

HEALTH INSURANCE REIMBURSEMENT CLAIM FORM



Receive your claim payment faster by updating your bank details on the [mySukoon](https://medical.sukoon.com) app or on <https://medical.sukoon.com>

1. Claimant Details

Claimant Name											
Card Number						Mobile No.	0	5			
Email Address											

2. Principal Member Bank Details (in case not provided already or needs to be updated)

Account Name						Bank A/C #															
Bank Name						Branch															
IBAN (23 digits)*																					

*Update IBAN on the [mySukoon](https://medical.sukoon.com) portal or the [mySukoon](https://medical.sukoon.com) app. For policies where payment is set to group, the IBAN must be provided by your company on the company letterhead along with the HR/Accounts email ID.

3. Claim Details

Is the claim in UAE?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If No, precise Country								
Name of Hospital/Dr.											
Date of Treatment			/			/	2	Number of Invoices			
Total Amount Claimed						Currency					

For breakdown of Total Amount Claimed, use attached summary table cover sheet to tabulate entries in chronological order.

4. Medical Details – to be completed by the treating Doctor

Is it work related?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If Yes, specify								
Treatment Type	<input type="checkbox"/> In-Patient	<input type="checkbox"/> Out-Patient	<input type="checkbox"/> Day Care								
Chief Complaint											
Diagnosis											
Treatment Details											

I, the undersigned treating doctor, hereby declare I have attended to this patient and the particulars provided are correct and accurate to the best of my knowledge.

Doctor Name & Stamp	Signature	Date
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Claim Submission

Online	Physical Submission	Courier
<p>Submit your claim online through the mySukoon portal or mySukoon app.</p> <p>For claims above AED 5,000 you will need to submit the original documents.</p>	<p>Deposit your claim at: Your HR department, broker or at one of our branches.</p>	<p>Send your claim by mail to: Medical Claims Department Sukoon, Omar Bin Al Khattab Street, Next to Al Ghurair Mall, Deira, P.O. Box 5209 Dubai, UAE Tel: +971 4 230 2700</p>

Claim Processing

We aim to pay your complete eligible claims within 10 calendar days. Please remember that we will reimburse you as per the customary prices in our network. This means that if your doctor charges a general consultation fee of AED 400, when the average consultation fee is AED 250 in your applicable network, we will reimburse you on the basis of AED 250. Moreover, if mentioned in your table of benefits, we might apply a co-insurance over and above your network deductible. If it does, we usually apply 20% co-insurance. In the above example, if your network deductible is AED 50, we will apply 20% co-insurance on AED 200, and reimburse AED 160.

Summary Table of Invoices Reimbursement Claim Form Attachment

Mark the sequence number of the corresponding invoice.

Sequence Number	Service Date	Provider Name	Service Description	Invoice Ref. Number	Claimed Amount	Currency

In case you have more invoices to send, please photocopy this sheet.



Checklist - Before you submit, please check that you have included all of the following as applicable:	✓
1. Completed, stamped and signed Reimbursement Claim Form	
2. Original invoices/bills showing payments confirmation	
3. Medical and/or Lab test reports	
4. All claims submitted must be in original & translated to either English or Arabic for the settlement	
5. Healthcare Insurance card copy of the claimant	
6. Summary Table of Invoices (above) completed	
7. You have retained a copy of the Form, Summary Table and original invoices and report for your reference	

Claimant Name & Signature

Name	Signature	Date

If you have any enquiries, contact us on:	800 SUKOON (785666) UAE Toll Free 8 am till 8 pm Monday to Friday, 8 am till 5 pm on Saturday Fax: +971 (0) 4 238 4769 weserve@sukoos.com
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