

# 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 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

Bank Details	
<b>Name</b>	
<b>Address</b>	
<b>Account No.</b>	
<b>IBAN</b>	
<b>Swift Code</b>	
<b>Account Holder name</b>	

**MedNet Bahrain W.L.L.**

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