

REIMBURSEMENT CLAIM FORM

Member Details Section (To be completed by the Beneficiary)

Company Name:	Principal Name:
Card Number:	Patient Name:
Amount Claimed:	Date of Birth / Gender:
Date:	Contact No:

Settlement - Bank Details Section (To be completed by the Beneficiary if wire transfer option is available)

Bank Name:	Account Holder Name:	
IBAN No.:	Account No.:	Swift Code:
Bank Address:	Beneficiary Address:	

Abu Dhabi National Takaful Co. bears no liability for any incorrect bank account details provided above. Furthermore, any charges related to corrective action shall be deducted from the final settlement.

DECLARATION

I hereby appoint the physician or the hospital as my representative to file this medical claim, for injury/sickness. I hereby certify that all answers and documents submitted with the claim form are complete and true, as I am fully aware that any person who intentionally makes any false and/or misleading statement and/or information to obtain reimbursement from TAKAFUL is subject to penalization. I hereby authorize any doctor, hospital clinic or medical provider, any insurance company or any other company, institution or any other person who have any record of information, about me and/or any of my family members to provide TAKAFUL or its authorized representative with the complete information, including copies of their records with reference to any sickness, accident, any treatment, examination, advice or hospitalization.

Patient Name	Signature	Date	Relationship to the Card Holder
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Medical Provider's Section (To be completed by the Treating Doctor)

Medical Provider Name:

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Chief Complaints / Symptoms: _____ If the case is chronic Yes No

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Diagnosis:

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Treatment Details:

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I declare that I have attended to this patient and the medical services shown in this form are/were medically indicated for his health.

Doctor Name and Signature	Stamp/Seal	Date
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Beneficiary requirements (All documents should be duly filled and submitted with the Reimbursement Claim Form)

- Detailed Medical Report.
- Itemized bill/invoices with date.
- Paid Receipt.
- Doctor's Prescription for Medication/ Lab/ Radiology etc.
- Copy of all related Investigation results & reports (E.g. Lab).
- Copy of all Radiology reports (X-Ray, MRI, Scan, etc).
- For Inpatient (Hospitalization Cases) - Discharge summary stamped & signed by the treating Doctor.
- Copy of Police Report (for Accident cases only).
- Doctor's referral copy (if any)
- For treatment availed outside UAE, copy of the passport showing Exit & Re-entry to UAE or any other similar documents (if required).
- All the documents including invoices and medical reports should be either English or Arabic .Documents in other languages must be translated by an official public translation prior to submission.
- Use separate form for each TAKAFUL member.

Please retain copies of receipts and documents enclosed with your claim, as TAKAFUL will not return the original documents.

Note: Reimbursement Claims must be submitted through HR Department within 30 days from the treatment date in UAE and 60 days for treatment outside UAE.

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