



## **MEDICAL CLAIM PROCEDURES**

### **IN-HOSPITAL CLAIM WITHIN AROPE HEALTHCARE PROVIDERS NETWORK**

#### **A – Emergency without Hospital Admission**

1. Choose a Hospital from AROPE Healthcare Providers Network, attached to your Policy.
2. Present your Medical Insurance Card & Personal Identification Card to the chosen Hospital upon arrival.
3. Benefit from the Medical Assistance needed without settling any Expenses.

#### **B – Emergency with Hospital Admission**

1. Choose a Hospital from AROPE Healthcare Providers Network, attached to your Policy.
2. Present your Medical Insurance Card to the chosen Hospital upon arrival.
3. Get AROPE Insurance written approval for Admission by sending a detailed Medical Report signed and stamped by the Doctor within a Maximum of 24 Working Hours.
4. Benefit from the Medical Assistance needed.

#### **C – Planned Hospital Admission for Cold Cases**

1. Choose a Hospital from AROPE Healthcare Providers Network, attached to your Policy.
2. Get AROPE Insurance written Pre-Authorization Admission by sending a detailed Medical Report signed and stamped by the Doctor.
3. Benefit from the Medical Assistance needed.

### **In-Hospital Claim outside AROPE Healthcare Providers Network**

Access to Hospitals outside AROPE Healthcare Providers Network is subject to a Full Settlement of Expenses by the Insured.

1. Contact immediately AROPE Insurance Hotline “1219” or “01-905790” to inform about your Medical Case, Hospital Name and Admission Date within a Maximum of 24 Working Hours.
2. Present to AROPE Insurance within a Maximum of 15 days from Hospital Discharge the following Documents:
  1. Original Detailed Invoices settled at the Hospital and Original Receipt.
  2. Medical Reports.
  3. Exams Results.
  4. Any other documents related to your stay at the Hospital.
3. AROPE Insurance will assess the case, Partial or Total Reimbursement, if any, will be effected within 15 Working Days from the Reception of all the Original Documents requested.

**P.S.** Reimbursement is calculated based on the Hospital Classification by the Ministry of Health, Syndicate of Doctors’ and AROPE agreed Healthcare Providers Tariff.



#### **A- Ambulatory Claim within AROPE Healthcare Providers Network**

1. Choose a Medical Center/Hospital from AROPE Healthcare Providers Network attached to your Policy (Out-Hospital Network).
2. Present to the Medical Center/Hospital the following Documents:
  1. Medical Insurance Card.
  2. Personal Identification Card.
  3. Detailed Medical Report signed and stamped by the Doctor stating the Medical Reason and requested Exams.
3. The Medical Center/ Hospital will get AROPE Insurance written approval on the Medical Condition and required Exams.
4. Benefit from the Medical Assistance needed.

#### **B- Ambulatory Claim outside AROPE Healthcare Providers Network**

Access to Medical Centers/Hospitals outside AROPE Healthcare Providers Network is subject to a Full Settlement of Expenses by the Insured.

1. Present to AROPE Insurance within a Maximum of 15 days from the Exams date the following Original Documents:
  1. Detailed Medical Report Signed and Stamped by the Doctor stating the Medical Reason and the Requested Exams.
  2. Exams Results.
  3. Detailed Invoice for the Medical Exam Performed and the Original Payment Receipt.
2. AROPE Insurance will assess the Case then Reimbursement, if any, will be effected within 15 Working Days from the Reception of all the Original Documents Requested.  
**P.S** Reimbursement is calculated based on AROPE Agreed Healthcare Providers Tariff.