

دبي للتأمين
DUBAI INSURANCE



MAKING A CLAIM & USING THE NEURON NETWORK

January 2012



GLOBAL HEALTH
Health Insurance for Expatriates

1. THE NEURON MEDICAL PROVIDER NETWORK

Membership of the Global Health plan entitles you to use the Neuron regional network of clinics, pharmacies and hospitals for treatment that is eligible under the terms of your plan. These clinics, pharmacies and hospitals are referred to as medical network providers.

The name of the Neuron Network you are entitled to use is as stated on your Certificate of Insurance and on your Neuron card. Full details of the medical network providers that form part of the Neuron Network you are entitled to use, can be found at www.globalplans.ae.

Access to medical care using the Neuron Network

When you use a medical network provider within the Neuron Network, you simply present your Global Health card to the medical network provider. If your plan has an excess and/or co-insurance you must pay the excess or co-insurance amount to the medical network provider. The medical network provider will submit the bills for your consultation and treatment (less the excess or co-insurance amount you have paid) to Neuron for settlement.

Please note that you can only claim for treatment that is covered under the terms of your plan.

2. INELIGIBLE CLAIMS & WITHDRAWAL OF THE NEURON SERVICE

If you use your Global Health membership card to claim for a condition or treatment that is not covered by your plan, we will write to you for the ineligible amount claimed, and you must repay this amount to us without delay.

To avoid claiming for ineligible treatment we strongly recommend that you contact us or Neuron BEFORE you incur any expenses to check that the proposed treatment is covered under the terms of your plan.

We reserve the right to withdraw the Neuron service from you at any time. If we do you must immediately return to us your membership card and any membership card(s) issued to your dependants.

3. PRE-AUTHORISATION OF IN-PATIENT AND DAY-PATIENT TREATMENT

It is a condition of the Global Health plan agreement that we only pay for in-patient or day-patient hospital treatment costs that have been authorised by us or Neuron in advance, or, if it is an emergency, by the assistance service. By in advance we mean BEFORE you have been admitted to hospital.

If you do not contact us or Neuron in advance, we reserve the right to decline your claim, or to pay only 80% of the eligible in-patient or day-patient costs. If it was not reasonably possible for you to contact us in advance of an in-patient or day-patient admission, provided you contact us within 72 hours of your admission, no treatment penalty will be applied.

Pre-authorisation for all treatment for cancer, psychiatric conditions and the home nursing benefit

You must contact us to pre-authorise all treatment for cancer, psychiatric conditions, and if you need to claim the home nursing benefit. We will not pay for any treatment we have not pre-authorised.

Obtaining Pre-authorisation

PRE-AUTHORISATION CONTACT NUMBERS

If you are to be treated at a Neuron Network facility in the UAE

You must contact Neuron immediately on (Toll Free) 800 4408

If you are to be treated at a Neuron Network facility outside the UAE but within the GCC

You must contact Neuron immediately on (Non Toll Free) +971 4 3414770

If you are to be treated at a facility outside the Neuron Network

You must contact Dubai Insurance Company on +971 4 2697706

Outside the GCC, in a medical emergency

Call the Assistance Service on: +44 1243 621155

Upon receipt of your call we will immediately contact the hospital to obtain a 'Notification of Admission Form' which we require before we can confirm your cover and guarantee your hospital treatment costs. We will also ask you to complete a "Pre-Authorisation Claim Form" and to provide your consent for the release of medical information.

4. BENEFITS YOU MUST PAY FOR AND THEN CLAIM

You must pay and then submit a fully completed claim form and the original invoices if you are making a claim for any of the following benefits, even if you use a Neuron Network provider:

- The well-being benefit, (including vaccinations and optical tests).
- All dental treatment
- Medical Aids & Devices
- Prosthetic Devices
- Infertility Investigations

5. USING A NON-NETWORK PROVIDER

You are free to use medical providers who are not part of the Neuron Network. If you do so, you will have to pay the provider's bills yourself and then submit a claim. To assess your claim we will require a fully completed claim form and the original invoices for the treatment you have received. Again, we strongly recommend that you contact us **before** you embark on a course of medical treatment so that we can advise you whether or not your claim is eligible for benefit. Full details about

how to make a claim are contained in this booklet and in the Global Health plan agreement. Claim forms are available from www.globalplans.ae.

20% co-insurance when you use a non-network provider (if you are an Essential Care plan client)

Please note that if you are covered by the Essential Care plan and you use a medical provider who is not part of the Neuron Network stated on your Neuron card, we will only reimburse 80% of your eligible claim costs.

Making a claim for out-patient treatment when you use a non-network provider

Out-patient treatment does not need to be pre-authorised by us in advance, however we strongly recommend that you do contact us BEFORE you incur any costs to check that the course of treatment your doctor or dentist recommends is covered by your plan.

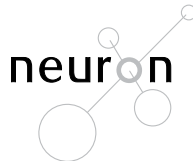
If you have a claim for out-patient treatment received outside the Neuron Network, please pay the medical bills yourself, and submit your claim to us in the following way:

- We will require a fully completed claim form. You must complete Section A and B of our Global Health claim form, and your doctor or dentist must complete and sign Section C.
- Please take a claim form with you when you visit your doctor or dentist. The doctor or dentist must fully complete Section C of the claim form, and sign the declaration at the end.
- If the value of your out-patient claim (and by that we mean the cost of the completed course of treatment), is less than US\$500, you can scan or fax your claim form and original bills to us. Emailed and faxed claims are accepted at our sole discretion and in certain circumstances it may not be possible for us to accept emailed or faxed claim forms, doctor's reports and invoices. It is very important that you retain the original claim form and original invoices for at least 24 months from the date of treatment. We always reserve the right to insist on receiving the originals before we assess your claim.
- If the value of your out-patient claim is US\$500 or above, you must send your fully completed claim form and your original bills to Dubai Insurance Company.
- If you are claiming for physiotherapy, chiropractic treatment, acupuncture, homeopathy, osteopathy, out-patient psychiatric treatment, or an MRI or CAT scan, you must also send us the written referral letter signed by your medical doctor. If you are claiming for a PET scan, you must send us the written referral letter signed by your specialist.

Upon receipt of your claim documents and any other information we may reasonably require, we will confirm whether or not your claim is covered by your plan and, if it is, we will arrange reimbursement of all eligible expenses in accordance with the instructions you give us in Section B of your claim form.



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