



**Section 6: Claim details**

If the claimant has another insurance plan or policy that covers him/her for medical costs, we will need to know the details as it may affect the amount we pay in respect of their claim.

Is this claim for a general wellness check-up?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If 'Yes', Section 8 does not need to be completed.	
Is this claim for optical care?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If 'Yes', Section 8 does not need to be completed. Refer to the instructions on the last two pages of this form for the documents you need to submit.	
Is this claim for a repeat prescription for an existing medical condition we have reimbursed you before?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If 'Yes', Section 8 does not need to be completed and you must provide the relevant claim number: _____	
Is this claim for Outpatient Physiotherapy treatment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If 'Yes', complete the below if you have had more than 6 sessions of Physiotherapy.	
Is this claim for Traditional Chinese Medicine Podiatry, Osteopathy or Chiropractic treatment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If 'Yes', complete the below if you have had more than 4 Sessions of Traditional Chinese Medicine, Podiatry, Osteopathy or Chiropractic treatment.	
Why did you need more treatment and what is your current progress? _____ _____ _____				
Is this a claim for hospital cash benefit? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If 'Yes', Section 8 must be completed by the medical practitioner or specialist. Once completed, please send us the original admission and discharge form from the hospital where the treatment was provided together with this Claim form. If 'No', provide the breakdown of the invoices being submitted with this claim:				
<b>Country of treatment</b>	<b>Date of treatment</b> (dd/mm/yyyy)	<b>Invoice date</b> (dd/mm/yyyy)	<b>Invoice reference</b>	<b>Invoice amount</b> (including currency)
<b>Use a separate sheet if you need more space.</b>				Total number of invoices:
Does the claimant have another insurance plan or policy that covers medical costs? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If 'Yes', provide the other insurer's details including the name of the insurer, the insurer's address and the claimant's plan or policy number with that insurer: _____ _____				
Is the claim as a result of an accident? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If 'Yes', provide the circumstances of the accident including how it happened, the location, the time and the date, using a separate sheet if you need more space: _____ _____				
If the claimant has suffered an injury as the result of an accident, are they claiming from a third party? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If 'Yes', provide the other insurer's details including the name and the plan number below: _____ _____				





## Section 9: Further information

### How to complete this form

- If you are personally seeking reimbursement, we will only issue payment to:
  - the claimant if they are 18 or over
  - the planholder if the claimant is under 18 and is a dependant under the plan, or
  - the parent or legal guardian named as the primary member, if the claimant is under 18
- Ensure that you are able to receive payment in the method and currency you have requested.
- We reserve the right to pass on any payment charges incurred by us for cancelling the original payment due to inaccurate information submitted to us.
- We will not be responsible for any payment shortfall due to exchange rate fluctuations and/or recipient bank service charges. Please contact your bank for further details.
- If you do not give us the sort code/routing code, BIC/SWIFT code and/or IBAN number, you may incur additional bank charges and it will result in a delay in us paying your claim. You can find this information on your bank statement.
- Payment by foreign draft or cheque in certain currencies can result in long delays. These delays are beyond our control. We will not pay any bank charges incurred in encashing a foreign draft or cheque. We strongly recommend that, wherever possible, you choose to be reimbursed by bank transfer as this is the quickest and safest method of payment.
- We can make payment in most readily traded currencies and to most countries. In the event that we are unable to make payment in the currency or to the country you have specified, we will contact you to confirm an alternative currency. If you do not specify a payment currency, we will pay your claim in the base currency of your plan.
- Your bank may ask you to complete additional paperwork before they can release our payment to you. This may delay your receipt of the payment and is outside our control.
- Whenever coverage provided by any insurance policy is in violation of any US, UN or EU economic or trade sanctions, such coverage shall be null and void. For example, Aetna companies cannot pay for health care services provided in a country under sanction by the United States unless permitted under a written Office of Foreign Assets Control (OFAC) license. Learn more on the US Treasury's website at: [www.treasury.gov/resource-center/sanctions](http://www.treasury.gov/resource-center/sanctions)
- We will process the claim if the invoices and receipts for the treatment costs incurred contain all of the following:
  - diagnosis of the medical condition treated
  - treatment date
  - type of treatment, and
  - the medical provider's official stamp

### What to send us

Send us the claim within 180 days of the first treatment date. You must send the following items to make sure that we can process your claim:

- the fully completed Claim form
- the original itemised invoice
- the original receipt. We do not accept credit card statements as proof of payment
- a copy of the prescription if you are claiming for medication
- a copy of the investigative tests results if relevant (e.g. blood tests, x-rays, ultrasound, MRI / CT scan/ PET scan, etc.)
- a copy of the physiotherapy or complementary medicine referral by the medical practitioner or specialist if applicable, and
- a copy of the admission and discharge reports for inpatient or daycare admissions.

### Where to send your claim

Send us your claim in one of the ways listed below:

- By logging in to your Health Hub at [www.aetnainternational.com](http://www.aetnainternational.com) and submitting your claim online.
- By email to: [MEAServices@aetna.com](mailto:MEAServices@aetna.com)
- By fax to: +971-4-428-7101
- By post to: Aetna Global Benefits Limited, Emirates Financial Tower, 1701 – F, 17<sup>th</sup> Floor, North Tower, DIFC, PO Box 6380, Dubai, United Arab Emirates.

We know you may have questions and we're always here to help. You can call us any time on:

Phone: +44-203-788-3293 (Collect or Direct)

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Important: This is a non-US insurance product that does not comply with the US Patient Protection and Affordable Care Act (PPACA). This product may not qualify as minimum essential coverage (MEC), and therefore may not satisfy the requirements, if applicable to you and your dependants, of the Individual Shared Responsibility Provision (individual mandate) of PPACA. Failure to maintain MEC can result in US tax exposure. You may wish to consult with your legal, tax or other professional advisor for further information. This is only applicable to certain eligible US taxpayers.

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Please retain a copy for your records.