

MEDICAL TAKAFUL

CHECKLIST: REIMBURSEMENT CLAIMS

List of Documents			
A copy of your Medical Membership Card or Emirates ID	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
Original invoices (itemised and dated)	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
Duly-filled Claim Form (signed and stamped by the treating doctor)	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
A copy of the Medical Report or Discharge Summary (signed and stamped by the treating doctor)	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
Copy of prescription(s)	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
Copies of laboratory and/or radiology test reports/results (where applicable)	Yes	<input type="checkbox"/>	No <input type="checkbox"/>