ADIR Partnership Byblos Bank & Assurances Banque Populaire France
Insurance & Reinsurance

REIMBURSEMENT CLAIM FORM

Claim sent to MedEx by ADIR on _____/_____/_____
Claim received by MedEx on _____/_____/_____
Claim returned by MedEx to ADIR on _____/_____/_____

Kindly settle this claim by issuing a cheque to the order of____________________
For the amount of ____________________

Date claim paid: _____/_____/_____

Patient's name: ____________________
Date of Birth: _____/_____/_____
Policy n° & Plan: ____________________
Policyholder: ____________________
Effective date: _____/_____/_____ Expiry date: _____/_____/_____
Claim n° ____________________ Staff n°: ____________________
Claim date: _____/_____/_____ Authorization n°: ____________________
Invoice amount: ____________________

POLICY INFORMATION

☐ New ☐ Renew ☐ Cont. ☐ LG ☐ VIP
☐ Group ☐ Individual
☐ Co-NIL ☐ Co-NSSF
Class: ☐ L ☐ 1 ☐ 2 ☐ 3
☐ AMB ☐ PM ☐ DV ☐ Others (Specify)
☐ Exclusion: ____________________
☐ Limit: ____________________

Enclosed required documents: ☐ Detailed medical report ☐ NSSF Prescription ☐ Itemized invoice
☐ Receipt ☐ Results ☐ Drugs empty boxes if Co-NSSF ☐ Top of the boxes if Co-NIL

To be filled by Medical Express

☐ Approved ☐ Partially declined ☐ Totally declined

Declined reason: ____________________

Specific assessment code: ____________________

Medical remarks: ____________________

Claimed Expenses	Claimed Amount	Approved Amount
☐ Emergency		
☐ Ambulatory		
☐ In-Hospital		
Total		

	Medical Auditor	Price Auditor	MedEx Processor	ADIR
Signature				
Date				