

HEALTH INSURANCE CLAIMS GUIDELINE

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The guideline provides information on how an insured member could claim under the Health Insurance policy.

- Coverage will be subject to limits and sub-limits as indicated in the Schedule of Benefits/Health Insurance Policy.
- Inpatient treatments are considered hospitalizations of a patient that exceed 04 hours in a medical centre.
- Authorized Medical Centre is the panel of hospitals where reimbursement claims could be made.
- Territory is the geographical limit for which health cover is extended under the policy.
- Coverage will be subject to Exclusions as per policy.
- Insured member may refer to the policy for the designated limits or coverage details.

1. REIMBURSEMENT CLAIM

The insured member pays for the healthcare service and later applies for refund from Insurer.

- Claims must be submitted within 60 days of the treatment date.
- Prescription validity is 30 days from the prescribed date.
- Co-insurance will be charged where applicable, as per policy.
- Claims will be reimbursed within 14 days.
- Any invoice or medical bill will be reimbursed, provided the supporting documents are submitted which indicates the diagnosis or medical treatment taken.

Claim Submission Checklist:

1. Completed Health Insurance Claim Form
 - a. Separate Claim Form per Person
 - b. Total Claimed amount duly Stated in Maldivian Rufiyaa (MVR)
 - c. Claim Form Must be Dated and Signed or Stamped
2. Required Supportive Documents of Claim
 - a. Out-patient treatment
 - i. Photocopy / Original Bill / Memo / Invoice
 - ii. Photocopy / Original Doctor's Prescription / Medical Documents



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- b. Out-patient Investigation
 - i. Photocopy / Original Bill / Memo / Invoice
 - ii. Report / Recommended Prescription / Medical Documents
- c. In-patient Treatment
 - i. Photocopy / Original In-patient Hospital Final Bill / Invoice
 - ii. Discharge Summary
 - iii. Pre and Post Hospitalization Medical Documents as indicated in 2(a) and (b)
- d. Overseas Airfare
 - i. Photocopy / Original Ticket Bill / Receipt / Invoice
 - ii. Ticket Itinerary
 - iii. Completed Recommendation for Referral Abroad of Allied Insurance Health Scheme (photocopy / original), indicating the specific treatment referred abroad
 - iv. Supporting medical documents of the corresponding treatment obtained abroad

3. Documents Must be Valid and Duly Endorsed by the Service Provider and Doctor

- a. Service Bill/memo/invoice must have the letterhead of provider, bill no., patient details, service details, date, bill amount, stamp or signature
- b. Prescription must have letterhead of provider, patient details, date, diagnosis, Doctor's name, Doctor's signature and stamp
- c. 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:

- Claim exceeds the respective claim reimbursement period.
- The document is incomplete or invalid
- Treatment was obtained from a Medical Centre that is not from the authorized panel.
- Limits or sub-limits are exhausted.
- Service obtained falls into Policy Exclusions.
- Treatment was obtained outside the covered geographical territory.
- Ticket Recommendation form not filled by the specialist for relevant medical condition
- Ticket recommendation with incorrect information, including but not limited to recommendation for medical intervention that is currently available in Maldives.

- d. We may request original documents for verification



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4. CUSTOMER CARE CONTACTS

Customer can contact Allied Customer Care (24 hours) regarding Health Insurance related queries. Customer Service Center will be open from Sunday through Thursday (08:00hrs - 16:00hrs), except on Government holidays.

Address: City Square, 3rd Floor, Chaandhanee Magu, Male', 20156, Maldives.

Tel: 1600

Fax: +960 3303795

E-mail: health@alliedmaldives.net