



**Note: All fields are mandatory**

**GENERAL INSTRUCTIONS**

1. Please read the form carefully and make sure to complete all information and duly sign the form. Vidal Health cannot process any incomplete application (e.g. lack of information, patient's signature). For complete list of documents required for claim processing, refer to point no. 3 in this section.
2. Use a separate form for each Vidal Health member. Claim Forms can be downloaded from [www.vidalhealth.ae](http://www.vidalhealth.ae)
3. Submit the following essential documents along with your duly filled Claim Form:
  - Copy of Vidal Health 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
  - If treatment due to road traffic accident a police report is required to be submitted with this form.
4. Submission of the claim must be within 60 days from the date of service (discharge date) inside U.A.E. and 90 days from the date of service/treatment outside U.A.E.
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 15 days from the date of request letter, failing which Vidal Health reserves the right to repudiate the claim.
7. Please retain copies of receipts and documents enclosed with your claim, as Vidal Health will retain original documents.

**INSTRUCTIONS TO COMPLETE THE FORM**

1. Please write your name & Card Number as mentioned in the Card.
2. Provider & Medical details – Request your treating doctor to fill up the provider details section and provide a brief medical information about your condition and treatment.
3. Bill No. – Please write the serial number/reference number printed on the bill/receipt/invoice for each service separately.
4. Service Date – State date of treatment for each service against each bill.
5. Description of Services – State type of service like Consultation/Pharmacy/Investigations/Physiotherapy/Dental/ Hospitalization.
6. Amount – State the exact amount as appears on the invoices.
7. Total – Total amount of all the invoices submitted with this form.
8. Currency – Name of the currency in which actual payment was made.
9. Declaration – Kindly write your name, signature, date to acknowledge the form.