

REIMBURSEMENT PROCEDURE

1. Pre-Approval:

- a) Contact Baraka to obtain pre-approval if you intend to visit a hospital outside of the panel list for the following reasons:
- b) Specialist service not available on the panel list of hospitals.
- c) A particular service that is not available on the panel list of hospitals within a reasonable distance from your location.

2. Emergency Admissions or Outpatient Treatment:

a) In the case of a real emergency condition related to acute and sudden illness or accident (excluding planned procedures and visits), where an appointed provider is not accessible, notify the insurer of emergency admissions or emergency outpatient treatment outside the provided hospital list within 24 hours of the visit or admission.

3. Reimbursement Claim Submission:

- Submit the reimbursement claim within 30 days from the day of treatment.
- o The following documents are required when submitting the reimbursement claim:
- 1. Duly signed claim form along with the attending physician's statement.
- 2. Discharge summary.
- 3. Hospital final bill.
- 4. Attending surgeon's/physician's prescription advising hospitalization.
- 5. Surgery/consultation bills and receipts.
- 6. Medicines bill with doctor's prescription.
- 7. Diagnostic reports with doctor's prescription.

4. Reimbursement Process:

- After receiving the complete documents, the insurer will reimburse 100% of the claim amount that does not exceed the limit within 14 days to the member/dependent.
- No advance or piecemeal payments will be made.

Please share this revised reimbursement procedure with your staff. It is highly recommended that they use the hospitals listed in our panel. If you have any questions regarding reimbursements, the hospitals list, or claims inquiries, please contact us at info@barakatakaful.com.









