



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

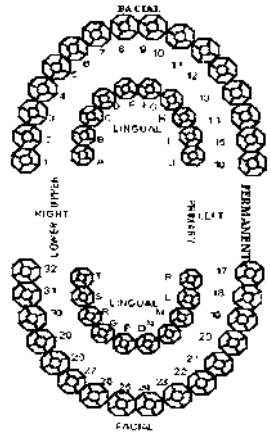
I hereby warrant the truth & completeness of all statements and authorize any Medical Attendants who have attended to me at any time to provide any health details or medical records that may be requested by AXA Green Crescent Insurance Company P.J.S.C. or their appointed representatives.

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: _____

4 MEDICAL INFORMATION (TO BE FILLED BY THE TREATING DOCTOR)

DIAGNOSIS	Visit Date ___/___/_____ dd mm yyyy	
Treatment Details	Tooth No.	
Further Treatment Plan		
I declare that I have attended to this patient and that the particulars given are best of my knowledge true and correct.		
Doctor's name over signature:	Date & Stamp:	

5 PAYMENT METHOD

AXA Green Crescent 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)

Cheque payment is to be collected by: Employer Employee Others (specify)

Name and signature: _____ Date: _____

GENERAL INSTRUCTIONS

- 1) Please read the form carefully and make sure to complete all information and duly sign the form. AXA Green Crescent cannot process any incomplete application (e.g. lacking information, patient's signature or documentation). For complete list of requirements refer to statement no. 3.
- 2) 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
- 3) Submit the following essential documents along with your duly filled Reimbursement Claim Form:
 - Copy of AXA Green Crescent Card/Card #
 - Itemized bill/invoices with date
 - Original medication prescription given by the treating doctor
 - Investigation results/reports like laboratory test, x-ray, etc.
 - Medical report/discharge summary stamped and signed by the doctor for hospitalization cases only
 - Copy of passport showing exit and re-entry to UAE or any other similar documents (e.g. e-gate) for treatment outside UAE only
 - Documents written in other languages are required to be translated to English or Arabic only
- 4) Claim must be submitted within 90 days from the date of service/treatment inside and outside the UAE.
- 5) All reimbursement claims Benefits payable hereunder shall be payable to the Policyholder unless otherwise agreed in writing.
- 6) Any requirements requested by the company, such as supporting documents or missing information, should be provided within 30 days from the date of request letter, failing which the company reserves the right to repudiate the claim.