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Axa gulf reimbursement claim form pdf

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Date of the patient wasDate when the patient was first presented to an artsymptoms for this condition: Medical condition / diagnosis (Describe the necessary examinations asked to define the diagnosis)(Give details of the medical procedures if any)D. Further treatment plannedDeliveries give details on any further planned treatmentE. Other insurer detailsIs treatment accident related? Is it covered under a different insurance? If you answered 'yes' to any of these questions, please give the name of the insurance company concerned. Doctor's statementI confirm that I am the patient, the patient or guardian (if the patient underI declares that I am the patient's doctor, and that the 16-year-olds) and want to claim and state that all data given to the best of my knowledge are true and correct. I agree with and give permission to the doctor involved in the patient's care to discuss the treatment data and severance arrangements with and to AXA Insurance. I agree that a copy of this consent has the validity of the original. The member must fill out the back of this formY download an Acrobat Reader describable version of this form from the www.axa-gulf.com website. This claim form is not an acknowledgement of liability. Use a separate claim form for each individual visit to the doctor. When pre-authorization requires.NB: In-patient treatment must be pre-approvedThe doctor, we thank you for filling out medical wards B, C and D of this claim form and for signing, dating and stamping it. Dear member, we thank you for filling out all the other parts of this claim form and for signing and dating it. All fields on the front page are mandatory. We thank you in advance for your cooperation in providing a fast and accurate possible. Patient's date was firstDate when the patient was first presented to doctors for this condition:Medical condition/diagnosis (Describe necessary examinations requested to give details of medical procedures if applicable)D. Further treatment plannedSe give details on any further planned treatmentE. Other insurer detailsIs treatment accident related? Is it covered under a different insurance? If you answered 'yes' to any of these questions, please give the name of the insurance company concerned. Doctor's statementI confirm that I am the patient, the patient or guardian (if the patient underI declares that I am the patient's doctor, and that the 16-year-olds) and want to claim and state that all data given to the best of my knowledge are true and correct. I agree with and give permission to the doctor involved in the patient's care to discuss the treatment data and severance arrangements with and to AXA Insurance. I agree that a copy of this consent has the validity of the original. The member must fill out the back of this formY download an Acrobat Reader describable version of this form from the www.axa-gulf.com website. This part of the injury form is aimed at collecting additional information on the member in order to facilitate the handling of the claim. We thank you in advance for providing the most complete information. F. Administratively specific for refund claimsFly the amount claimed here is supported by original invoices and prescriptions. Check beneficiary name. (IN CAPITAL LETTERS)Payment will be made in the currency defined in your plan unless we otherwise agreed in writing. In what currency was the treatment originally billed? Data of members and patientsPatient and address Address to which payment must be sent if other than above.G. Medical care providers data:Name of the medical providerAddress of the medical providerH. If you are claiming treatment that has been received outside your coverage area, please contact the (a) Country where the treatment has taken place(b) The reason for the patient abroad(c) Date of departure and return to your own coverage area: From : ___/___/___ To : ___/___/___ Are you claiming a benefit for treatment in patients? Tick YesIf Yes, add a hospital certificate to confirm the stay dates:If you have any questions about this form or other aspects of the cover, please contact AXA on UAE +971 (4) 429 4000, Qatar +974 412 8733.Bahrain +973 (17) 582 612, KSA +966 (1) 478 0282 quoting your group and membership numbers. Claims must be submitted together with supporting documents within 90 days of the date of the service. 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