

# REIMBURSEMENT CLAIM FORM (OP/IP)



STARWELL HEALTH MANAGEMENT FZ LLC

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Email: [claims@starwell.ae](mailto:claims@starwell.ae), Web: [www.starwell.ae](http://www.starwell.ae)

Please use this claim form for settlement of claims under benefit of Starwell policy. This form should be filled by the member and submitted to us within 15 days of the treatment. Duly filled claim form will be accepted with all mandatory documents asked herewith. Starwell will not be liable for any rejection due to incomplete filled submission of claim form and required documents.

## Please give the following information correctly and Completely

(Please put ✓ tick mark on type of claim)		<input type="checkbox"/> Out-patient	<input type="checkbox"/> In-Patient
<b>1. Insured Details:-</b>			
Name of Insured:-			
Employer Name:-			
Starwell Card ID/ Policy No:-			
Age/ Sex:-			
Contact Detail:-			
Mobile No:-			
<b>2. Nature of disease / illness contracted/ailment of injury</b>			
<b>3. Hospital/Clinic Detail</b>			
Name of Hospital/ Clinic:-			
Location/ Address:-			
Name and contact details of treating doctor			
<b>4. Amount Claimed:-</b>			
Doctor's Fee			
Pharmacy/ Medicine Charges			
Pathology & Radiology Charges			
Others (Specify)			

**Reasons for Reimbursement: -**


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**(Note: - The reasons for claiming reimbursement must be filled by member)**

**5. Mandatory Documents:-**

*(The below mentioned documents should be produced along with duly filled claim form without which claim cannot be Processed by Starwell)*

1. Duly Filled Claim form
2. Starwell Health card/ Insurance Card copy
3. All Itemized bills and prescriptions (Clinic & pharmacies)
4. Passport copy, Visa Copy with Exit and entry stamp page. **(For In-patient cases outside UAE only)**
5. Discharge Summary, Investigation reports, Doctor's advice for admission, Itemized bills **(Only For In-patient claims )**
6. Copy of Starwell Pre approval letter. **(For In-patient cases outside UAE only)**

**6. Declaration:-**

I hereby agree, affirm and declare that:

(a) The statements / information given / stated by me/us in this claim form are true, correct and duly filled.

(b) No material information which is relevant to the processing of the claim or which any manner has a bearing on the claim has been withheld or not disclosed.

(c) If I have given/made any false or fraudulent statement/information or suppressed or concealed or in any manner failed to disclose material information, the claim shall be void and that I shall not be entitled to any rights to receive any claim amount for the subjected claim.

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(Signature or thumb impression of Claimant)

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(Date)

*Starwell Health Management wishes you best of your health*