

Patient's declaration and consent

I confirm I am the patient/patient's spouse or guardian (if patient under 16 years of age) and wish to claim benefits and declare that all the particulars given above are to the best of my knowledge. I hereby consent and authorise the medical practitioner involved in the patient's care to discuss treatment details and discharge arrangements to NAS. I agree that a copy of this consent shall have the validity of the original.

Signature:

Date:

Checklist

Completed reimbursement Form
Original invoices/receipts for the amount claimed
Full & Complete Medical Reports/ Diagnosis/ Discharge summary from the treating doctor
Copies of results of diagnostic tests.

The claim form should be submitted within 60 days (if treatment is within U.A.E.) and 90days (if treatment outside U.A.E.) of start of the treatment along with all original receipts/invoices – as per the policy membership agreement. Claims will not be considered if not submitted within the stipulated time.

Send this claim form together with supporting material to:

SALAMA, Islamic Arab Insurance Company (P.S.C), Emerald Apartments Building, Suite 201, P.O.Box 10214, Dubai, UAE.
Ph: 04-3355300
Fax: 04-3343665