This form is applicable only for reimbursement claims resulting from:

1. Card under processing

2. Transaction not accepted by the Member of Globe Med - Qatar Network

3. Emergency Case and no Globe Med - Qatar Network Available in the Geographical Area:

4. Emergency Abroad

5. Second recourse for a Rejected Claim

6. Prior Approval delivered by Globe Med - Qatar

7. Others

Remarks:

Please submit this form filled along with: original detailed bill, medical results, a photocopy of the access card and detailed medical report

Name: .................................................................

Card No: .............................................................

Claimed Amount: ..................................................

Transaction Date: ...............................................

Documents Enclosed: .........................................

☐ Prescription
☐ Copy of Insurance Card
☐ Lab/ Radiology Results
☐ Detailed Original Bill
☐ Doctor's Report

Remarks: .................................................................

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