



QATAR GENERAL
INSURANCE & REINSURANCE CO. P.J.S.C.



GlobeMed
Qatar



INSURED MEMBER'S GUIDE

While it is highly important that you read and understand this Insured Member's guide, we understand that it is often easier to call us to obtain information.

Please feel free to call our dedicated customer care team on +974 44056999 when you need more information so we can help you understand the extent of your cover before you incur any treatment cost.

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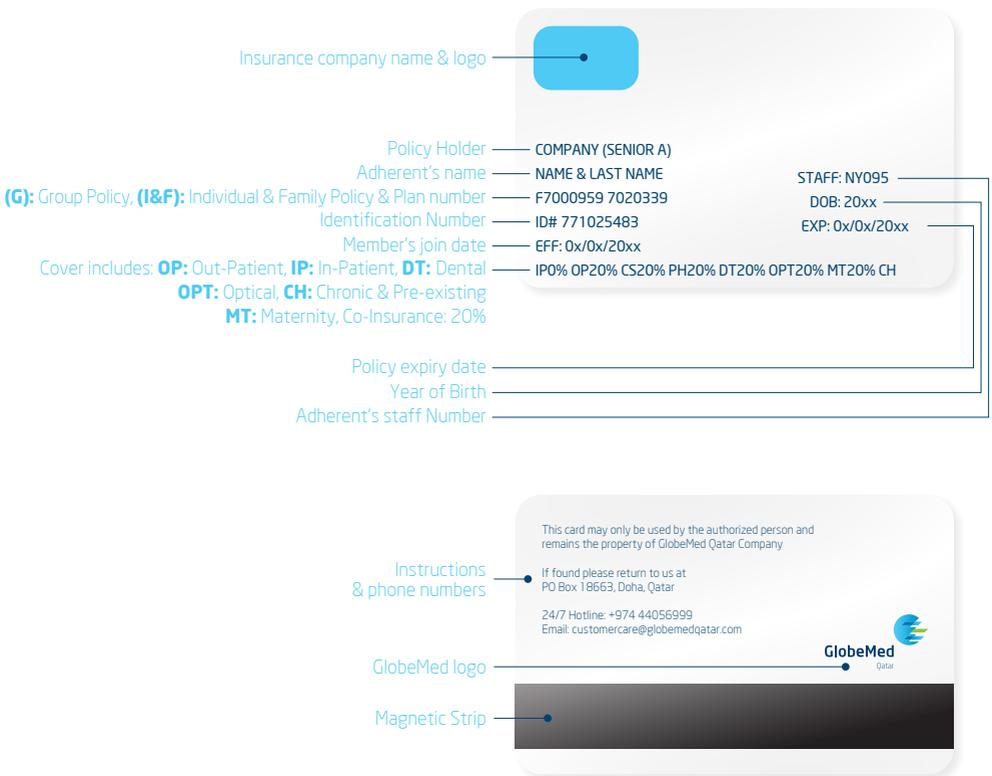
What does **GLOBEMED** do?

GlobeMed Qatar is a leading healthcare benefits management company incorporated in Qatar in 2007. Today, we are proudly serving more than 135,000 insured members, providing them with cashless access to more than 450 healthcare providers. GlobeMed Qatar is proudly a GlobeMed Group franchisee. With over 32 years of experience, GlobeMed Group has a network of franchisees in 11 countries in the MENA region including Lebanon, Iraq, Saudi Arabia, Kuwait, Qatar, United Arab Emirates, Bahrain, Jordan, Palestine, Egypt, and Nigeria.

Knowing that health insurance management can be complicated, we put at your disposal this Member Guide to ensure a smooth experience. This guide will help you to easily manage every aspect of your insurance.

Your insurance **CARD**

Welcome on board! You now have access to GlobeMed’s large network of healthcare providers. First, you will receive your insurance card to access medical services whenever you need it. With our contact information on the backside, we literally have your back covered!



How do I **CONTACT GLOBEMED**

Call our 24/7 Customer Care Team on **+974 4405 6999**

Email your queries to **customer care@globemedqatar.com**



What documents do I need when **VISITING A DOCTOR WITHIN THE GLOBEMED NETWORK** and what's the process ?

To benefit from your Doctor's Visit coverage, please make sure you have the following documents when you visit the clinic.

DOCUMENTS



1. Your insurance card.
2. Your ID or another similar legal personal document (passport, driver's license...).

Upon your arrival to any clinic within the GlobeMed network, you will need to go through the following steps to make sure your admission runs smoothly.

PROCESS



1. Present your insurance card with your ID card at the doctor's office; please make sure the doctor you visit is within the GlobeMed network.
2. Your transaction will then be processed online.

What documents do I need to be admitted at **HOSPITAL** and what's the process ?

For In-Hospital Admissions please make sure you have the following documents with you when you visit the hospital.

DOCUMENTS



1. Your insurance card.
2. Your ID or another similar legal personal document (passport, driver's license...).
3. The in-hospital claim form, duly filled, signed and stamped by your doctor in case of referral from another provider.

Please go through the following steps to make sure your admission runs smoothly.

PROCESS



1. Ask your doctor to fill the claim form and keep it with you at all times.
2. Refer to the hospital admission desk.
3. You will get admitted and receive the required treatment services.
4. Upon discharge, you will pay for any uncovered items / co-insurance (if applicable).

What documents do I need when acquiring **PRESCRIPTION MEDICINE** and what's the process?

To benefit from your Prescription Medicine coverage, please make sure you have the following documents when you visit the pharmacy.

DOCUMENTS



- 1.** Your insurance card.
- 2.** Your ID or another similar legal personal document (passport, driver's license...).
- 3.** The claim form or prescription duly filled, signed and stamped by your doctor, including the date, the diagnosis, and the duration of the treatment.

Please go through the following steps to make sure your prescription runs smoothly.

PROCESS



- 1.** Ask your doctor to fill, sign and stamp the claim form/prescription with clear definition of the diagnosis.
- 2.** Visit any pharmacy within the GlobeMed network (to learn more about the GlobeMed network, you can visit the directory insurance section in GlobeMed mobile app or call our GlobeMed customer care team at +974 44056999).
- 3.** The pharmacist will then process your transaction and provide you with the covered medication.
- 4.** You will pay for any uncovered items and/or excess.



To make sure your process runs smoothly and with no delays, please note the following terms before you go to the pharmacy

TERMS



1. The prescription medicine benefit is covered in your policy conditions.
2. The medication should be dispensed **within 15 days maximum** from the prescription date. Moreover you can benefit from the chronic medicines application form as per below details for chronic cases.

How to dispense **CHRONIC MEDICATIONS?**

To dispense medications on chronic basis without having to consult a doctor every time, please make sure you have the following documents when you visit the pharmacy.

DOCUMENTS



- 1.** Your insurance card.
- 2.** Your ID or another similar legal personal document (passport, driver's license...).
- 3.** Application of chronic prescription medicine" form duly filled, signed and stamped by your doctor, including the date, the diagnosis, and the duration of the treatment that can be up to twelve months maximum.

Please go through the following steps to make sure dispensing your chronic prescription runs smoothly.

PROCESS



- 1.** Ask your doctor to fill, sign and stamp the chronic application form. The form can be found at all providers within our network.
- 2.** Visit any pharmacy within the GlobeMed network.
- 3.** The pharmacist will register your transaction and will forward your chronic application form to GlobeMed. We will register this application in our system enabling you to dispense it on each due date at your preferred pharmacy.
- 4.** The pharmacist will provide you with the covered medications.
- 5.** You will pay for any uncovered items and/or excess.

How to submit REIMBURSEMENT CLAIMS

For reimbursement claims, please make sure you have the following documents with you to be submitted through GlobeMed FIT mobile app, and/or hardcopies to your insurance company.

DOCUMENTS



1. Your insurance card.
2. Reimbursement claim form.
3. Your ID or another similar legal personal document (passport, driver's license...).
4. Detailed medical report signed and stamped by the treating doctor (diagnosis, complaints, past medical history, duration of illness and other conditions).
5. Detailed original invoice i.e. cost per item.
6. Results for all tests done e.g. labs, radiology, cytopathology... etc.
7. Discharge summary for in-patient cases.

Please go through the following steps to make sure your reimbursement claim runs smoothly.

PROCESS



1. Please fill and sign the reimbursement claim form.
2. Submit all needed documents through GlobeMed FIT mobile app, and/or original hardcopies to your insurance company.
3. Track your request status on GlobeMed FIT mobile app. In case of direct submission to your insurance company, you may directly contact them to check status/payment details.
4. Related amounts will be settled as per the agreed process with your insurance company.

REIMBURSEMENT CLAIM FORM

Provider Name _____	Contract & Individual No _____
Adherent Name _____	CID# _____
Date of Visit _____	Mobile # _____

CHIEF COMPLAINT & MAIN SYMPTOMS

DIAGNOSIS

DURATION OF ILLNESS

 Maternity LMP:

 Chronic

 Acute

 Check up

OTHER CONDITIONS

DIAGNOSIS (ICD10): PLEASE CHECK WHERE APPROPRIATE

Respiratory System

- Allergic Rhinitis J30.4
- Asthma J45.9
- Bronchitis J20.9
- Cough R05
- COPD J44.8
- Dyspnea R06.0
- Hypertrophied Adenoids & Tonsils J35.3
- Pneumonia J18.9
- Sinusitis J01.9
- Tonsillitis J03.9
- URTI J06.8

Endocrine Metabolic

- Diabetes E14.9
- Dyslipidemia E78.5
- Goitre E04.9
- Gout M10.99
- Hyperthyroidism E05.9
- Hypothyroidism E03.9
- Iron Deficiency D50.9
- Hormonal disorders E35.8
- Vitamine D Deficiency E55.9
- Obesity E66.9

Digestive system

- Abdominal pain R10.4
- Crohn's Disease K50.9
- Diarrhea A09
- GERD K21.9
- Irritable Bowel Syndrome K58.9
- Nausea & Vomiting R11
- Ulcer, peptic or duodenal K27.9

Blood/Immunity

- Immunity D89.9
- Anemia D64.9

Genitourinary system

- Acute Vaginitis N76.8
- Breast Lump N63
- Calculus of Kidney & Ureter N20.9
- Dysuria R30.0
- Haematuria R31
- Hyperplasia of Prostate N40
- Menopausal & premenopausal disorders N95.9
- Ovarian cyst N83.2
- PCO E28.2
- Renal colic N23
- Urinary Incontinence R32
- UTI N59.0
- Vaginal bleeding N93.9

Skin & subcutaneous tissue

- Acne L70.9
- Dermatitis L30.9
- Cellulitis & Abscess L03.9
- Hair Loss L65.9
- Naevus I78.1
- Skin tags L91.9
- Urticaria L50.8
- Warts B07

Circulatory

- Angina pectoris I20.9
- Arrhythmias I49.9
- Chest Pain R07.4
- Chronic Ischemic Heart Disease I25.9
- Hypertension I10
- Palpitation R00.2
- Varicose Veins I83.9
- Varicocele I86.8
- Pregnancy Z32.1

CNS

- Headache R51
- Epilepsy G40.9
- Migraine G43.9
- Multiple Sclerosis G35
- Vertigo H81.3
- Polyneuropathies G60.9

Musculoskeletal system

- Cervicalgia M54.2
- Derangement Of Knee M23.89
- Lumbago M54.5
- Osteoporosis M81.99
- Pain in joints M25.59

Eye & adnexa

- Cataract H26.9
- Conjunctivitis H10.9
- Chalazion H00.1
- Glaucoma H40.9

Ear & mastoid

- Labyrinthitis H83.0
- Otitis Media H66.9
- Otitis Externa H60.9
- Impacted cerumen H61.2

Infectious & Parasitic

- Fever R50.9
- Gastroenteritis A09
- Genital Warts A63.0
- Hepatitis B19.9
- Infectious & Parasitic B89

Others

- Conditions originating in the perinatal period P96.9
- Congenital malformations Q89.9
- Injury & poisoning I19
- Infertility, Male N46
- Infertility, Female N97.9
- Neoplasms D48.9

Out Patient Service (Description)	Currency	Cost	Medications	Currency	Cost

I the undersigned, hereby declare the following: I give full authorization to the Insurance Company and/or employer adhering to GlobeMed system and to GlobeMed and its representatives to inquire about my past and actual state of health. I also authorize them to inform my attending Physician, within their capacities, of the information available at their end about my state of health. Hence, I request from the healthcare provider to reveal and provide the Insurance Company and/or employer and GlobeMed and its representatives, with all available information concerning my person that are known to them or that are held in their files and medical records and photocopies of it.

I hereby certify that ALL information mentioned are correct & that the medical services shown on this form were medically indicated & necessary for the management of this case.

PHYSICIAN SIGNATURE & STAMP

NAME

SIGNATURE

DATE ____ / ____ / ____

REIMBURSEMENT DENTAL CLAIM FORM

Provider Name	Patient File #	Adherent name
Insurance Co	Mobile #	Individual Number
Date of Visit	CID #	Policy Holder

(to be completed by the dentist)

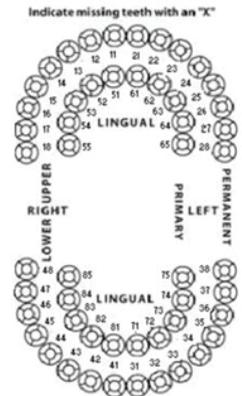
DURATION OF DISEASE

CHIEF COMPLAINT & MAIN SYMPTOMS

PLEASE CHECK WHERE APPROPRIATE

- RTA
 Cleaning
 Work Related Accident
 Sports Related
 Check-Up
 Congenital/Developmental
 Orthodontics/Esthetics

Type of Treatment	Tooth No./Letter	Cost
Extraction		
Neurectomy		
X-ray		
Cleaning		
Bridge		
Dentures		
Filling		
Gum Treatment		
R.C.T		
Scaling		
Orthodontics		
Crowns		
Prophylaxis		
Others		
TOTAL CLAIMED AMOUNT		



I the undersigned, hereby declare the following: I give full authorization to the Insurance Company and/or employer adhering to GlobeMed and its representatives to inquire about my past and actual state of health. I also authorize them to inform my attending physician, within their capacities, of the information available at their end about my state of health. Hence, I request from the healthcare provider to reveal and provide the Insurance Company and/or employer and GlobeMed and its representatives, with all available information concerning my person that are known to them or that are held in their files and medical records and photocopies of it.

I hereby certify that ALL information mentioned are correct & that the medical services shown on this form were medically indicated & necessary for the management of this case.

Dr.
DENTIST SIGNATURE & STAMP

NAME _____ **SIGNATURE** _____

DATE ____ / ____ / ____

DOCUMENTS NEEDED FOR REIMBURSEMENT CLAIMS

DOCUMENTS NEEDED FOR DOCTOR VISIT, AMBULATORY TESTS AND HOSPITALIZATION REIMBURSEMENT CLAIMS

1. Detailed Medical Report signed and stamped by the treating physician (Diagnosis, complaints, past medical history, duration of illness and other conditions).
2. Detailed original invoice i.e. cost per item.
3. Results for all tests done e.g. labs, radiology, cytopathology... etc.
4. Discharge summary for in-patient cases.

المستندات المطلوبة لإعادة تسديد زيارة الطبيب والفحوصات الخارجية وحالات الاستشفاء داخل المستشفى

1. تقرير طبي مفصل موقع ومختوم من قبل الطبيب المعالج يشرح وضع المريض المحمي (التشخيص، شكوى المريض، بداية ظهور الأعراض أو الحالة المرضية، التاريخ المرضي السابق و أي حالات أخرى)
2. فاتورة أصلية مفصلة محدد فيها سعر كل خدمة مقدمة.
3. نتائج التحاليل المخبرية والأشعة وتحاليل الانسجة (الباثولوجيا الخلوية) ... الخ.
4. التقرير النهائي عند خروج المريض من المستشفى (فقط في حالة الإقامة داخل المستشفى للحالات المرضية أو الجراحية)

DOCUMENTS NEEDED FOR PRESCRIPTION MEDICINE REIMBURSEMENT CLAIMS

1. Original prescription or a stamped copy of the prescription in case the prescribed medicines are antibiotics or steroids.
2. Detailed original invoice i.e. cost per item.

المستندات المطلوبة لإعادة تسديد الأدوية موضوع وصفة طبية

1. الوصفة الأصلية أو صورة مختومة بخاتم الصيدلية في حالة وصفات المضادات الحيوية ومركبات الكورتيزول.
2. فاتورة أصلية مفصلة محدد فيها سعر كل دواء.

DOCUMENTS NEEDED FOR DENTAL TREATMENT REIMBURSEMENT CLAIMS

1. Panoramic X-ray
2. Detailed original invoice i.e. cost per item.

المستندات المطلوبة لإعادة تسديد علاج الأسنان

1. الأشعة السنية (Panoramic).
2. فاتورة أصلية مفصلة محدد فيها سعر كل خدمة مقدمة.

A copy of the insurance card and the Civil ID should be enclosed.

يجب ان يرفق مع كل طلب صورة عن بطاقة التأمين والبطاقة المدنية.

Have you personally had to pay costs for the treatment that you are claiming for? Yes No

If yes, and you are personally seeking reimbursement, please tell us how you wish to be reimbursed (Please tick one):

1- **Bank transfer.** Please fill in this information for bank transfer payments: (Please note that this is the quickest and safest method of payment)

Name of account holder

Name of your bank

Account number

Address for your bank

IBAN number

Routing code / swift code / sort code

Currency of bank account

2- **Foreign draft.** Please tell us what currency

MEMBER'S DECLARATION

I declare that all the details given on this claim form are true and accurate and that I have not missed out any details important to this claim. I understand that if this claim is found to be fraudulent, in whole or part, I am committing a criminal offence and that this will invalidate the plan and make me liable to prosecution. For this medical claim I authorise any medical practitioner, specialist, consultant, therapist or other relevant establishment who has attended me/the patient in the past or is attending me/the patient at present, to give any details that may be asked for by Insurance Company/GlobeMed. I confirm and agree that any personal information collected or held by Insurance Company/GlobeMed, whether given on this form or collected in any other way, may be used by Insurance Company/GlobeMed or disclosed to or transferred to any organisation for the purpose of i) assessing this claim and giving on-going insurance cover, customer service and the processing of future claims, ii) processing and making payments, iii) providing marketing communications in respect of Insurance Company/GlobeMed, its related products and services and those of its associated companies.

Member's Signature

Date (dd/mm/yy)



What documents do I need to be admitted for **AMBULATORY, DIAGNOSTIC TESTS AND/OR PHYSIOTHERAPY** and what's the process ?

To be admitted for ambulatory, diagnostic tests and/or physiotherapy treatment, please note that you will need the following documents with you when you visit the healthcare provider.

DOCUMENTS



1. Your insurance card.
2. Your ID or another similar legal personal document (passport, driver's license...).
3. The claim form duly filled, signed and stamped by your doctor with clear reference to the date and diagnosis.

To make sure you receive the required treatment, please note the following terms before you go to the provider.

TERMS



1. The prescribed tests should be covered in your policy conditions.
2. The tests should be done **within 15 days maximum** from the prescription date, otherwise the prescription is considered invalid.

For support or further information, kindly call the GlobeMed Customer Support center at +974 44056999.



TEST	FASTING PERIOD
Blood Sugar Fasting test (Plasma Glucose)	8 hours
Lipid profile (Cholesterol-total, HDL, LDL and Triglycerides test)	12 hours
Metabolic test Panel- SMA 12+2, Pacer 20, Auto-14 etc.	12 hours
Renal (kidney) Function test	8 hours
Hypertension Profile, Diabetes Profile, Obesity Profile, etc	12 hours
All Health Check-ups, Complete Body Profile	12 hours
Uric Acid	8 hours (recommended)

For further details or info, please contact GlobeMed Helpdesk at +974 44056999.

GlobeMed FIT Mobile App



Redesigned With You in Mind

GlobeMed FIT Mobile app is our self-service health insurance app and digital wellness tool. It allows your insured members to manage their insurance online, anytime, anywhere!

- Insured members can manage their claims and those of their dependents including reimbursement, chronic prescription refills, and pre-approval requests.
- Use the e-card.
- Locate the nearest healthcare provider within the network.
- Access policy details, and much more.

Furthermore, the app effectively supports users in their health journey offering Health, Fitness, and Nutrition modules.



SCAN QR CODE TO DOWNLOAD THE APP STRAIGHT TO YOUR DEVICE.





A. Sign up to the Insurance Section

Your country will be automatically set based on your geo location, if not select it manually.

1. Fill in your National ID or Insurance Number in the required field. Then, enter your year of birth, and select your preferred verification method either **by SMS or email**.
2. Next, you will need to enter your mobile number or email in the required field to request the verification code.
3. Once received, enter it and press continue to choose your new password.
4. When you complete signing up, you will get the message "Your account has been successfully created. Please sign in to continue." Click on OK to sign in.

AR



If you already have an account, select "Sign In" or choose "Sign Up" to create a new account.

WELCOME

Powered by


GlobeMed

AR



If you already have an account, select "Sign In" or choose "Sign Up" to create a new account.

GlobeMed Qatar

Select Your Country of Residence

GlobeMed Saudi Arabia

GlobeMed Bahrain

GlobeMed Egypt

GlobeMed Jordan

GlobeMed Palestine

GlobeMed Kuwait

AR



If you already have an account, select "Sign In" or choose "Sign Up" to create a new account.

GlobeMed Qatar

Please choose your verification method below:

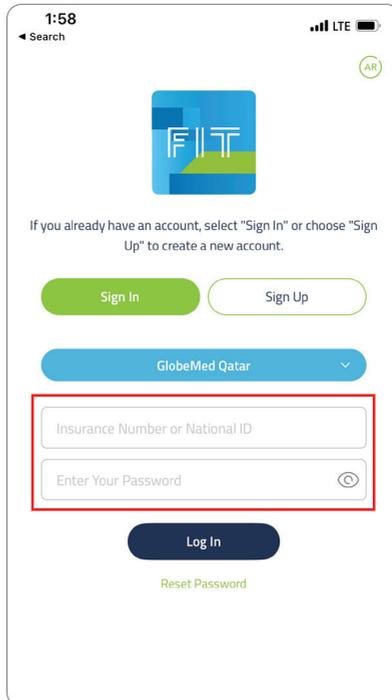
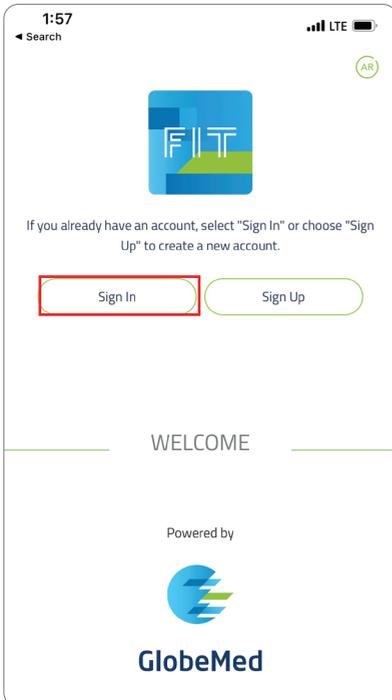
Email SMS

B. Sign in to the Insurance Section

Your country will be automatically set based on your geo location, if not select it manually.

1. Fill in your National ID or Insurance Number in the required field. Then, enter your password.
2. Existing users who were already signed up on our previous app version will need to insert their mobile number to validate their account, upon the first sign in only.

Once the verification code is received enter it to sign in.



C. Reset your password

Your country will be automatically set based on your geo location, if not select it manually. All you have to do is click on the reset password button.

Fill in your National ID or Insurance Number in the required field. Then, choose the previously selected channel at sign up either **by SMS or email**.

Then, enter your mobile number or email to receive verification code. Once received, enter it and press continue to choose your new password, which must contain at least 8 characters and 1 upper case letter and must not exceed 15 characters.

The image displays three sequential screenshots of the password reset process in the FIT app. Each screen features the FIT logo at the top and a back arrow on the left.

- Screen 1:** Titled "Reset Your Password", it shows a dropdown menu for "GlobeMed Qatar" and a text input field containing "1111111". Below this, it asks to "Please choose your verification method below:" with radio buttons for "Email" and "SMS". A "Continue" button is at the bottom.
- Screen 2:** Titled "Enter Verification Code", it shows a message "An SMS will be sent to you shortly with the verification code" and five empty input boxes for the code. A "Re-send Verification Code" button is at the bottom.
- Screen 3:** Titled "Enter Verification Code", it shows the received code "4 7 N 2 9" with a green checkmark. Below, it has two password input fields: "Enter New Password*" and "Re-enter Your New Password*", both with red boxes around them. A "Continue" button is at the bottom. A note at the bottom states: "*Password must contain at least 8 characters and 1 upper case letter".

D. Manage Your Account

1. Notifications:

Click on the Bell Icon to check your notifications.

2. Call Center:

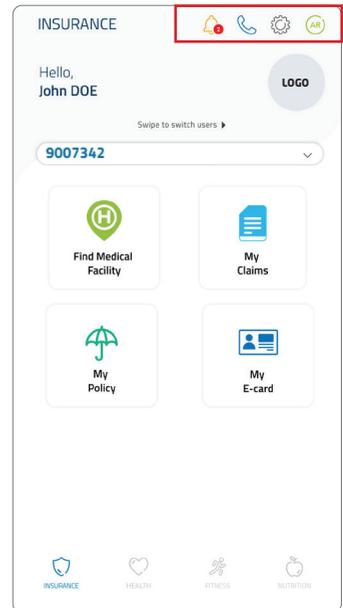
Click on the Call Icon to reach our call center.

3. Settings:

Click on the Gear Icon to manage your settings which include your profile, switch user, request to delete your account and logout.

4. Language:

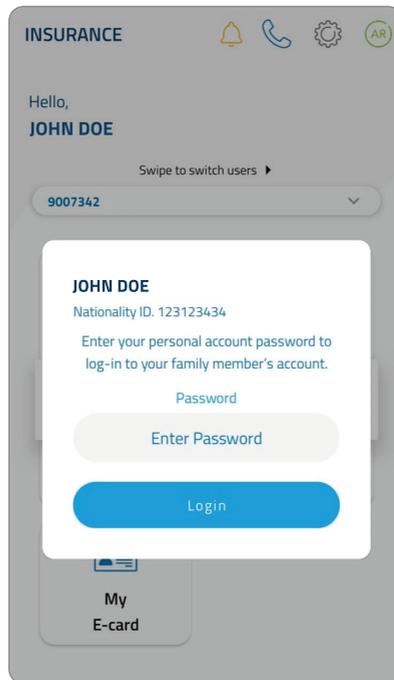
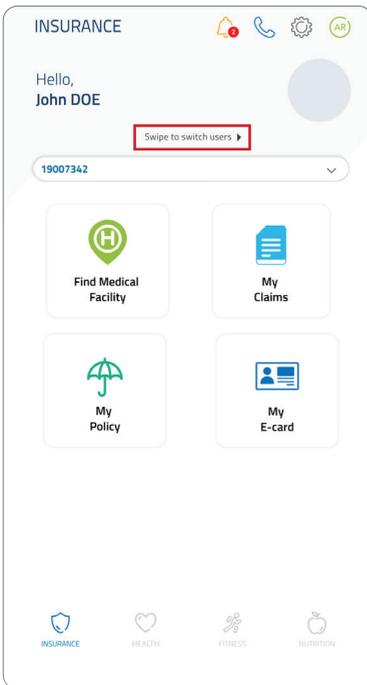
Click on the AR Icon to switch into Arabic.



E. Manage Your Family's Insurance

To manage your dependents, you should:

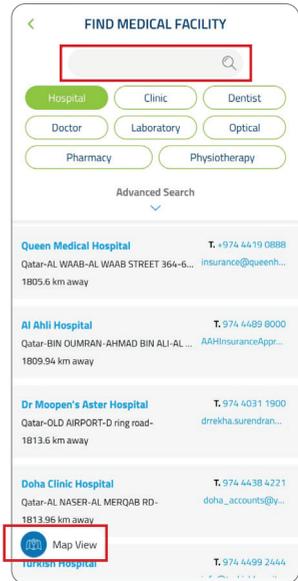
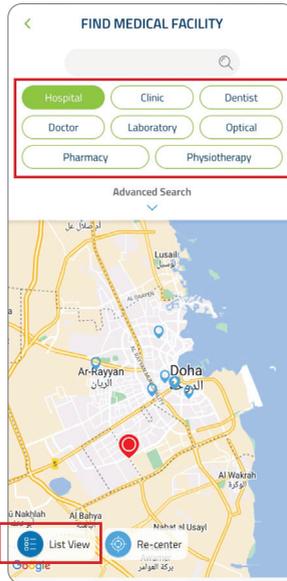
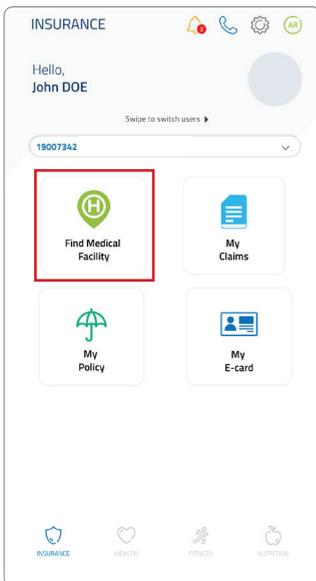
1. Click "Swipe to switch users"
2. Enter your password in the password field
3. You will then be able to navigate through users by simply swiping to the right in the main screen



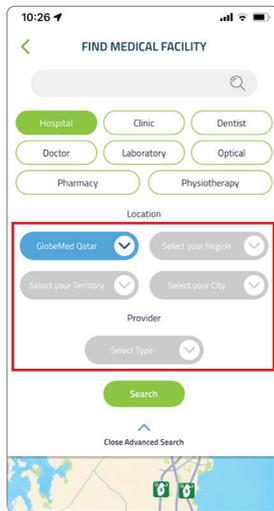
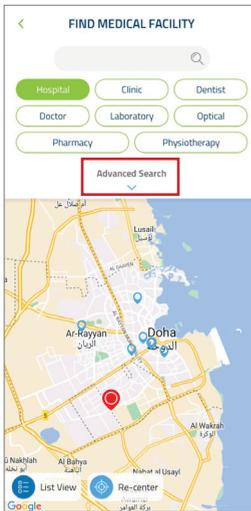
Find My Medical Facility

To get started, log into the GlobeMed FIT app and select “Find my Medical Facility”. You have three options to find your preferred medical facility:

1. Select the type of facility you are looking for from the available options such as hospital or clinic. You can check their location directly on the map or you can click on “List View” to check their contact details and locate how far the facility is from your current location. You can at all times switch to “map view” to return to the map
2. You can search by healthcare provider name using the search bar to get their location or their details on the map



3. Click advanced search to locate and get healthcare provider details by region, territory, city, and type such as hospital or clinic.



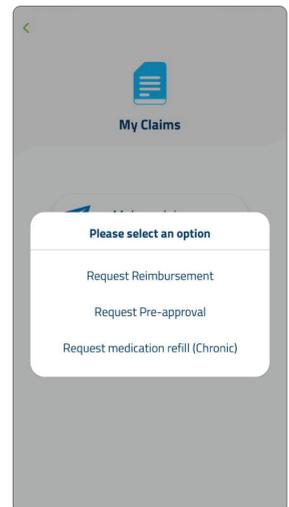
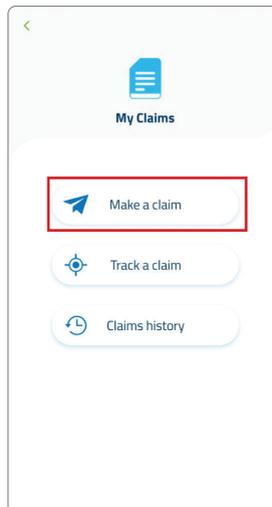
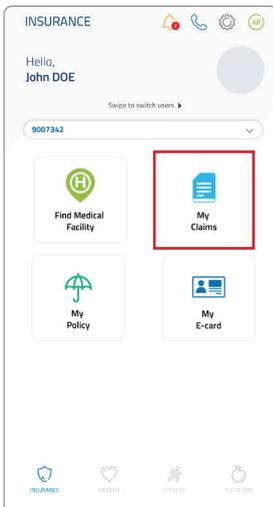
My Claims

- Click "My Claims" and choose the action you want to take, either "Make a Claim", "Track a Claim" or "My Claims History"

When clicking "Make a Claim", you will get the following types of claims:

1. Request Reimbursement
2. Request Pre-Approval
3. Request Medication Refill (chronic)

Kindly keep the original supporting documents of your claim and submit them to your insurance company.



Example for filing a “Request Reimbursement”

- Click on “request reimbursement”
- Choose the medical service type (Ambulatory, Inpatient, Optical, Prescription Medicine, Dental, Doctors Visit)
- Choose a date – Attach photos of the mandatory documents marked with an asterix
- To delete an uploaded pic, click on the “X” sign in the upper right corner of the pic (marked with a small red frame).
- Add any remarks you have (optional)
- Click “Submit” and you will get an email notification sent to your registered email account with your claim reference number.

REQUEST REIMBURSEMENT

Fill in the required fields below

What type of medical service did you receive?

Please select a service

When did you receive the service?

Please select a date

How much did the service cost you?

Add the amount

Is there anything else you would like us to know?

Please enter your comments here

Please attach the required documents below:

A copy of your medical report*

REQUEST REIMBURSEMENT

A copy of your original receipt*

A copy of your identity card/passport*

A copy of your test results (Optional)

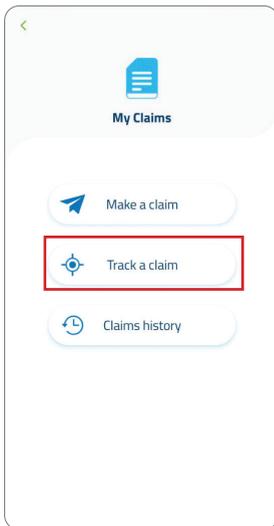
A copy of any other documents (Optional)

*Mandatory documents

Submit

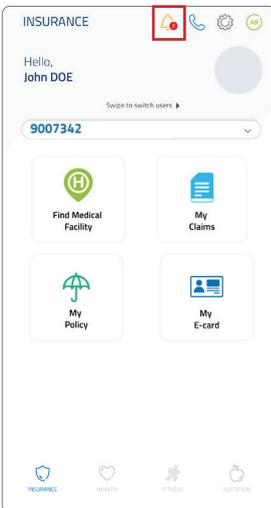
Tracking submitted claims

- Click "Track Claim" in the insurance home page
- Choose your claim type by expanding the category
- Check your status (e.g. approved, rejected...). In case your claim was rejected, you will be able to view an explanation for your benefits detailing why your claim was rejected



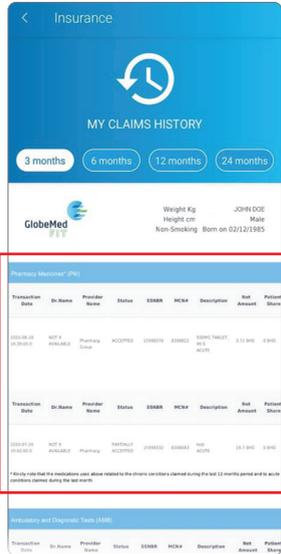
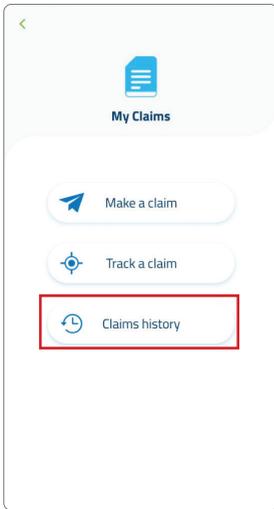
Edit Claim

- In case supporting documents are missing or you need other documents, you will receive a notification from GlobeMed to edit your claim. Click on the bell marked with the red exclamation mark, to check what's needed.
- You now can edit your claim directly from the "Track a Claim" section. Click on the red icon on top of the attached document to see what was the reason of rejection and replace or retake the a photo of the attached as requested in the notification.



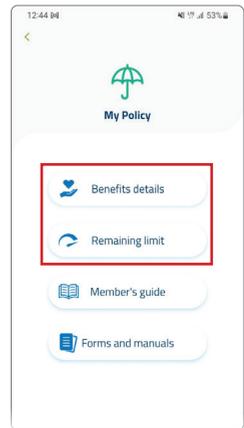
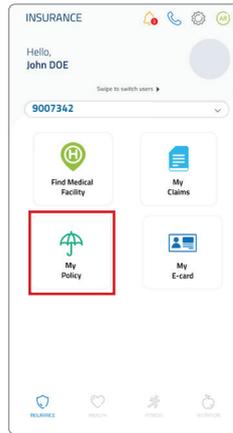
My Claims History

Select "My Claims History" to get a record of your insurance policy usage



My Policy

Select Policy Limitation to get a record of your insurance policy financial limitation



Remaining Limit & Benefits Details

Select Coverage description for full details of your insurance policy benefits, limitations and exclusions.

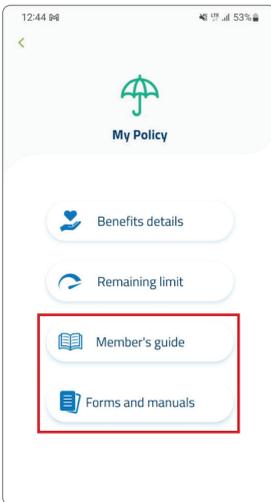


Member's Guide

Select Member's guide for all details related to managing your insurance e.g. insurance card details, documents required by insurance company, FAQ...etc.

Forms and Manuals

In this section, you will be able to view and download any documents shared by GlobeMed and watch videos directly from the app!

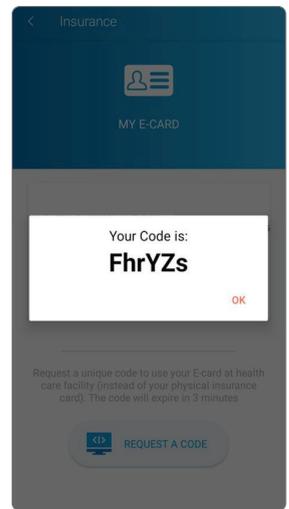
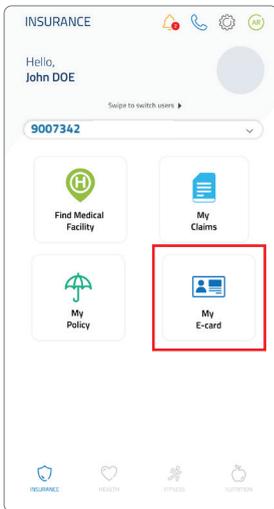


My E-Card

Instead of using your physical card, you can use the e-card for eligibility at healthcare providers. All you have to do is click on "request a code" to receive a 5 digit code. Share the code with your healthcare provider

***Code will expire in 3 minutes**

***This feature is optional, you can use your actual insurance card if you wish to do so**



Questions & tips for your **DOCTOR'S VISIT**

ASK YOUR DOCTOR



Tests, such as blood tests or scans

- What are the tests for?
- How and when will I get the results?
- Who do I contact if I don't get the results?

Treatment

- Are there other ways to treat my condition?
- What do you recommend?
- Are there any side effects or risks?
- How long will I need treatment for?
- How will I know if the treatment is working?
- How effective is this treatment?
- What will happen if I don't have any treatment?
- Is there anything I should stop or avoid doing?
- Is there anything I can do to help myself?

What next

- What happens next?
- Do I need to come back and see you?
- Who do I contact if things get worse?
- Do you have any written information?
- Where can I go for more information?



TIPS FOR AN EFFICIENT DOCTOR'S VISIT



Before your appointment

- List or bring all your medicines and pills including vitamins and supplements.
- Write down details of your symptoms, including when they started and what makes them better or worse.
- Ask a friend or family member to come with you, if you like.

During your appointment

- Don't be afraid to ask if you don't understand. For example, 'Can you say that again? I still don't understand.'
- If you don't understand any words, ask for them to be written down and explained.
- Ask who to contact if you have any more problems or questions.

After your appointment, don't forget the following

- Write down what you discussed and what happens next. Keep your notes.
- Book any tests that you can and put the dates in your diary.

DOS & DON'TS

	DOs	DON'Ts
Hospital	When discharged, make sure you get a written list of things you are to do after you leave, make sure you understand it clearly.	Don't drive back home, as you might have secondary effects along the way.
ER	Do take a companion to the ER. After all, you are not superman.	Remember; do not come to the ER for simple cases. More serious patients will always be treated first and you might have to wait longer.
Prescription	Ask your doctor to only prescribe the medicine you really need and to avoid over prescribing medicine or tests that you don't need.	If you know you are not going to take a particular medicine, then don't take it from the pharmacy. Wasted or unused medicine costs money.

FAQ

What should I do in case I lose my insurance card?

If you ever lose your Insurance Card, you should notify your insurance company immediately so that a replacement card is prepared for you. A replacement card will be issued within 48 hours by your insurance company.

In case of emergency, can I be reimbursed for claims incurred at a hospital not within the GlobeMed network?

The GlobeMed Network of Hospitals is wide and covers directly large parts of Qatari territory. The chances are very minimal that during an emergency, a patient would need to be admitted to a non-GlobeMed participating hospital. However, if this does occur, the reimbursement of the fees and expenses incurred will be effected based on the preferential tariffs applicable to the insurance company at an equivalent network hospital.

To learn more about the GlobeMed network, you can visit the GlobeMed website, **www.globemedqatar.com**, or call our GlobeMed Customer Care Team at +974 44056999.

FAQ

Can I benefit from prescription medicine from pharmacies that are not within the GlobeMed network?

Eligibility for Prescription Medicine Benefit is limited to the GlobeMed Network of Pharmacies. Out-of-Network Medicines will be reimbursed per your policy terms.

To learn more about the GlobeMed network, you can visit the GlobeMed website, www.globemedqatar.com, or call our GlobeMed Customer Care Team at +974 44056999.

What should I do in case I am billed for services that are covered by my insurance scheme?

Before paying any extra fees, please refer to our Customer Care Team, at +974 44056999.

Who should I contact in case of issues or concerns?

Please refer to your insurer or HR Manager and in case of emergencies, feel free to contact our Customer Care Team, at +974 44056999.

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