SANAD
INSURANCE BROKERS

User Guide

Northwestern University - Qatar
01/08/2026 - 31/07/2027

Hello.

Here's what's inside your User Guide.

- Who We Are: The parties involved in your insurance plan this year
- Your Helpdesk: Your point of contact for all insurance things.
- Emergency Assistance: The number you can call in case of an insurance emergency
- Coverage: What's covered and where
- Reimbursements: How to do them & the documents needed.
- Chronic Claims Guide: For students with Chronic Conditions

Who We Are

Here to assist you for the whole year

Insurer

Claims Administrator

Broker

Your Helpdesk

Your point of contact for all the things in insurance

Health Insurance can be a frustrating process. With SANAD, it doesn't have to be.

Available via phone, WhatsApp, & email, your dedicated Customer Care Agent is available to assist you with a variety of requests, including:

- Coverage Awareness: Answering questions regarding coverage & network.
- Pre-Approval Support: Processing & expediting approvals for direct billing claims
- Reimbursement Assistance: Processing & expediting approvals for reimbursement claims
- Complaints Handling: Assistance in resolving disputed claims and general service complaints

Your Point of Contact

Maria Lozano

+974 7781 3869

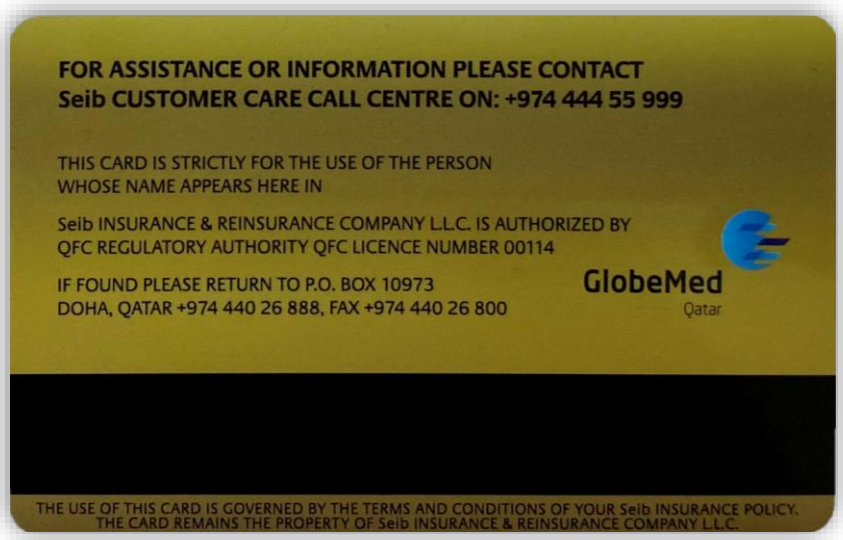
customercare@sanadinsurance.com

Available:

Sunday- Thursday	Saturday
8 am – 9 pm	12 nn – 9 pm

Need Emergency Assistance?

Call the number on the back of your card.



Contact Number

+974 4405 6998

Available 24/7

For additional support, please contact SANAD.

Coverage

What's covered & where

Your policy begins on 01/08/2026 & ends on 31/07/2027.

- To know about the benefits under policy, please see your Table of Benefits.
- For a brief summary on what is not covered, please refer to your General Exclusions.
- For more, please see the Policy Wording.
- To learn more about your Network of Providers, please see the Network Folder in your Insurance Kit.
- To use forms like the Reimbursement Claim Form or the Chronic Claim Form, please see the Forms folder in your Insurance Kit.

For more information, please don't hesitate to contact us for questions or assistance.

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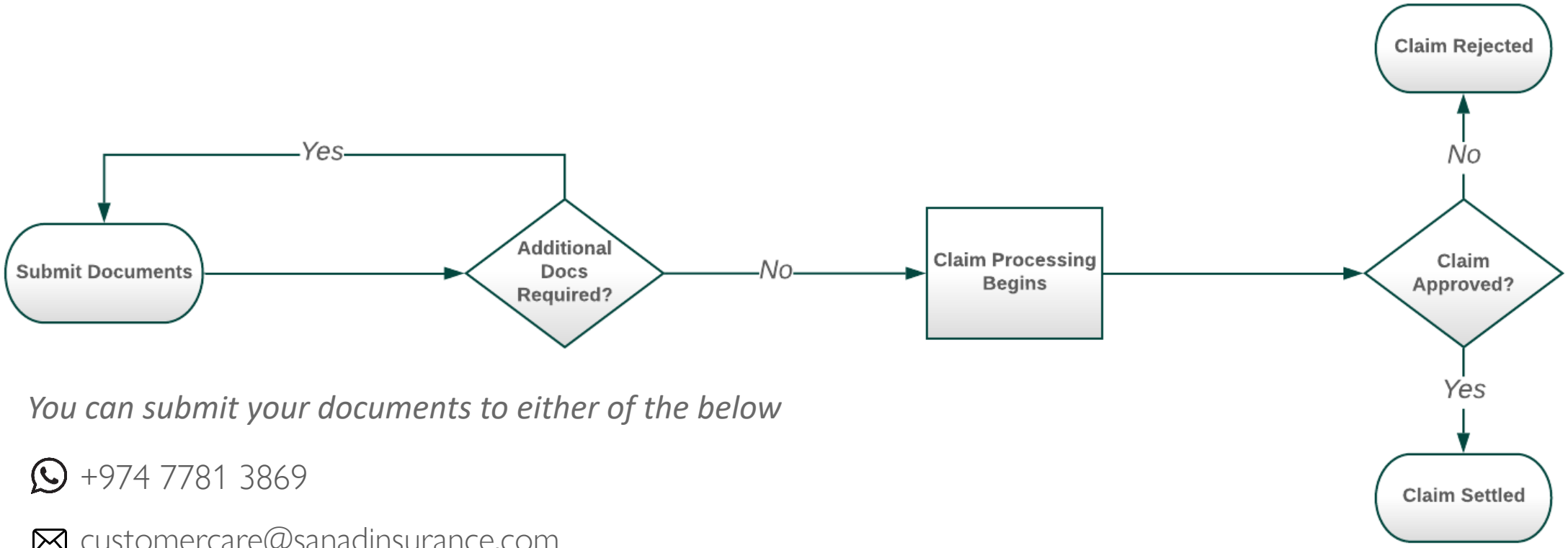
Reimbursement Process

In case you pay out-of-pocket at a provider



You can submit your documents to either of the below

+974 7781 3869

customercare@sanadinsurance.com

[1] Claims typically take around 15 working days to be processed.

[2] Deadline for submission is 90 days from date of treatment if your treatment occurred in Qatar.

[3] Deadline for submission is 90 days from date of treatment if your treatment occurred abroad.

[4] Payment will be via Wire Transfer

Reimbursement Documents

Documents required for a successful reimbursement

Basic Documents	Insurance Card copy Itemized Receipt Medical Report / Reimbursement Claim Form
Consultation	No Additional Documents Needed
Prescription	+ Physician Prescription
Lab / Radiology	+ Lab Result
Physiotherapy	+ Physician Referral Form + Radiology Report
Inpatient	+ Discharge Summary
Surgery	+ Operative Note

[1] Claims to be submitted in either English, Arabic, or French

[2] Soft copies are OK, but your insurer reserves the right to request originals

[3] Additional documents may be requested..

Chronic Prescription Form

For members with chronic conditions

If your medical condition requires you to dispense your medication on a regular basis, this form is for you.

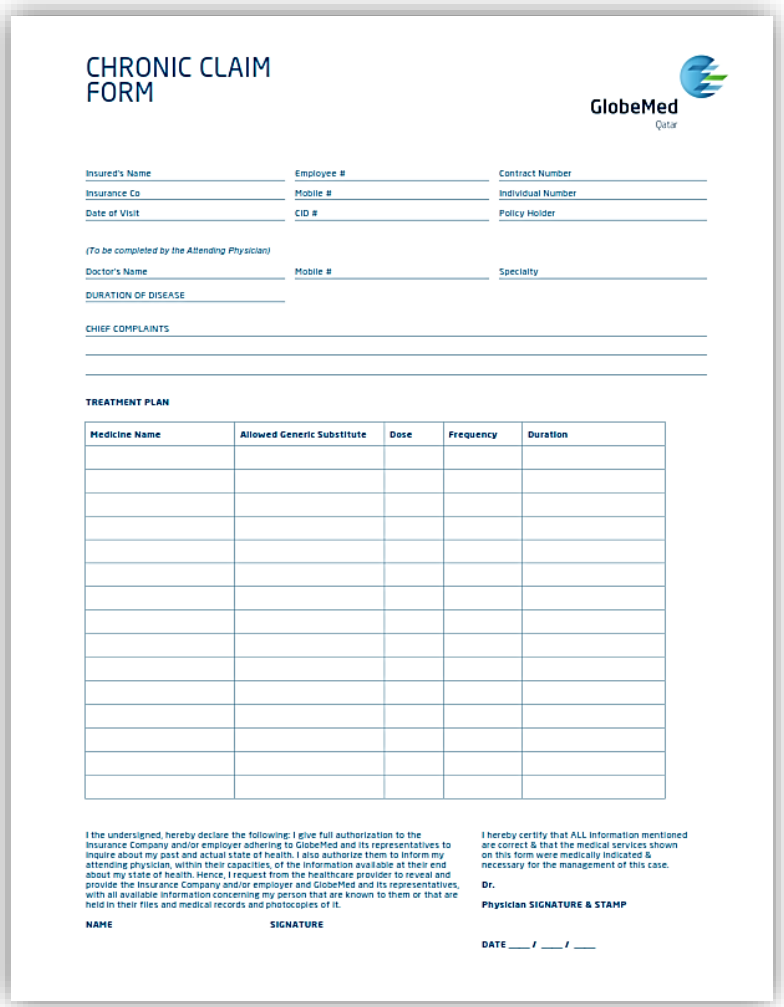
1. Ask your treating doctor to fill in the required fields for the chronic prescription (e.g. diagnosis, medication, duration) with a medical report and share these with us.

2. Let us know the chosen pharmacy (within your network) from where you would like to dispense your medication

3. If eligible & your treatment is covered, approval will be sent to your provider to dispense medication for a period of 2-3 months, automatically renewable until the duration requested.

[1] Any extension of these requests will require an updated prescription from the doctor.

[2] For approvals requested closer to the expiry date of your policy, cover will only be given up to the expiry date.



CHRONIC CLAIM FORM

GlobeMed Qatar

Insured's Name | Employee # | Contract Number
Insurance Co | Mobile # | Individual Number
Date of Visit | CID # | Policy Holder

(To be completed by the Attending Physician)

Doctor's Name | Mobile # | Specialty
DURATION OF DISEASE

CHIEF COMPLAINTS

TREATMENT PLAN

Medicine Name	Allowed Generic Substitute	Dose	Frequency	Duration

I the undersigned, hereby declare the following: I give full authorization to the Insurance Company and/or employer adhering to GlobeMed and its representatives to inquire about my past and actual state of health. I also authorize them to inform my attending physician, within their capacities, of the information available at their end about my state of health. Hence, I request from the healthcare provider to reveal and provide the Insurance Company and/or employer and GlobeMed and its representatives, with all available information concerning my person that are known to them or that are held in their files and medical records and photocopies of it.

NAME **SIGNATURE**

I hereby certify that ALL information mentioned are correct & that the medical services shown on this form were medically indicated & necessary for the management of this case.

Dr.

Physician SIGNATURE & STAMP

DATE ___ / ___ / ___

Contact

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+974 4038 6746

PO Box 39214

sanadinsurance.com