



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

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, Ameenee 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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