



CHECK LIST FOR REIMBURSEMENT CLAIMS

FOR OUT-PATIENT TREATMENT

- ✓ ORIGINAL REIMBURSEMENT CLAIM FORM COMPLETELY FILLED IN & SIGNED BY THE TREATING DOCTOR & THE MEMBER
- ✓ ORIGINAL INVOICES / RECEIPTS
- ✓ ITEMIZED BREAKDOWN OF THE BILLS - ORIGINAL
- ✓ ORIGINAL PRESCRIPTION
- ✓ INVESTIGATION RESULTS (LABORATORY, MRI, X-RAY, ETC.), IF ANY –
[Photocopy is also acceptable]

FOR IN-PATIENT TREATMENT:

- ✓ DISCHARGE SUMMARY
- ✓ DETAILED MEDICAL HISTORY
- ✓ ITEMIZED BREAKDOWN OF THE BILLS - ORIGINAL
- ✓ ORIGINAL PRESCRIPTION
- ✓ ORIGINAL INVOICES / RECEIPTS
- ✓ INVESTIGATION RESULTS (LABORATORY, MRI, X-RAY, ETC.), IF ANY
(Photocopy is also acceptable)

N:B - REIMBURSEMENT CLAIMS SUBMISSION PERIOD WILL BE AS PER POLICY TERMS AND CONDITIONS.