Reimbursement claim form

Please complete this form in **BLOCK LETTERS**. The faster we have what we need, the faster we can settle your claim. Sections 1 and 2 are filled in by you and your treating doctor; sections 3 and 4 cover the invoices and where you'd like the money to land.

1 Member information

Completed by member

Patient name (as printed on card)	
Patient card number	
Date of birth	
Principal name (as printed on card)	
Principal email	
Principal mobile	

2 Medical information

Completed by treating physician · BLOCK letters

COUNTRY OF TREATMENT	PROVIDER NAME & CONTACT DETAILS
DATE FIRST SYMPTOMS APPEARED	PHYSICIAN NAME & CONTACT DETAILS

SYMPTOMS

DIAGNOSIS (PRIMARY & SECONDARY)

TREATMENT / INVESTIGATION PRESCRIBED

Physician declaration. I confirm that I am the patient's medical practitioner, and the particulars given above are, to the best of my knowledge, true and correct.

PHYSICIAN SIGNATURE & OFFICIAL STAMP

Date ____ / ____ / ____
DD MM YYYY

3 Claimed invoices

List each invoice separately

#	INVOICE NUMBER	CLAIMED AMOUNT	CURRENCY
1			
2			
3			
4			
5			
6			
	Total claimed amount per currency		

4 Settlement details

Please print clearly · bank details

Settlement currency		Settlement method	☐ Wire transfer

A · BANK NAME	B · ACCOUNT HOLDER NAME
C · IBAN / ACCOUNT NUMBER	D · SWIFT CODE
E · BANK ADDRESS	F · BENEFICIARY ADDRESS

Going into hospital? You can always check in with us first.

For non-emergency admissions, ask your doctor to email a medical report and cost estimate, on official letterhead with their signature and stamp, to **reimb.approval@nas.ae** before you're admitted. It means everything's lined up and your stay runs smoothly.

A few things worth knowing

- Please send us your medical reports, prescriptions, investigation requests and results, and itemised invoices with original receipts. If you submit online, hold on to the originals — we may need to see them.
- Bank details can be saved (and edited later) on your myNAS profile at mynas.nas.ae, so you don't need to fill them in every time.
- For transfers within the UAE, fields A, B and C are all we need. For international transfers, please complete every field in section 4. If your country doesn't use IBAN, your account number is fine in field C. Bank charges on overseas transfers may be deducted by your bank.
- NAS isn't liable for incorrect bank details, and any charges for fixing them will come out of the final settlement — so please double-check before signing.
- All documents must be in English or Arabic. If yours are in another language, please have them translated before you submit.
- Submission and resubmission timelines follow your policy's terms and conditions.

Member declaration. I confirm that I am the patient, the patient's spouse, or guardian (where the patient is under 18), and I wish to claim benefits under this policy. I declare that the particulars given above are, to the best of my knowledge, true and correct. I authorise any hospital, physician or healthcare provider to share with NAS Administration Services the complete information and copies of records relating to medical treatment or other services provided to me or my dependants. I agree that a copy of this consent has the same validity as the original.

SIGNATURE OF PRINCIPAL / SPOUSE

Date ____ / ____ / ____
DD MM YYYY

REIMBURSEMENT CLAIMS · REQUIREMENTS CHECKLIST

For NAS internal use only

RECEIVED DATE

CLAIM ID NUMBER

DESCRIPTION	PROVIDED	COMMENTS
Completed NAS claim form	☐ Yes ☐ No	
Patient details (name, NAS ID, signature)	☐ Yes ☐ No	
Diagnosis, treatment and history	☐ Yes ☐ No	
Doctor's signature & stamp with speciality, licence number and hospital/clinic stamp	☐ Yes ☐ No	
Original hospital / clinic invoices with itemised treatment costs and any medications given with their costs	☐ Yes ☐ No	
Pathology, radiology, laboratory or investigational official results *if any were carried out*	☐ Yes ☐ No	
Detailed medical report covering onset and history of the condition and any conservative treatments tried, and/or discharge summary if the patient was admitted	☐ Yes ☐ No	
Original and recent medicine prescription, and optical prescription *if applicable*	☐ Yes ☐ No	
Original pharmacy invoices / receipts with paid stamp and itemised cost breakdown	☐ Yes ☐ No	
Referral letter from a specialist with treatment plan *e.g. physiotherapy, psychotherapy*	☐ Yes ☐ No	
English or Arabic translation of any documents in another language *where treatment was carried out outside the UAE — your hospital or clinic can usually arrange this for you when issuing the documents*	☐ Yes ☐ No	