



## Reimbursement Claims Check List



### Kindly provide the following documents prior to claim submission:

Name of the insured	
Card number	
DOB	
Contact number	
Reimbursement claim form (filled, signed & stamped by the treating physician)	
Medical/ Surgery reports if any	
Original bill invoice in Arabic or English	
Claim translated in Arabic or English	
Documents completed	<input type="checkbox"/> Yes <input type="checkbox"/> No
Missing documents	
Almadallah representative:	
Date:	

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