

Reimbursement Form

Card Holder's Name: _____ Card No.: _____
 Valid Until: _____ Contact Telephone: _____

To be completed by the treating Physician

Dear Doctor: The beneficiary participating in the MedNet Program is consulting you for medical care and kindly requests you to complete this form.

Diagnosis : _____

Date of onset of symptoms : _____

If, hospitalized : Date of Admission _____ Discharge _____

Case Management : _____

Actual Costs : _____

Treatment Plan

Diagnostic Tests	Pharmaceuticals
_____	_____
_____	_____
_____	_____
_____	_____

_____ Date

_____ Cardholder's signature

Physician's Name _____

Telephone No. _____

Physician's Stamp and Signature

Date _____

CHECKLIST

- Completed "Reimbursement Form"
- Full and Complete Medical Report / Diagnosis / Discharge summary from the treating doctor
- Original itemized invoices or receipts for the amount claimed (Invoice must show cost per service)
- Personalized SOAP / Maternity SOAP / Dental SOAP (if applicable)
- Copies of results of diagnostic tests

For treatment within Bahrain, please submit your claim **within 30 days** from the date of treatment. For treatment outside Bahrain, the claim must be submitted **within 60 days** from the date of treatment.

Kindly note that eligible medical expenses rendered outside MedNet Bahrain's provider network will be reimbursed in accordance with the relevant plan chosen and not at cost incurred.

IN-HOSPITAL NON- EMERGENCY ADMISSION

The MedNet Bahrain Call Centre should be notified, at least 7 days in advance for arranging elective treatment on free access basis at a network facility outside Bahrain, if applicable.

Within Bahrain (24 hours a day, 7-days a week)

Toll Free Phone - 8000 1113

Outside Bahrain (24 hours a day, 7- days a week)

Phone +973 175 66 888

Fax +973 175 83 009

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