



CHECKLIST FOR REIMBURSEMENT CLAIMS

FOR OUTPATIENT 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)

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)

IMPORTANT: We will *not* process any incomplete claims