

## 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. \_\_\_\_\_

Date \_\_\_\_\_

Physician's Stamp and Signature

## 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 30 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