

APPLICATION FORM FOR REIMBURSEMENT CLAIM

(For Members claiming for Reimbursement. For dental claims please use Dental Claim Form)

PATIENT DETAILS

Patient Name:

Date of Birth:

Gender: Male Female

Email ID:

Contact No.:

Al Koot ID:

Policy No.:

Group / Company Name:

MEDICAL DETAILS

Treatment Outside Area of Cover: Yes No

Country Name:

Reason for patient being abroad:

Duration of ailment:

Date of first consultation:

Benefit Type: OP IP Day Care Maternity Dental Optical

Admission Date:

Discharge Date (for IP):

Presenting Complaints: If your condition is related to any trauma, please provide the details (when, where and how)

Treatment Details:

CLAIM DETAILS

Amount Claimed:

Please ensure that the amount claimed here is supported by original invoices, proof of payment and prescription

BANK DETAILS

To facilitate speedy settlement, please ensure that your latest bank details are registered with AlKoot Insurance & Reinsurance. To register or update your bank details please login to your AlKoot Global Care Mobile app, AlKoot Member Portal or submit copy of your bank details on bank letterhead to: customercare@alkoot-medical.com. **Please note that only Principle's (main policy holder) bank details are accepted**

PROVIDER DETAILS

Provider Name:

Location:

Email ID:

Contact No.:

Name of Treating Doctor:

License No.:

Doctor stamp and signature

Declaration:

I hereby authorize any Medical providers to give access and provide AlKoot Insurance or any of AlKoot affiliates with all my or my family health records including copies with no exception regardless of the previous Payer/insurer. I agree that a copy of this consent shall have the validity of original. Also, I declare that the information furnished in this Claim Form is true & correct to the best of my knowledge and belief. If I have made any false or untrue statement, suppression or concealment of any material fact, my right to claim under this claim shall be forfeited.

Patient's Signature with Date:

Al Koot Insurance & Reinsurance Company (Licensed by the Qatar Central Bank) P.O.Box 24563, Doha-Qatar.

For any further clarifications or complaints procedure, please reach us on

Call: +974 4040 2000; **Email:** customercare@alkoot-medical.com; **Website:** www.alkoot.com.qa