

Reimbursement Claim Form



Please complete this form in BLOCK letters using blue or black ink. Any unclear instructions will not be performed.

This claim form is issued without prejudice and admission of any liabilities subject to the terms, conditions and warranties of the takaful certificate issued to and held by the participant.

CHECKLIST

- Completed Reimbursement form
- Full and complete Medical Report/Diagnosis/Discharge summary from the treating doctor (signed and stamped)
- Original itemized invoices and receipts for the amount claimed with Paid Stamp (invoice must show cost per service)
- Copies of results of diagnostic tests
- Copies of the prescriptions

Note: For treatment within UAE, please submit your claim within 60 days from the date of treatment. For treatment outside UAE, the claim must be submitted within 90 days from the date of treatment.

TO BE COMPLETED BY CARDHOLDER

- Card holder's name _____
- Card no. _____
- Expiry date DD / MM / YYYY Effective date DD / MM / YYYY
- Telephone no. _____
- Mobile no. _____

TO BE COMPLETED BY THE TREATING PHYSICIAN

Dear Doctor, the beneficiary participating in the medical Takaful Program is consulting you for medical care and kindly requests you to complete this form.

- Diagnosis _____
- _____
- _____
- Date of onset of symptoms _____
- If hospitalised Date of admission DD / MM / YYYY
Discharge date DD / MM / YYYY
- Case management _____
- _____
- Actual costs _____

TREATMENT PLAN

Diagnostic tests

Pharmaceuticals

- Cardholder's signature _____ Date DD / MM / YYYY
- Physician's name _____
- Telephone no. _____
- Physician's signature and stamp _____ Date DD / MM / YYYY

IN-HOSPITAL NON-EMERGENCY ADMISSION

Noor Takaful centre should be notified, at least 7 days in advance for arranging elective treatment on free access basis at a network facility outside UAE, if applicable.

Within UAE (24 hours a day, 7 days a week)

- Toll free telephone no. _____
- Toll free fax no. _____
- STO contact no. _____

Outside UAE (24 hours a day, 7 days a week)

- Telephone no. 00 971 _____
- Fax no. 00 971 _____