

ONLINE REIMBURSEMENT CLAIMS PROCEDURE

OUTSIDE NETWORK WITHIN UAE / OUTSIDE NETWORK WITHIN AREA OF COVER AS PER ELIGIBLE PLAN

- All claims in respect of Medical Services received by an insured member outside the agreed Network of medical providers will be settled on reimbursement basis as per policy terms and conditions.
- Outside the Network means: the hospitals, medical centre, clinics, diagnostic centers, pharmacies which are not included in the network as per the agreed Table of Benefits for each policy holder; and/or the client failed to present their valid DNI medical insurance card at the time of treatment/incurred of service.
- For submitting claims related to services received outside the Network, please follow the instructions under – Procedure for Submission of Reimbursement Claim.
- All claims to be submitted on regular basis through Mednet website. Initial submission of claim, Re-submission of claim, and Tracking the status of claim can be access through the following link: <https://www.mednet-global.com/members/reimbursement.aspx>
- Claims to be submitted within 60 days if incurred in UAE and 90 days if incurred outside UAE of receiving treatment/incurred medical expenditure.

Procedure for Submission of Reimbursement Claim

1. The 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. Kindly ensure to complete all pertinent information particularly the name of insured, card number, and those relating to diagnosis and medical services rendered. DNI 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 with paid stamp, official receipts, and medical reports 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 uploaded along with the duly filled Reimbursement claim form:
 - Copy of insurance card.
 - Itemized receipts/ invoices with paid stamp. Should be dated.
 - Prescription for medication prescribed by the treating doctor.
 - Investigation results/reports like laboratory test results, x-ray report, etc.

دبي الوطنية للتأمين وإعادة التأمين ش.م.ع. Dubai National Insurance & Reinsurance P.S.C.

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- For Inpatient Hospitalization cases – medical report/discharge summary stamped and signed by the treating doctor.

6. All documentations should be uploaded in Mednet app or Mednet website.

<https://www.mednet-global.com/members/reimbursement.aspx>

- Client will receive a mail confirmation along with Unique Claims Reference Number (UCRN) on every successful upload.
- Reimbursement procedure is 10 working days from date of successful upload.
- **IMPORTANT NOTE: For claims with claimed amount of AED 2,000 and above, the clients/brokers are required to submit all original documents to DNI within 60 days from receipt of notification from Mednet. Original documents submitted to DNI after 60 days will be denied.**
- For complete documents – client will receive a mail notification along with claim summary sheet.
- For incomplete documents – client will receive a notification on the required additional/missing documents within 2 workings. Cut off time for resubmission would be 30 calendar days for claims incurred within UAE and 60 calendar days for claims incurred outside UAE from date of intimation.

7. Members/brokers should not reply on the same mails they are receiving as it is an automated mail, instead all queries should be sent to customerservice@mednet.com.

8. Modes of payment – the client have an option of either bank transfer to any bank in UAE or cheque issued under Principal's name. This option will be selected by the client during initial upload.

9. **For claims with claimed amount of less than AED 1,999.99/-**, members/brokers should keep the original documents readily available as DNI might require them to be submitted for audit purposes.

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