

REIMBURSEMENT PROCEDURE(NIDAMKA LACAG CELINTA)

Reimbursements are only acceptable with the below conditions

"Qodobadan hoose oo kaliya aya lagu ogalaan kara nidamka lacagcelinta"

1. Pre-approval has been granted by contacting Amanah first with the intention to visit a hospital outside of the panel list for the services of (**waxa waajib ah in aad ogolansho ka hesho Amanah marka aad tagayso isbitalada ka baxsan ku wa heshiiska Amanah ay kula jirto sida:**
 - a. A specialist service not available on the panel list of hospitals.(**Dhakhtar takhasus ah**)
 - b. A particular service that is not available on the panel list of hospitals within reasonable distance of your location.(**adeegyo gaara oo laga wayay isbitalada heshiiska lagula jiro**)
2. In the case of a real emergency condition relating to acute and sudden illness or accident (not planned procedures and visits), where an appointed provider is not accessible.(**xaalad dagdag ah oo aan qorshaysnayn sida xanuun kugu so booday,dhawac ama shill**)

The Insurer should be notified of emergency admissions or emergency outpatient treatment outside the provided hospital list within 24 hours of visit or admission(**Macmiilku waa in uu so ogaysiiya waaxda cafimaadka hadii xalad cafimaad oo dagdag ah lo jiifo ama uu ubuuqdo isbitaal ka mudo 24 saacadod gudahood**).

After receiving the complete documents, the Insurer will reimburse 100% of the claim amount that don't exceed the limit within 14 days to the Member / Dependent. No advance or piece-meal payment shall be made. Reimbursement Claim must be submitted within the period of 30 days from day of treatment.

Marka la helo waraqadaha cafimaadka oo dhamaystiran laguna so gudbiyay mudo 30 cisha ah iyada oo laga bilabay malinti lagu adeegay macmiilku waxa loso celinaya 100% iyada oo an la dhaafayn xadiga udagan nidamka, mudo 14 cisho gudahood iyada oo an lacag hormaris ah anu jirin ama mid cunto lagu cunay.

SUBMITTING A REIMBURSEMENT CLAIM (SOO GUDBINTA NIDAMKA LACAG CELINTA)

The following is required when submitting a reimbursement claim-**Xogta laga donayo macmiilka :**

1. Claim form duly signed along with attending physician statement.(**Form ka lacag celinta oo lagu so dhamistiray xogta cafimaadka oo labada dhinacba ay saxeexen**).
2. Discharge summary (**Waraqada fasaxa isbitalka hadii bukan jiif aad noqoto**).
3. Hospital final bill (**Dhaman qaansheegashada oo dhamstiran ah na mida ugu danbeysay**).
4. Attending Surgeon's/Physician's Prescription advising hospitalization.(**Waradaqa cadaynaysa qaliinka**)
5. Surgery/consultation bills and receipts(**Qaandsheegta qaliinka iyo qabilada dhakhtarka**).
6. Operation theatre and pharmacy bills(**Qaandsheegta qolka qaliin iyo pharmacyga**).
7. Medicines bill with doctor's prescription(**Qaandsheegta dhaman adeegkasta iyo waraqada lagugu diray adeegas**).
8. Pre hospitalization bills with receipts(**Qaandsheegta dhamaan adeegyada ka hor inta anaad galinka galin**).
9. Post hospitalization bills with receipts(**Qaandsheegta dhamaan adeegyada qaliinka kadib**).
10. Diagnostic reports with doctor's prescription (**Waraqada dhakhtarku kugu qoray xaladada cafimaad**).

Please share this with your staff and we highly suggest they use the Hospitals list in our panel. Any questions regarding reimbursements, hospitals list, claims inquire. please use this email address

Medical@amaanahinsurance.com