Resubmission Report in reference to:

Batch Number:
Providers Name:

S/No.	Member's Name	Card number	Claim form Number	Providers Invoice Number	Amount Claimed	Amount Approved	Amount Denied	Clarification for Resubmission

NOTE: ***While resubmitting the claims, kindly attach the supporting documents, if required with the photocopy of the claim form,and a copy of reconcilliation report submitted by Al Madallah.***

Version 1 17/12/2009 AM/RR