

**YES** **DOCUMENT CHECK LIST**  
Please tick

- 1. Duly completed Amity Health Claim Form**
  - 1a. Stamp and signature of treating doctor
  - 1b. Signature of member
- 2. Consultation Invoice**
  - 2a. Consultation with breakdown if any other treatment is included with it
- 3. Laboratory / Radiology Invoice**
  - 3a. Laboratory / Radiology reports and results
- 4. Pharmacy Invoice**
  - 4a. Itemized breakdown of cost of pharmacy items
  - 4b. Prescription from treating doctor for each invoice
- 5. Dental Treatment**
  - 5a. Itemized breakdown of cost of consultation and dental treatment
  - 5b. Dental treatment summary (inclusive of tooth number)
- 6. Optical Treatment**
  - 6a. Itemized breakdown of cost of consultation, lens and frames
  - 6b. Optical prescription
- 7. Maternity**
  - 7a. Itemized breakdown of cost of consultation, lab tests, radiology tests and inpatient services rendered
  - 7b. Investigation and radiology reports
  - 7c. Detailed discharge summary from hospital admission for discharge of mother
  - 7d. Detailed discharge summary from hospital admission for discharge of baby
- 8. Psychiatric Benefit**
  - 8a. Prior approval sought?
- 9. For Inpatient (Hospitalization Cases)**
  - 9a. Medical Discharge report / summary stamped and signed by the treating doctor
  - 9b. Signed and dated original itemized bill / invoice
  - 9c. Original prescription for medication by treating doctor
  - 9d. Investigations results / reports like diagnostics, laboratory tests, x-rays, etc.
- 10. If claim incurred outside UAE - English / Arabic translated documents are provided**
- 11. Separate claim forms and invoices (as specified above) are submitted for each claimant**
- 12. Is the claim within the policy period**

**NOTE: PROPERLY DOCUMENTED CLAIMS WILL ENSURE PROMPT CLAIM SETTLEMENT**

**EMPLOYER / EMPLOYEE DECLARATION**

I hereby declare that to the best of my knowledge and belief, the statements and answers in this form are true and correct.

Name of Employer/Employee  
(parent if minor)

Signature of Employer/Employee  
(parent if minor)

Date

DD / MM / YYYY