

MEDICAL TAKAFUL

CHECKLIST: REIMBURSEMENT CLAIMS

Details are to be provided by the Policyholder.

List of Inpatient Documents		
Completely filled reimbursement form signed and stamped by treating physician and member	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Results of all laboratory and radiology investigations	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Original prescription	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Original invoices with itemisations of specific services availed	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Complete discharge summary with course in the ward (in case surgery was done, intraoperative notes and findings should be provided)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
In case of injury and trauma, please provide medical report stating that how, when & where it happened	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Official receipt corresponding to all charges and bills, along with paid receipt	Yes <input type="checkbox"/>	No <input type="checkbox"/>
English translation for claims other than in Arabic	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Pre-approval from insurance company (if required by policy)	Yes <input type="checkbox"/>	No <input type="checkbox"/>

List of Outpatient Documents		
Completely filled reimbursement ASOAP form, signed and stamped by treating physician and member	Yes <input type="checkbox"/>	No <input type="checkbox"/>
In case of injury and trauma, please provide medical report stating that how, when & where it happened	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Results of all laboratory and radiology investigations	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Original prescription	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Original invoices with itemisations of specific services availed	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Official receipt corresponding to all charges and bills along with paid receipt	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Optical prescription for optical claims in addition to above documents	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Dental reports with tooth number specified for Dental in addition to above documents	Yes <input type="checkbox"/>	No <input type="checkbox"/>
English translation for claims other than in Arabic	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Pre-approval from insurance company if required by policy	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Claim settlement will be subject to policy terms, conditions, exclusions and limits available at the time of submitting the claim. Regarding the status of the submitted claim, please note that the turnaround time for a claim to be processed is 21 days from the date of receipt of the claim. Any rejected or denied claims due to lack of documents or reports etc. should be submitted along with the requirements within 14 calendar days following which the claim will be closed, assuming the settlement to be in good order.



Sukoon Takaful Data Privacy Notice and Data Subject's Consent

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