

# 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.
- Authorized Cashless Centre Panel is the medical centres from where Overseas Cashless services can be arranged.
- 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. HEALTH INSURANCE CASHLESS SERVICE

Insured member can obtain cashless services by presenting any of the below mentioned documents;

- Health Insurance card
- National ID card
- Passport card
- Passport
- Work permit card (foreigners only)
- Cashless service will be provided from the authorized Cashless Medical Centre.
- Co-Insurance will be collected by the Service Provider.
- The remaining bill amount (after co-insurance) will be deducted from the policy limit/sub-limit, as Cashless service.

Health Insurance Service may get declined if:

- The medical centre is not authorized to provide Cashless Service by the Insurer.
- Treatment is for an excluded service/treatment.
- Limit or sub-limit is exhausted.
- Policy is inactive.
- Documents illegible
- There is a technical issue

## 2. 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 the 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
  - 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
  - e. Optical
    - i. Photocopy / Original Bill / Memo / Invoice
    - ii. Photocopy / Original Refraction Prescription



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### 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 and should be an original copy
- 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

## 3. OVERSEAS CASHLESS TREATMENT

The insured member obtains Cashless Service from overseas Cashless hospitals.

Methods of Overseas Cashless Service:

- Obtain approval from Cashless Centre prior to traveling.
- Initiating the case from abroad and then send a request for approval.  
Applying for Cashless Service E-mail application to [cashless@alliedmaldives.net](mailto:cashless@alliedmaldives.net) indicating full name and Health Insurance Card number / national ID Card number / passport number (foreigners only)

Application checklist

- o Complete Health Insurance Overseas Cashless Treatment Referral Form
- o Copy of Health Insurance card / national ID Card / passport
- o Supporting Medical Documents
- Procedure:
  1. Application must be submitted 2 days prior to departure. This excludes Saturday and Sunday.
  2. A Referral Letter is provided to client upon case approval and authorized medical centre will be notified thereafter.
  3. The said Referral Letter shall be produced at the insurance counter of the authorized medical centre, for the authorised treatment.



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4. Upon discharge, the insured member may have to bear the following charges:
- Co-insurance.
  - Payment for any exclusion stated in the policy.
  - Any amount in excess of the limits specified in the schedule benefits (eg: Room charges).

**Note :**

- o Insured member shall inform their overseas contact details via e-mail.
- o Overseas cashless service is not available for Skin, Dental or Health Check-up treatments.
- o The insured member may also visit any hospital under the Cashless panel without informing Cashless Centre prior and send the medical documents to initiate case from abroad. However, in such cases, the medical documents sent must clearly state the Insured member's present condition, plan or course of treatment and the estimated cost in order to proceed with the arrangement of cashless services.

## 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](mailto:health@alliedmaldives.net)**