



## Medical Claim Form

You can complete and submit this form online by simply logging into Health Hub at [www.aetnainternational.com](http://www.aetnainternational.com).

### How to complete this form

Please complete clearly in BLOCK CAPITALS. This form has been divided into four easy steps for your convenience. **One form must be completed for each patient, for each medical condition treated.**

If you are personally seeking reimbursement, we will only issue payment to:

- the patient if they are 18 or over
- the plan holder if the patient is under 18 and is a dependant under the plan, or
- the parent or legal guardian named as the primary member if the patient is under 18

Please ensure that you are able to receive payment in the method and currency you have requested.

#### What you'll need and what to send us

To complete this form, you will need the following:

##### Personal info & I.D



##### Claims evidence



##### Claims details



##### Payment details



Send us the completed claim form within 180 days from when the costs were incurred. You must send the following items to enable us to process your claim (We can accept clear photocopies/ photographs or scans which you can attach to the back of the form to further support your claim):

- the fully completed Claim form with signature
- a copy of the itemised invoice
- a copy of the original receipt and 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 relevant and
- a copy of the admission and discharge reports for inpatient or daycare admissions.

### About the patient (Step 1 of 4)

#### Patient details (for whom the claim is for)

First name(s): \_\_\_\_\_ Last name(s): \_\_\_\_\_  
 Date of birth (dd/mm/yyyy): \_\_\_\_\_ Member ID<sup>1</sup>: \_\_\_\_\_  
 Plan sponsor (if applicable)<sup>2</sup>: \_\_\_\_\_

<sup>1</sup> As shown on your Member ID Card.

<sup>2</sup> A plan sponsor is an employer or organization that offers a group health plan to its employees or members.

#### Main member/spouse details (if completing the form on behalf of the patient)

First name(s): \_\_\_\_\_ Last name(s): \_\_\_\_\_  
 Member ID<sup>1</sup>: \_\_\_\_\_ Plan number: \_\_\_\_\_  
<sup>2</sup>Plan sponsor (if applicable): \_\_\_\_\_

<sup>1</sup> As shown on your Member ID Card.

<sup>2</sup> A plan sponsor is an employer or organization that offers a group health plan to its employees or members.



**Claim Details (Continued)**

**Important** - Please fill in this table with your invoice details

Invoice reference	Invoice amount & Invoice currency	Invoice date (dd/mm/yyyy)	Date of treatment (dd/mm/yyyy)	Country of treatment
Please use a separate sheet if you need more space.				Total number of invoices:

**Payment (Step 3 of 4)**

**Payment details**

<input type="checkbox"/> Patient/Main member	<input type="checkbox"/> The provider
Please complete the rest of this section below to tell us how you would like to be paid.	We can only pay them if their bank details are shown on the invoice. You don't need to fill in the rest of this section.

<b>How would you like to be paid?</b>	
<input type="checkbox"/> Using your current Recurring Reimbursement Election (RRE) information <i>No further information required</i>	
<input type="checkbox"/> By bank transfer	
Account holder name: _____	
If the account holder name is different to the names given in Step 1 of this form, tell us their full address and Email. We will not be able to make the payment without this information:	
Account holder address: _____	
_____	
_____	
Email	_____
Bank name and address (including town/city and country): _____	
_____	
_____	
Postcode or Zipcode: _____	BIC or Swift code ( <b>must be completed</b> for non UK bank accounts): _____
Payment Currency: _____	Account number: _____
Bank account currency: _____	Sort code (for UK accounts): _____
IBAN: _____	
Routing code: _____	
ABA number (for transfers to U.S located banks): _____	
<input type="checkbox"/> Mark here to use these details as your RRE	

Please read carefully the disclaimers at the end of the form.  
Please retain a copy for your records.



## 5. Referrals

a) Was the patient referred to you?  Yes  No

If 'Yes', please complete the following:

Name of referring practitioner: \_\_\_\_\_ Date of referral (dd/mm/yyyy): \_\_\_\_\_

Qualifications: \_\_\_\_\_ Phone: \_\_\_\_\_

b) Have you referred the patient?  Yes  No

If 'Yes', provide the following details:

Name of specialist you referred the patient to: \_\_\_\_\_

Date of referral (dd/mm/yyyy): \_\_\_\_\_ Phone: \_\_\_\_\_

## 6. Hospital admission

Has the patient been admitted to hospital for this condition?  Yes  No

If 'Yes', provide the following details:

Admission date (dd/mm/yyyy): \_\_\_\_\_ Discharge date (dd/mm/yyyy): \_\_\_\_\_

## 7. Declaration

I declare that to the best of my knowledge and belief the information I have given in the Medical section of this Claim form is full, true and complete.

Medical practitioner's/specialist's/therapist's signature: \_\_\_\_\_

Date (dd/mm/yyyy): \_\_\_\_\_

Practice stamp:

## Important Information

### Thing to note regarding your claim

- 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 **Diagnosis is a mandatory requirement to fill out – missing out this info will delay processing of the claim**
  - treatment date
  - type of treatment, and
  - the medical provider's official stamp

### 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, (Middle East) LLC, 28<sup>th</sup> Floor, Media One Tower Building, Dubai Media City, TECOM, PO Box 49499, Dubai, United Arab Emirates.

We know you may have questions and we're always here to help. You can call us any time on: +971-4-438-7602

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