REIMBURSEMENT CLAIM FORM

PATIENT DETAILS

Patient's Name		Patient's Card Number
Patient's Email Address		**Patient's Telephone Number**
Patient's Address **P.O. Box** **Country**		**Patient's Fax Number**

DETAILS OF CLAIMED AMOUNT

Provider's Name: ______________________ **CURRENCY AS PER INVOICES** ________________

OUT-PATIENT TREATMENT	DATE	AMOUNT	DATE	AMOUNT	DATE	AMOUNT
Consultations						
Pharmacy						
Diagnostic/Lab/Others						
IN-PATIENT TREATMENT						
TOTAL AMOUNT as per invoices						

DECLARATION

I hereby warrant the truth and completeness of all statements and authorize any Medical Attendants who have attended to me at any time to provide any health details or medical records that may be requested by GCIC or their appointed representatives. And I hereby authorize GCIC to pay the eligible expenses as per the policy terms and conditions directly to the policy holder/member and in local currency (AED).

Other Insurer's Details (if the treatment is accident-related or covered under another insurance policy please provide name of the insurance company)

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Submitter's Name .... Signature .... Contact Number .... Date .... Relationship to the Patient

MEDICAL INFORMATION (to be filled by the treating Doctor)

CHIEF COMPLAINTS	DIAGNOSIS
Treatment Details	**Visit Date** ___/___/____ (dd mm yyyy)
Past Medical History	**Further Treatment Plan**

I declare that I have attended to this patient and that the particulars given are best of my knowledge true and correct.

Doctor's name over signature **Date & Stamp**

EMPLOYER'S SECTION (to be attested by HR Department/Insurance Coordinator)

Cheque payment is to be collected by: ☐ Employer ☐ Employee ☐ Others (specify) ....

Name and signature .... Date ....

Green Crescent Insurance Company PJSC

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Dubai Office: P.O. Box 505152, Dubai, U.A.E. Tel. +971 4 439 1400 Fax +971 4 439 1411

www.green-crescent.com

GENERAL INSTRUCTIONS

1) Please read the form carefully and make sure to complete all information and duly sign the form. Green Crescent cannot process any incomplete application (e.g. lacking information, patient's signature or documentation). For complete list of requirements refer to statement no. 3.

2) Use a separate form for each Green Crescent member. Reimbursement Claim Forms can be downloaded from www.green-crescent.com or you can call Green Crescent Insurance Company Customer Service Department for assistance at 800 42 42 42 within UAE or +971 2 445 8699 outside UAE

3) Submit the following essential documents along with your duly filled Reimbursement Claim Form:
   - Copy of Green Crescent Card/Card #
   - Itemized bill/invoices with date
   - Original medication prescription given by the treating doctor
   - Investigation results/reports like laboratory test, x-ray, etc.
   - Medical report/discharge summary stamped and signed by the doctor for hospitalization cases only
   - Copy of passport showing exit and re-entry to UAE or any other similar documents (e.g. e-gate) for treatment outside UAE only
   - Documents written in other languages are required to be translated to English or Arabic only

4) Submission of the claim must be within 60 days from the date of service/treatment inside U.A.E. and 90 days from the date of service/treatment outside U.A.E.

5) All reimbursement claims Benefits payable hereunder shall be payable to the Policyholder unless otherwise agreed in writing.

6) Any requirements requested by the company, such as supporting documents or missing information, should be provided within 30 days from the date of request letter, failing which the company reserves the right to repudiate the claim.