عمـــان للتأميـــن
Oman Insurance

Reimbursement Claim Form
Healthcare Insurance

Receive your claim payment faster by updating your bank details on OICare portal. Visit medical.tameen.ae now!

1. Claimant Details

Claimant Name			
Card Number		Mobile No.	0 5
Email Address			

2. Principal Member Bank Details (in case not provided already or needs to be updated)

Account Name		Bank A/C #	
Bank Name		Branch	
IBAN (23 digits)			

3. Claim Details

Is the claim in UAE?	☐ Yes ☐ No	If No, precise Country	
Name of Hospital/Dr.			
Date of Treatment	/ / 2	Number of Invoices	
Total Amount Claimed		Currency	

For breakdown of Total Amount Claimed, use attached summary table cover sheet to tabulate entries in chronological order.

4. Medical Details – to be completed by the treating Doctor

Is it work related?	☐ Yes ☐ No	If Yes, specify	
Treatment Type	☐ In-Patient ☐ Out-Patient ☐ Day Care		
Chief Complaint			
Diagnosis			
Treatment Details			

I, the undersigned treating doctor, hereby declare I have attended to this patient and the particulars provided are correct and accurate to the best of my knowledge.

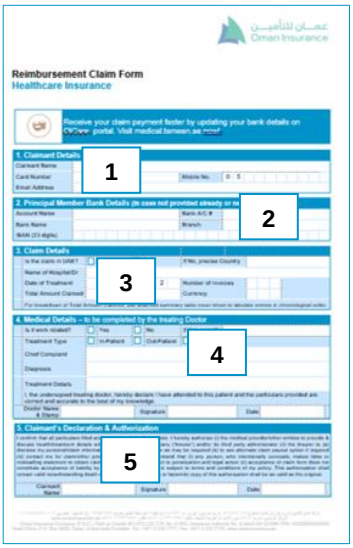
Doctor Name & Stamp		Signature		Date	

5. Claimant's Declaration & Authorization

I confirm that all particulars filled are true, accurate and complete. I hereby authorize (i) the medical provider/other entities to provide & discuss health/treatment details with Oman Insurance Company ('Insurer') and/or its third party administrator (ii) the Insurer to (a) disclose my personal/claim information for claim processing or as may be required (b) to use alternate claim payout option if required (iii) contact me for claim/other products information. I understand that (i) any person, who intentionally conceals, makes false or misleading statement to obtain claim reimbursement, is subject to penalization and legal action (ii) acceptance of claim form does not constitute acceptance of liability by the Insurer (iii) my claim is subject to terms and conditions of my policy. This authorization shall remain valid notwithstanding death or incapacity. A photocopy or facsimile copy of this authorization shall be as valid as the original.

Claimant Name		Signature		Date	

How to Complete the Form



One Claim Form per person, family members must apply individually.
For the required supporting documentation, use the attached Summary Table as cover sheet. Before you submit, check your Table of Benefits in your policy document for exclusions to avoid rejections.

Please submit the form within 120 days of treatment to ensure timely processing. Both you and the attending doctor must fill in the claim form for each individual visit or course of treatment. Please look at the below definitions to understand who is Principal member, Dependent and Claimant.

Principal Member is the **insured employee** under the policy.
Dependant refers to Principal Member's spouse or children.
Claimant is the person undertaking the treatment.

Principal Member: Please fill section 2

- Enter the bank details including the IBAN of the account where we can transfer the settled claim amount for you or your dependant. You don't need to enter the details here in case you update them on the OICare portal or the myOIC app. In case the IBAN is not provided, we will issue a cheque which will take 10 additional days.

Claimant: Please fill section 1, 3 & 5

- Fill in your name and card number. Give us your contact details so we can keep you informed on the progress of your claim by SMS or e-mail.
- Include the breakdown of expenses that need reimbursement.
  Complete the summary table on the next page giving the full required details. Each invoice detail should be on a separate line.
- Read the Declaration section carefully and remember to sign and date the form.

Doctor: Please fill section 4

- Please ensure that the doctor completes each question of the *Medical section* in full and then signs and stamps it.

Claim Submission

Online	Physical Submission	Courier
Submit your claim online at: https://medical.tameen.ae/Account/Login For claims above AED 5,000 you will need to submit the original documents. OICare	Deposit your claim at: Your HR department, broker or at one of our branches.	Send you claim by mail to: Medical Claims Department, Oman Insurance Company, Omar Bin Al Khattab Street, Next to Al Ghurair Mall, Deira, PO Box 5209 Dubai, UAE Tel: +971 4 230 2700

Claim Processing

We aim to pay your complete eligible claims within 10 calendar days. Please remember that we will reimburse you as per the customary prices in our network. This means that if your doctor charges a general consultation fee of AED 400, when the average consultation fee is AED 250 in your applicable network, we will reimburse you on the basis of AED 250. Moreover, if mentioned in your table of benefits, we might apply a co-insurance over and above your network deductible. If it does, we usually apply 20% co-insurance. In the above example, if your network deductible is AED 50, we will apply 20% co-insurance on AED 200, and reimburse AED 160.

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Summary Table of Invoices
Reimbursement Claim Form Attachment

Mark the sequence number of the corresponding invoice.

Sequence Number	Service Date	Provider Name	Service Description	Invoice ref. Number	Claimed Amount	Currency

In case you have more invoices to send, please photocopy this sheet.

Checklist - Before you submit, please check that you have included all of the following as applicable:	✓
1. Completed, stamped and signed Reimbursement Claim Form	
2. Original invoices/bills showing payments confirmation	
3. Medical and/or Lab test reports	
4. All claims submitted must be in original & translated to either English or Arabic for the settlement	
5. Healthcare Insurance card copy of the claimant	
6. Summary Table of Invoices (above) completed	
7. You have retained a copy of the Form, Summary Table and original invoices and report for your reference	

Claimant Name & Signature

Name _____ Signature _____ Date _____

If you have any enquiries, contact us on:	**800 4746** UAE Toll Free 8am till 8pm Sunday to Thursday, 8am till 4pm on Saturday Fax: +971 (0) 4 238 4769 weserve@omaninsurance.ae