



Allied Insurance Company

## HEALTH INSURANCE CLAIM FORM

### Details of Insured

Company Name:
Policy no:

### Details of Claimant

Name of Patient/Claimant:	Phone no:	
National ID Card no:	Health Card no:	Staff ID:

Please Fill if Claimant is Dependent

Name of Staff:	Phone no:	
National ID Card no:	Health Card no:	Staff ID:

### Details of Treatment

Name of Authorised Medical Center:
Period of Consultation:
Details of Illness/Diagnosis:

### Reimbursement Method

<input type="checkbox"/> Account Transfer (Bank charges has to be borne by the Account Holder) Account Holder's Name: _____ <small>As it appears on your Bank Account</small> Account no: _____ <small>Transfers can be made to MVR Accounts Only</small> Name of the Bank: _____ Total Amount Claimed: MVR _____ <small>Note: Account holder shall be the staff/primary beneficiary</small>
<input type="checkbox"/> Cheque to Company

### Documents required with the form

<input type="checkbox"/> Doctors Prescription and Medical Reports	<input type="checkbox"/> Discharge Summary (Only Inpatient)	<input type="checkbox"/> Original Bills	<input type="checkbox"/> Original Memo
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Claims need to be submitted within 60 Days. Failure to do so will result in Claim Rejection

Please submit this form to Allied Health Claims Office (STO Trade Center, 1st floor)

Declaration: I/WE DECLARE the forgoing particulars to be true and correct and undertake to render every assistance in my/our power in dealing with the matter. I have completely filled the claim form and enclosed all the necessary documents. I acknowledge that failure to do so will result in claim rejection.

Signature:

Date:

Allied Insurance Company of the Maldives Pvt. Ltd. (C-43/84), Fen Building, 3rd floor, Ameene Magu, Male', 20375, Maldives

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## REIMBURSEMENT CLAIM GUIDELINE

- Reimbursement of healthcare expenses for the treatment will be extended, up to the annual limit and respective sub-limits.
- Any invoice or medical bill will be reimbursed, provided the supporting documents are submitted which indicates the diagnosis or medical treatment taken, as per checklist
- Healthcare services claimed must be from an Authorized Medical Center and within the geographical territory limit
- Inpatient treatment is considered as hospitalization for more than 12 hours at the medical center. Otherwise the treatment will be considered as an Outpatient treatment

### Claim Submission Checklist:

- Completed Health Insurance Claim Form
  - Separate Claim Form per Person
  - Total Claimed amount duly Stated in Maldivian Rufiyaa (MVR)
  - Claim Form Must be Dated and Signed or Stamped
- Required Supportive Documents of Claim
  - Out-patient treatment
    - Original Bill/Memo/invoice
    - Original Doctor's Prescription / Medical Certificate
  - Out-patient Investigation
    - Original Bill/Memo/invoice
    - Report/Recommended Prescription / Medical Certificate
  - In-patient Treatment
    - Original In-patient Hospital Bill/invoice
    - Discharge Summary
    - Pre and Post Hospitalization Medical Documents as indicated in 2(a) and (b)
  - Overseas Airfare
    - Original Ticket Bill/Receipt/invoice
    - Ticket Itinerary
    - Completed Recommendation Form for Referral Abroad of Allied Insurance Health Scheme (original), indicating the specific treatment referred abroad
    - Supporting medical documents of the corresponding treatment obtained abroad
  - Optical
    - Original Bill/Memo/invoice
    - Original Refraction Prescription
- Documents Must be Valid and Duly Endorsed by the Service Provider and Doctor
  - Service Bill/memo/invoice must have the letterhead of provider, service details, date, bill amount, stamp or signature and should be an original copy
  - Prescription must have letterhead of provider, patient details, date, diagnosis, Doctor's name, Doctor's signature and stamp
  - Discharge Summary must have the letterhead of provider, patient details, date and time of admission and discharge, diagnosis, doctor's name, doctor's signature and stamp

### Claim may get declined if:

- Photocopy of the bill, memo, invoice is submitted
- Claim exceeding the respective claim reimbursement period
- Incomplete or invalid document
- Treatment obtained from a Medical Centre that is not from the authorized panel
- Limits or sub-limit exhausted
- Service obtained falls into Policy Exclusions
- Payable amount is less than the deductible amount
- Treatment obtained outside the covered geographical territory
- Ticket Recommendation form not filled by the specialist for the medical condition
- Ticket recommendation form with incorrect information, including but not limited to recommendation for medical intervention that is currently available in Maldives.

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