



## DUBAI NATIONAL INSURANCE AND REINSURANCE PSC

### REIMBURSEMENT CLAIMS PROCEDURE

#### OUTSIDE NETWORK UA.E/OUTSIDE NETWORK WITHIN AREA OF COVER AS PER ELIGIBLE PLAN( RE-IMBURSEMENT BASIS )

- All claims in respect to Medical Services received by an insured member outside the agreed Network of medical providers will be settled on re-imbursment basis as per policy terms & conditions.
- Outside the Network means, the hospitals, medical centers, clinics, diagnostic centers, pharmacies which are not included in the network provided by DNIRC for each policy holder.
- For submitting claims related to services received outside the Network please follow the instructions under – Submission of Reimbursement Claim
- All claims to be submitted on regular basis directly to DNIRC only.
- Scanned copy of all the documents to be submitted, should be send to [medclaimsgroup@dnirc.com](mailto:medclaimsgroup@dnirc.com) before submitting the same to DNIRC office.
- Claims to be submitted through his Company within 60 days if claim incurred in UAE & 90 days outside UAE of receiving treatment/ incurring medical expenditure.

#### Procedure for Submission of Reimbursement Claims

- 1) This reimbursement claim form needs to be completed by the treating doctor with his/ her seal/stamp. Failure to obtain the same might disqualify the claim unless otherwise considered by the insurer at its discretion.
- 2) Please make sure to complete all pertinent information particularly the name of insured, card no. and those relating to diagnosis and medical services rendered. DNIRC will not be able to process claims if the Reimbursement Claim Form is incomplete or lacks proper documentation.
- 3) Use a separate Form for each member.

- 4) All the documentation including invoices (originals) and medical reports (originals or copies) should be in either English or Arabic. Documents in other languages must be translated by an official public translator prior to submission.
- 5) The following documents to be attached to the duly filled Reimbursement claim form.
  - \* Copy of health card
  - \* Original itemized bills invoices / receipts (dated)
  - \* Original/copy of prescription for medication prescribed by the treating doctor
  - \* Original /copy of Investigation results/ reports like laboratory tests x-rays, etc
  - \* For In patient Hospitalization cases - Medical Report/ Discharge Summary stamped & signed by the treating Doctor
- 6) Scanned copy of all the documents submitted, should be send to [medclaimsgroup@dnirc.com](mailto:medclaimsgroup@dnirc.com) before submitting the same to DNIRC office.
- 7) Please retain copies of receipts and documents enclosed with your claim, as DNIRC will retain original documents.
- 8) Policy holder preferably to maintain a reference no. for each claim submitted which will be recorded by the insurer as well for future tracking.

### GENERAL NOTES

#### CLAIMS LACKING SUPPORTING DOCUMENTS/REPORTS ARE RETURNED:

Claims lacking in any supportive documentation will be registered and sent back/intimated for reconciliation and resubmission. The member will provide such missing documents to Insurer within 15 days after receiving the intimation. After elapse of 15 days the Insurer will remunerate only those services that have all requirements submitted. Other services lacking requirements, and for which the member has been notified will be rejected without reconciliation. Even after submission of all requirements in case of doubtful claims additional documents will be requested for.

- Claim(s) falling in the excluded category are not paid and the Insured is accordingly communicated in writing. Denial sheets will be scanned and sent to respective contact person/policy holder.

- Settlement of valid medical insurance claim is effected by the issuance of an account payee cheque in the name of the claimant or company (to be decided at policy inception and shall be common for all members in a policy) within 21 working days from the date of submission of all requirements.

### **RESUBMISSION CLAIMS**

- \* For initial claims which are denied for additional documents, cut of time for resubmission would be 30 calendar days for claims within UAE from the date of intimation of denial and 60 calendar days for claims outside UAE from the date of intimation of denial.

### **CHEQUE & CLAIM STATEMENT:**

- \* In respect to all eligible claims, Cheque will be issued in the name of the employee/policy holder & to that a statement showing the details of the basis of settlement is settled;
- \* Policy holder should inform in advance whether the cheques to be issued in the name of the insured employee or policy holder;
- \* Dispatching of cheques: The cheques are dispatched by the Medical Department through Courier/Registered post/delivery by hand through our messenger or a broker representative. The contact person shall be intimated of the cheques being dispatched by e-mail;
- \* Deductibles: As per Policy terms and conditions;
- \* Exclusions: As per Policy terms and conditions.

**Any Claims shall be considered in accordance with the terms and conditions of the original Policy.**