



SANAD

INSURANCE BROKERS

User Guide

Northwestern University - Qatar

01/08/2024 - 31/07/2025



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:

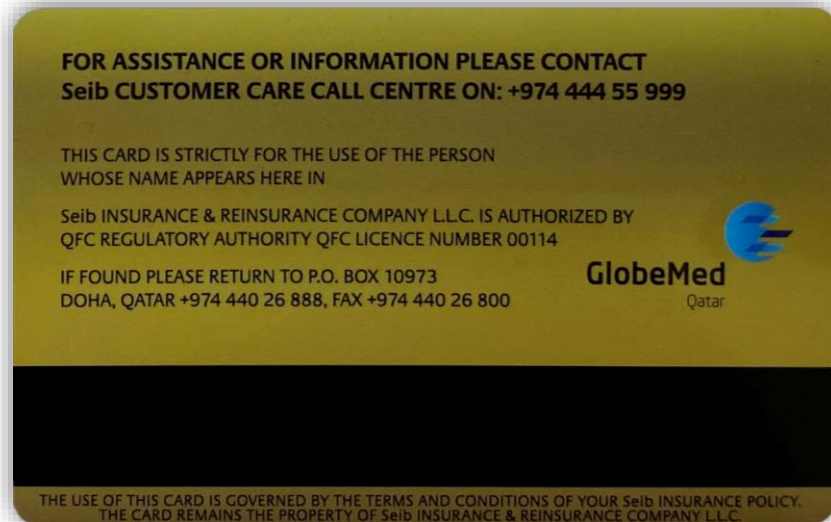
Sunday- Thursday
8 am – 9 pm

Saturday
12 pm – 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 **01/08/2024** & ends on **31/07/2025**.

- 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.

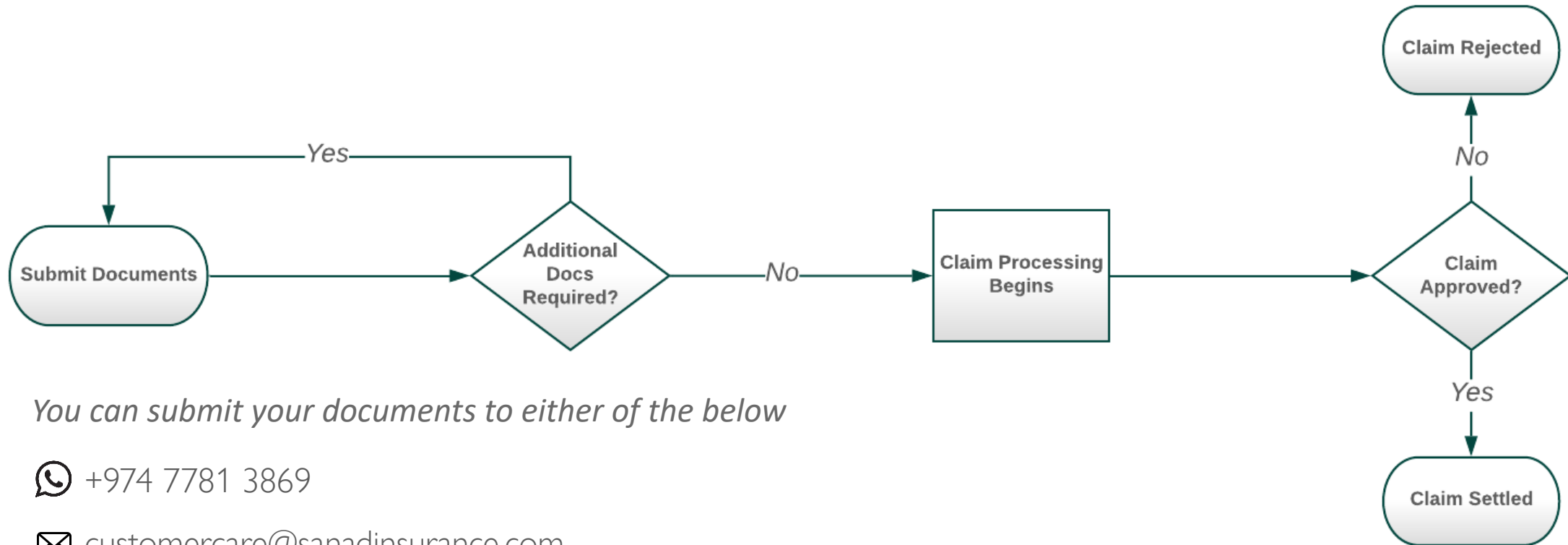
For more information, please don't hesitate to contact us for questions or assistance.





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

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
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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.

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

NAME _____

SIGNATURE _____

DATE ____ / ____ / ____

User Guide. Northwestern University - Qatar Health Insurance. August 01, 2024 – July 31, 2025. In case of error, omission, or discrepancy, kindly contact SANAD or your insurer at csr@seibinsurance.com or via telephone at 44455999.

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Dental Care

Additional Benefits

Maximum Limit per person per year	3,000/-
Co-insurance for Dental treatment	20% (after other applicable deductible)
Consultations, Extractions, Amalgam & Composite Filling	Covered
Glass Ionomer & Root Canal Treatment	Covered
Scaling	Covered once per person per policy year
Non- Precious Crown “Porcelain Crown”	Covered
Gum and Periodontal Treatment	Covered
Orthodontics & Dental Prosthesis	Covered
Laboratory	Covered



*For detailed information, please refer to your table of benefits



Optical Care

Additional Benefits

Maximum Limit Per Person Per Year	1,000/-
Co-insurance for optical treatment	20% (after other applicable deductible)
Vision Tests for Errors of Refraction & optical glasses or contact lenses	Covered



*One prescribed lense/s per person per year

**For detailed information, please refer to your table of benefits



Travel Coverage and International Assistance

In general, your travel coverage begins when you depart Qatar & ends upon your return to Qatar.

Emergency Dental Care	\$1,100
Cost of First Aid & Rescue	\$20,000
Delayed Departure after 12 hours	up to \$500
Loss of passport	\$500
Delayed Baggage	\$500
Missed Departure	\$1,000
Luggage Loss per KG up to 40KG	\$30
Medical Translation Service	Covered
Emergency traveling service assistance	Covered



*Period of Cover: 180 days

**Seib terms and conditions apply

*** For detailed information, please refer to your table of benefits



International Assistance

In case of a Travel Emergency, you can contact Customer Service Relation to direct you to a provider that is within their network or assist you with your travel needs as per your coverage.

Contact Number

+974 4445 5999

csr@seibinsurance.com

Available 24/7

For additional support, please contact SANAD.



Contact

customercare@sanadinsurance.com

+974 4038 6746

PO Box 39214



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