

Approvals			Route of Communication
Services	Time Frame	Needed INFORMATION	
Hospitals: Day Cases and Inpatient admissions	48 Hours /Emergency cases 24 hrs	Member's name Member's policy number Member's membership number Service type & requested provider's name Diagnosis or symptoms presented to the doctor Any supporting documents if available (ex. lab tests results, scan reports, full medical report, etc.)	ihcc@axa-egypt.com
Radiology Center: All tests unless tests value < 500 USD Must be pay and claim	48 Hours /Emergency cases 24 hrs	Member's name Member's policy number Member's membership number Service type & requested provider's name Diagnosis or symptoms presented to the doctor Any supporting documents if available (ex. lab tests results, scan reports, full medical report, etc.)	ihcc@axa-egypt.com
Lab Tests: All tests unless tests value < 500 USD Must be pay and claim	48 Hours /Emergency cases 24 hrs	Member's name Member's policy number Member's membership number Service type & requested provider's name Diagnosis or symptoms presented to the doctor Any supporting documents if available (ex. lab tests results, scan reports, full medical report, etc.)	ihcc@axa-egypt.com

How To Use Our Service



Outside Egypt

In-Patient **ONLY**
+MRI , PET, CI
Evacuation & repatriation

In-Patient
Out-Patient
Check-up
Optical
Vaccinations

<u>Pharmacies:</u> All tests unless tests value < 500 USD Must be pay and claim	48 Hours /Emergency cases 24 hrs	Member's name Member's policy number Member's membership number Service type & requested provider's name Diagnosis or symptoms presented to the doctor Any supporting documents if available (ex. lab tests results, scan reports, full medical report, etc.)	ihcc@axa-egypt.com
<u>Chronic Medication</u> All tests unless tests value < 500 USD Must be pay and claim	48 Hours /Emergency cases 24 hrs	Chronic prescription (maximum 3 months backdated) include the following: (Diagnosis, Medications with concentration,Dosage) -Copy of the member's medical card -Recent lab tests results/ scans reports depends on the case	ihcc@axa-egypt.com
<u>Maternity (After Maternity Activation):</u> All tests unless tests value < 500 USD Must be pay and claim	48 Hours /Emergency cases 24 hrs	Member's name Member's policy number Member's membership number Service type & requested provider's name Diagnosis or symptoms presented to the doctor Any supporting documents if available (ex. lab tests results, scan reports, full medical report, etc.)	ihcc@axa-egypt.com
<u>Dental:</u> All tests unless tests value < 500 USD Must be pay and claim	48 Hours /Emergency cases 24 hrs	Member's name Member's policy number Member's membership number Service type & requested provider's name Diagnosis or symptoms presented to the doctor Any supporting documents if available (ex. lab tests results, scan reports, full medical report, etc.)	ihcc@axa-egypt.com

<u>Chemotherapy&Radi otherapy Centers:</u> All Services	48 Hours /Emergency cases 24 hrs	Member's name Member's policy number Member's membership number Service type & requested provider's name Diagnosis or symptoms presented to the doctor Any supporting documents if available (ex. lab tests results, scan reports, full medical report, etc.)	ihcc@axa-egypt.com
<u>Physiotherapy Centers:</u> All tests unless tests value < 500 USD Must be pay and claim	48 Hours /Emergency cases 24 hrs	Member's name Member's policy number Member's membership number Service type & requested provider's name Diagnosis or symptoms presented to the doctor Any supporting documents if available (ex. lab tests results, scan reports, full medical report, etc.)	ihcc@axa-egypt.com
OPTICAL	PAY AND CLAIM		