



1 DETAILS OF MEMBER

Family Name, First Name:	Member Card Number:																			
Email Address:	Telephone Number:																			

2 CLAIM INFORMATION

Provider Name and Address	Service Date	Services Description	Invoice No.	Invoice Amount	Currency
TOTAL AMOUNT as per Invoice					

If the medical service was received outside an applicable healthcare network, kindly indicate the reason:

Emergency Personal Choice Outside UAE on Vacation/ Business Trip
 Other - please specify:

3 DECLARATION

I hereby warrant the truth & completeness of all statements and authorize any Medical Attendants who have attended to me at any time to provide any health details or medical records that may be requested by AXA Green Crescent Insurance Company P.J.S.C. or their appointed representatives.

4 PAYMENT METHOD

AXA Green Crescent Insurance Company P.J.S.C. will pay the eligible expenses related to this Reimbursement Claim Form as per the terms and conditions of the agreed policy contract directly to the policy holder/member and in local currency (AED).
In case of the cheque to be issued other than the party stated in the contract , please specify:

Company Others [please specify who] (Refer to section 4 of the General Instructions)
Name: Signature: Date:

5 MEDICAL INFORMATION (TO BE FILLED AND SIGNED BY THE TREATING DOCTOR)

Chief Complaints: Diagnosis:

Is this case work-related: No Yes (please specify)

Treatment Type: Inpatient Out Patient Day Case

Treatment Details: Visit Date: dd/mm/yyyy

Past Medical History:

I, the undersigned treating doctor, hereby declare I have attended to this patient and the particulars provided are correct and accurate to the best of my knowledge.

Doctor's Name and Signature: Date and Stamp:

GENERAL INSTRUCTIONS

Please read the form carefully and make sure to complete all information correctly and duly sign the form.

AXA Green Crescent cannot process incomplete application (e.g. lacking patient's card number or itemized bill). For complete list of requirements refer to statement no. 2.

- 1) Use a separate form for each AXA Green Crescent member. Reimbursement Claim Forms can be downloaded from www.axa-greencrescent.com or you can call AXA Green Crescent Customer Service Department for assistance at 800 4845 within UAE or +971 2 445 8699 outside UAE or send Email to claims@axa-gulf.com
- 2) Submit the following essential documents along with your filled Reimbursement Claim Form:
 - AXA Green Crescent Claim Form (signed and stamp by the treating doctor).
 - Copy of AXA Green Crescent Insurance Card / Card Number.
 - Itemized invoices/bill showing payment confirmation in original.
 - Prescription for medication given by the treating doctor.
 - Investigation results/reports like laboratory test, x-ray, etc.
 - Documents written in foreign languages are required to be translated to English or Arabic only.
 - For hospitalization cases: Medical/Surgical Report/Discharge summary stamped and signed by the doctor.
 - For road traffic accident: Copy of police report, driving license, relevant motor vehicle insurance policy and court judgment (if available).
 - For treatment outside UAE: Copy of passport as well as exit and re-entry stamp to UAE or any other similar documents (e.g. e-gate).
 - Claim must be submitted within 90 days from the date of service/treatment.
- 3) Any requirements requested by AXA Green Crescent, such as supporting documents or missing information, should be provided within 30 days from the date of the Request Letter, failing which the company reserves the right to repudiate the claim.
- 4) Payment Method: the following additional documents are mandatory, if payment is to be made to another party than stated in the contract:
 - a. Company: Stamped Approval Letter of the Policyholder with Member's signature
 - b. Other: Stamped Approval Letter of the Policyholder with Member's signature and Passport Copy of the person who requests to issue the cheque in his name.
- 5) Please keep a copy of the form, receipts and reports for your reference as AXA Green Crescent does not return original documents unless the claim is denied in its entirety upon active request.