

YOUR GUIDE TO MAKING A CLAIM

Group and Individual Members - UAE including Dubai (TMNF)

Please refer to your Insurance Certificate for full details of eligible benefits, benefit limits and excesses which apply to your specific policy. Please refer to your Membership Guide for definitions and terms and conditions.

Emergency Assistance and Claims Administrator: MedNet

Within UAE (Toll Free): 800 EXPA / 800 3972
Overseas Calls (Collect): +971 4 275 7802
E-mail: expacareclaims@mednet.com

Address to send Claim Forms to:

MedNet, Dubai Internet City, PO BOX 500259, Dubai, UAE

Emergency Assistance outside the UAE: Healix

For 24 hour emergency medical advice and assistance worldwide, please call Healix on telephone number +44 (0)1344 233911

Please note that our multilingual staff are available at Healix 24 hours per day.

Download the MedNet App

You can now download the HealthPass by MedNet app which will allow you to carry out the following tasks:

- Access policy information
- Find a medical facility
- Submit a new claim
- Resubmit a claim with additional information
- Submit authorization requests
- View reimbursement and network claims
- Chronic RX refill program
- View Health Tools
- Contact MedNet

Download the HealthPass by MedNet App from:



What to do in an Emergency

In an emergency you (or someone acting on your behalf) must contact us on the emergency telephone numbers above within 24 hours of hospital admission and before an emergency evacuation.

Claim Forms

One claim form per medical condition must be submitted. If you are claiming for more than one medical condition, a separate claim form must be completed annually for each condition.

Timeframe for Claims Submission

Please send us your claim as quickly as you can, but no later than six months after the start date of your treatment. Claims submitted later than six months following the start date of your treatment will not be paid. It is important for you to know that we are only able to reimburse medical expenses when we have received the claim form, all invoices and any additional information within 6 months of the treatment date. If claims have been paid by you, we will also require proof of payment. If your course of treatment exceeds 6 months, please ensure you obtain and submit an interim invoice. We strongly recommend that you keep copies of all documents.

Electronic Claims Submission

You can submit claims via the HealthPass App. You can complete your claim form on-line at www.mednet-global.com/members/reimbursement.aspx. Additionally claims documentation can be submitted to us via email to expacareclaims@mednet.com. It is important to note that you should retain all original copies of forms and invoices as Expacare reserves the right to request these documents for audit purposes.

Reasonable and Customary Costs

Your policy allows for reasonable and customary eligible costs, as determined by us, to be reimbursed or paid directly to a medical facility. You have the flexibility to choose the facility at which treatment takes place. However, you should be aware that, in the event of the costs being

charged exceeding what we consider to be reasonable and customary, you may not receive a full refund of your expenses or you may need to pay additional fees to the medical facility. If you are concerned about this, please call the above telephone number where you will be able to obtain advice on facilities where we know costs charged are reasonable and customary. This rule also applies to the Provider Network.

Ways To Make a Claim

There are three ways to make a claim:

1. Direct settlement for in-patient treatment
2. Direct settlement for out-patient treatment
3. Digital Claims Reimbursement

Pre-authorising/ notifying us of your claim in advance of receiving treatment

We require pre-authorization / notification for a number of benefits. See below sections.

Important Note: If you have not pre-authorized, or notified us in the event of an emergency, we will only pay up to 80% of what we consider to be reasonable and customary towards your claim. Please note that you are not covered for ANY costs for emergency evacuations or repatriation of your body, that we did not pre-authorise and arrange.

Upon contacting us, you will be advised which documents we require in order to authorise your claim.

You should also be aware that MedNet and some medical facilities may also have their own approval requirements. These will be in addition to our pre-authorization requirements.

Specific Procedures/Treatment Requiring Pre-Authorisation

All in-patient treatment and certain procedures/treatment (see below) must be pre-authorized by you or someone acting on your behalf and you must be in receipt of confirmation from us in writing before

treatment takes place. You should inform us at least 5 days before admission or any treatment.

- Emergency Medical Evacuation
- Repatriation of mortal remains or local burial costs
- Hospital admission (in-patient treatment)
- Cancer treatment
- Psychiatric treatment
- Treatment for alcohol and drug addiction
- Over 7 sessions of physiotherapy
- Rehabilitation treatment as an alternative to acute care
- Maternity care
- Hospice care
- Over 7 sessions of Complementary Therapy

In respect of the above specific procedures, please ensure that you have a written pre-authorisation from us before you proceed.

Specific Procedures/Treatment Requiring Notification to us

Notification to us within 24 hours is required for the following:

- Out of geographic area cover for emergency treatment
- Maternity emergency surgery

Direct Settlement for in-patient treatment

All in-patient treatment must be pre-authorised. Please refer to Pre-authorisation section above.

We can settle in-patient treatment costs directly with the hospital. This would normally involve us providing a 'guarantee of payment' (GOP) to the hospital which they need to accept.

GOPs can only be placed where treatment is due to take place within 30 days of notification. GOPs will not be placed where treatment is due to take place after the expiry of the policy. Any costs not covered (including excesses which are not paid by the member), which remain unpaid, will result in future GOPs being declined.

In situations where a hospital does not accept our GOP, treatment can either be sought at an alternative hospital or you would need to pay for the treatment and submit a reimbursement claim to us for these costs.

Within the UAE

- Check that the provider you wish to use is part of the MedNet Provider Network. This can be done by either calling MedNet on **800EXPA** or checking the Provider Network List on **www.expacare.com**
- When you visit the provider, present your MedNet E-card together with evidence of identity (such as driving license, labour card etc).

Ask your provider (doctor/consultant) to contact the MedNet claims centre for pre-authorisation. The provider will be required to send a pre-authorisation form together with an estimate of costs to MedNet.

Outside of the UAE

- Contact MedNet and provide details of the treatment required and the preferred location.
- MedNet will advise whether they have an agreement in place with the provider and, if they have, the procedure above will be followed.
- If MedNet do not have an agreement with the chosen provider, you will be asked to contact the Expacare Claims Team who will arrange to place the 'guarantee of payment' for this claim.

Direct settlement for out-patient treatment

Check that the provider you wish to use is part of the MedNet Provider Network. This can be done by either calling MedNet on 800EXPA or checking the Provider Network List on **www.expacare.com**.

- When you visit the provider, present your MedNet E-card together with evidence of identity (such as driving license, labour card etc).
- When visiting a pharmacy, you will also be required to present a doctor's prescription.
- You will be required to pay for any deductible / co-payment as mentioned on the card.
- You will also be required to pay for any part of the treatment, which is specifically excluded.
- You may be required to sign a form, which will be provided, already completed, by your provider as evidence that you have received the benefit.
- Any pharmaceutical medications issued for treatment beyond one month require pre-approval (which will be sought by your pharmacist).
- Some providers may be required to contact MedNet for instant approval and they will contact us directly.

For out-patient claims outside of the UAE or where the provider is not part of the Provider Network, you will need to pay for the services/treatment you receive and follow the reimbursement procedure.

Claims Reimbursement

Where direct settlement with a provider has not been possible, it will be necessary for you to pay the treatment costs and for you to claim reimbursement of these costs.

Refer to Electronic Claims Submission section of this document.

You will need the following information:

- MedNet card number or your Emirates ID number
- Your date of birth
- Itemised receipts of payment for the amount claimed
- Full medical report detailing diagnosis, treatment, medications, discharge treatment from the treating Doctor
- Copies of results of diagnostic tests

Please note that the timescales for claims submission on our policy remain 6 months and not the 60 or 90 days shown on the MedNet website.

Claims will be paid by bank transfer.

Use of Provider Network

The Direct Settlement Provider Network includes the medical providers where you are able to obtain treatment for valid medical conditions and where the expenses will be settled directly by us. You are still responsible for any co-insurance or deductible applicable to your policy, which must be settled directly with the medical providers at the time of treatment.

Where you receive treatment for a medical condition that is not covered within the terms of your policy, you remain liable for the costs of such treatment, which must be settled in full upon request. Failure to act accordingly will result in the suspension or cancellation of your policy, without refund of premium.

You should also be aware that:

- Abuse of the network facility and Membership Card may result in the suspension or immediate cancellation of your policy.
- If a provider has refused to accept your Membership Card, there is a possibility that their charges are not reasonable and customary and you may not receive full reimbursement of the expenses you have paid.
- Your medical information will be shared with Expacare automatically and also specifically on our request.
- If you are only entitled to use facilities in the Silver Premium or Silver Classic networks and attend a facility outside of your network, there will be a 20% deduction from the reasonable and customary value of your chosen network.