



HEALTH INSURANCE CLAIM FORM

Allied Insurance Company

Details of Insured

Company Name:
Policy no:

Details of Claimant

Name of Patient/Claimant:	Phone no:	
National ID Card no:	Health Card no:	Staff ID:

Please Fill if Claimant is Dependent

Name of Staff:	Phone no:	
National ID Card no:	Health Card no:	Staff ID:

Details of Treatment

Name of Authorised Medical Center:
Period of Consultation:
Details of Illness/Diagnosis:

Payment Method

Account Details (Bank charges has to be borne by the Account Holder)
Account Holder's Name: _____ <small>As it appears on your Bank Account</small>
Account no: _____ <small>Transfers can be made to MVR Accounts Only</small>
Name of the Bank: _____
Total Amount Claimed: MVR _____
<small>Note: Account holder shall be the staff/primary beneficiary</small>

Documents required with the Proposal

<input type="checkbox"/> Doctors Prescription and Medical Reports	<input type="checkbox"/> Discharge Summary (Only Inpatient)	<input type="checkbox"/> Original Bills	<input type="checkbox"/> Original Memo
---	---	---	--

Claims need to be submitted within 60 Days. Failure to do so will result in Claim Rejection

Please submit this form to Allied Health Claims Office (City Square, 3rd Floor)

Declaration: I/We desire to effect with the Company an insurance, in the terms of the Policy used for this class of business and I/We warrant that the above statements and particulars are correct and complete. I/We agree that this proposal shall be the basis of the contract and part of the insurance between myself/ourselves and the Company.

Signature: _____

Date: _____

THIS INSURANCE WILL NOT BE IN FORCE UNTIL THE PROPOSAL HAS BEEN ACCEPTED BY THE COMPANY

Allied Insurance Company of the Maldives Pvt. Ltd. (C-43/84), City Square, 3rd Floor, Chaandhane Magu, Male', 20156, Maldives.



1600

+960 332 5035

✉ info@allied.mv

▶ youtube.com/alliedmv

📘 facebook.com/alliedmv

🐦 twitter.com/alliedmv

A subsidiary of State Trading Organization Plc.

REIMBURSEMENT CLAIM GUIDELINE

- Reimbursement of healthcare expenses for the treatment will be extended, up to the annual limit and respective sub-limits.
- Any invoice or medical bill will be reimbursed, provided the supporting documents are submitted which indicates the diagnosis or medical treatment taken, as per checklist
- Healthcare services claimed must be from an Authorized Medical Center and within the geographical territory limit
- Inpatient treatment is considered as hospitalization for more than 4 hours at the medical center. Otherwise the treatment will be considered as an Outpatient treatment

- Completed Health Insurance Claim Form
 - Separate Claim Form per Person
 - Total Claimed amount duly Stated in Maldivian Rufiyaa (MVR)
 - Claim Form Must be Dated and Signed or Stamped

- Required Supportive Documents of Claim
 - Out-patient treatment
 - Photocopy / Original Bill / Memo / Invoice
 - Photocopy / Original Doctor's Prescription / Medical Certificate
 - Out-patient Investigation
 - Photocopy / Original Bill/Memo/invoice
 - Report / Recommended Prescription / Medical Certificate
 - In-patient Treatment
 - Photocopy / Original In-patient Hospital Bill/invoice
 - Discharge Summary
 - Pre and Post Hospitalization Medical Documents as indicated in 2(a) and (b)
 - Overseas Airfare
 - Photocopy / Original Ticket Bill/Receipt/invoice
 - Ticket Itinerary
 - Completed Recommendation Form for Referral Abroad of Allied Insurance Health Scheme (original), indicating the specific treatment referred abroad
 - Supporting medical documents of the corresponding treatment obtained abroad
 - Optical
 - Photocopy / Original Bill/Memo/invoice
 - Photocopy / Original Refraction Prescription

- Documents Must be Valid and Duly Endorsed by the Service Provider and Doctor
 - Service Bill/memo/invoice must have the letterhead of provider, service details, date, bill amount, stamp or signature and should be an original copy
 - Prescription must have letterhead of provider, patient details, date, diagnosis, Doctor's name, Doctor's signature and stamp
 - 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 can be declined if:

- Claim exceeding the respective claim reimbursement period
- Incomplete or invalid documents
- Treatment obtained from a Medical Centre that is not from the authorized panel
- Limits or sub-limit exhausted
- Service obtained falls into Policy Exclusions
- Payable amount is less than the deductible amount
- Treatment obtained outside the covered geographical territory
- Ticket Recommendation form not filled by the specialist for relevant medical condition
- Ticket recommendation form with incorrect information, including but not limited to recommendation for medical intervention that is currently available in Maldives.

- We may request original documents for verification