Q Life & Medical Insurance Company LLC

Incorporated at Qatar Financial Centre - License No. 141, Authorized by QFC Regulatory Authority (A **QIC** Group Company)

QLM Q Life & Medical Insurance Company

e-Reference No.

Reimbursement Claim Form

Provider: **Medical Record No.:** **Date:** dd / mm / yyyy

Patient Name: **E-mail:** **Age/DOB:**

MEM: *Mandatory* **Qatari/Civil ID:** **Gender:** ☐ F ☐ M

Marital Status: **Policy Holder:** **Policy No.:**

Payment to: ☐ Member ☐ Employer **Payment Method:** ☐ Cheque ☐ Bank Transfer

In case bank transfer is selected, **Bank Name:** **Account No.:**

Swift Code/IBAN: **Bank Address:**

☐ New Visit ☐ Follow-up ☐ OP ☐ ER ☐ Day care ☐ IP

In case of in-patient admission, **Admission Date:** dd / mm / yyyy **Discharge Date:** dd / mm / yyyy

To be filled by Medical Practitioner

Present Illness Details:

Past Medical History:

☐ Acute ☐ Chronic ☐ Accident ☐ Hereditary/Congenital ☐ Work Related ☐ Pregnancy **LMP:** dd / mm / yyyy

Diagnosis: *Mandatory*

Duration of Illness: *Mandatory*

Lab / Radiology:

Code	Procedure	Cost (Currency)

Medical Practitioner Declaration

I hereby certify that all medical information mentioned is to the best of my knowledge true and the medical services shown on this form are medically indicated & necessary for the management of the patient medical condition.

Treating Physician:

Specialty:

Contact No.:

Signature or Stamp:

Patient Declaration

I hereby certify that the entire particulars given above are true. I hereby authorize QLM Insurance Company to discuss, access and obtain a copy of my health records (or any of my dependents' records) that may be requested by them or their appointed representative. I also agree that a copy of this declaration stands valid as original.

Patient/Guardian Signature: **Date:** dd / mm / yyyy

Mobile No.: