digits)			

2. Claim Details

Is the claim in UAE?	Yes	No	If No, precise Country	
Name of Hospital/Dr.				
Date of Treatment	/ / 1		Number of Invoices	
Total Amount Claimed			Currency	

For breakdown of Total Amount Claimed, use attached summary table cover sheet to tabulate entries in chronological order.

3. Medical Details – to be completed by the treating Doctor

Is it work related?	Yes	No	If Yes, specify	
Treatment Type	☐ In-Patient	☐ Out-Patient	☐ Day Care	
Chief Complaint				
Diagnosis				
Treatment Details				

I, the undersigned treating doctor, hereby declare I have attended to this patient and the particulars provided are correct and accurate to the best of my knowledge.

Doctor Name & Stamp		Signature		Date	

4. Declaration and Authorization

I hereby declare that the above information is correct and is for actual expenses paid by me for treatment of claimant/insured member's covered condition for which no previous claim has been applied. I have not withheld any information/documents pertaining to this claim. I, hereby authorize all doctors, hospitals, clinics, health care providers, other insurance companies, any other company, institution, individual or entity who has any record or information about the claimant/insured member and/or the family members to provide to Oman Insurance Company (the 'Company') all data, records and information, including copies thereof with reference to any sickness, accident, treatment, examination, advise or hospitalization or any other information as required by the Company. I, hereby declare that I am fully aware that any person, who intentionally makes any false and/or misleading statement and/or information to obtain reimbursement from the Company, is subject to penalization and legal action. I understand that claim payouts (if any) will be in accordance and subject to the terms and conditions and exclusions of my insurance policy. If ever, the Company credits more amount than the correct benefit amount, I authorize the Company to withdraw the overpayment. By filling in the bank details above I hereby authorize the Company to wire transfer payouts (if any) to above bank accounts Or by not filling in bank details above I confirm that I do not hold a bank account and authorize the Company to release my claim details and payouts (if any) to my policyholder. I will not hold the Company responsible in case the claim payout (if any) is delayed or not effected at all due to any incorrect or incomplete details. I understand that the Company reserves its right to use any alternate payout option and I have no objection for the same. I hereby authorize and have no objection that from time to time Oman Insurance Company, may need to disclose my personal/claim information to third parties for reasons related to insurance including but not limited to the processing/investigation of claim, research/statistical purposes, performance of contract, preventing/control fraudulent/abuse or improper claims, complying with legal obligations, etc. I hereby also authorize the Company to contact me anytime and through any medium (phone, sms, email mail etc.) for purpose of obtaining more information about this claim and/or for any other services including for keeping me informed about other products & activities. I hereby confirm that I understand that the receipt of this reimbursement claim form/other supporting/related documents does not constitute any acceptance of liability under the claim and all the right to process or reject or require further/additional information in respect of the claim are reserved with the Company. This authorization shall bind the claimant/insured member's successors and remains valid not withstanding death or incapacity. A photocopy or facsimile copy of this authorization shall be as valid as the original.

Name		Signature		Date	

Healthcare Insurance
How to Complete the Form

Both you and the attending doctor must fill in the claim form for each individual visit or course of treatment.

You

1. The Patient's details section is to be filled completely including the Policy Number and the Card Number.
   Give us your contact details so we can keep you informed on the progress of your claim by SMS or by e-mail.
   Enter the bank details including the IBAN of the account where we can transfer your settled claim amount.
2. Include the breakdown of expenses that need reimbursement.
   Complete the summary table on the next page giving the full required details. Every invoice should be on one line.
3. Read the Declaration section carefully, tick the boxes and remember to sign and date the form.

Your Doctor

4. Please ensure that the doctor completes each question of the *Medical section* in full and then signs and stamps it.

Send your claim to:	Medical Claims Department Oman Insurance Company Level 3, Al Rigga Business Centre, Al Rigga Street, Deira PO 5209, Dubai, UAE Tel: +971 4 230 2700

Claim Processing

Your claim will be assessed in full confidentiality by one of our personal advisers. If OIC has received all required documents and information, you will receive within 21 working days the reimbursement in UAE Dirham along with a claim report and explanations in the case of declined amounts.

It is preferable and recommended for the reimbursement claim form to be submitted within thirty (30) days of the original claim knowing that claims submitted after ninety (90) days of treatment shall not be accepted.

If you have any enquiries, contact us on:	**800 4746** UAE Toll Free 8am till 8pm Sunday to Thursday, 8am till 4pm on Saturday Fax: +971 (0) 4 238 4769 service@tameen.ae

Reimbursement Claim Form Attachment
Summary Table of Invoices

Mark the sequence number of the corresponding invoice.

Sequence Number	Service Date	Provider Name	Service Description	Invoice ref. Number	Claimed Amount	Currency

In case you have more invoices to send, please photocopy this sheet.

Checklist - Before you submit, please check that you have included all of the following as applicable:	✓
1. Completed, stamped and signed Reimbursement Claim Form	
2. Pre-approval letter form Oman Insurance company where required (refer to TOB)	
3. Original invoices/bills showing payments confirmation	
4. Medical and/or Lab test reports	
5. All claims submitted must be in original & translated to either English or Arabic for the settlement	
6. Card copy of the concerned member.	
7. Summary Table of Submitted Invoice (above) completed	
8. You have retained a copy of the Form, Summary Table and original invoices and report for your reference	

Member Name & Signature					
Member Name		Signature		Date	