**CLAIMS ADMINSTRATION**

* Notice of any Claims :must be submitted on a full Claim Form along with other supporting documents which should include the following:
1. Original prescription
2. Original detailed & dated Receipt
3. Pre-authorization form, if applicable
4. Full &detailed medical information that may be deemed necessary by Insurance Co.(Medical Report).
* Reimbursement: the Insurance Co. will reimburse you the cost of eligible medical expenses, provided completed Claim form along with any other documents are submitted to support the Claim. The amount paid will be the reasonable & customary charges for the medically necessary treatments, less any applicable deductible as specified in the Policy Schedule.
* Claim Denials: The insurance have the right to decline or return submitted claims, under the following conditions:
1. Failing to attach original copies of receipts, diagnostic services or others.
2. Treating Physician’s signature & seal is not on the submitted documents.
3. Tests, drugs & treatments not prescribed by physicians.
4. Diagnosis & treatment are not medically relevant and written by hand
5. Services received are within the general exclusions of the policy
6. Treatments after the policy has expired
7. Treatment took place before the joining date of the insured