

Reimbursement checklists			
	AXA Checklist	Important Notes	
Inpatient	<b>Inpatient services</b>	<b>1. For AXA individual: * for chronic treatment:</b> Medical report mentioning onset date of symptoms	
	1. <b>Stamped E-invoice</b> from the hospital with the total amount (AXA in all governments) 2. Detailed stamped breakdown invoice showing name and cost of each medical service (hospital stay, medications per item, medical consumables per item, lab tests and radiology scans per item and cost of each surgeon fees) 3. Hospital discharge report clarifying the admission date, discharge date, exact medical condition and details of the procedure performed. 4. Copy of all performed radiology scans and lab tests results supporting the diagnosis.		
	<b>Maternity services</b>		
	1. <b>Stamped Hospital E-invoice</b> with total amount paid. 2. Detailed stamped breakdown invoice showing name and cost of each medical service (hospital stay, medications per item, medical consumables per item, lab tests and radiology scans per item and cost of each surgeon fees) 3. Hospital discharge report showing type of delivery or doctor referral to delivery with admission and discharge dates. 4. Copy of child's birth certificate.		
outpatient	<b>Consultation</b>	----	
	1. Original stamped finalized consultation fees written on a separate doctor's prescription mentioning name of member and date of consultation visit. ( Noting that in case of several medical services such as consultation and ultrasound, a breakdown mentioning cost of each service must be provided) 2. Doctor's prescription showing name, date and diagnosis/ signs and symptoms.		
	<b>Medications</b>	<b>For computerized invoices</b>	
	1. Original stamped itemized invoice. 2. Doctor's prescription showing diagnosis/ signs and symptoms requesting the purchased medications with a date within 7 days prior to purchase date in acute conditions	<b>AXA accepts the following:</b> 1. AXA accepts <b>finalized invoices</b> even if <b>they are not stamped.</b> (Mentioning: " المدفوع: المبلغ " ) 2. AXA may accept <b>non-finalized</b> pharmacy invoice that states: "المطلوب: [المبلغ]" "المدفوع: 0" <b>Only if the following are present:</b> 1. A live stamp from the pharmacy 2. Payment method is mentioned: "طريقة الدفع: فيزا" or "طريقة الدفع: كاش"	
	<b>Lab &amp; Radiology Services</b>	----	
	1. Original breakdown finalized stamped invoice mentioning name, date and cost of each test done. 2. Doctor's prescription showing diagnosis/ signs and symptoms 3. Doctor's Request, requesting the tests and scans with a date prior to test date. 4. Copy of all performed lab tests / scans results.		
	<b>Physiotherapy sessions</b>	Orthopedic / Neurologist doctor's request clearly mentioning the diagnosis and specifying the number of physiotherapy sessions required should be dated no more than <b>14 days</b> prior to the first session	
	1. Original finalized stamped itemized invoice mentioning cost, type, and date of each physiotherapy session (Noting that sessions paid must be already done and not in advance) // Original finalized stamped itemized invoice mentioning cost of each physiotherapy session 2. Stamped proof of payment for the total paid amount of the physiotherapy sessions 3. Doctor's prescription mentioning diagnosis/ signs and symptoms 4. Doctor's request, requesting the physiotherapy sessions with number of required sessions and to be referred by a specialized doctor (Orthopedic or Neurology) 5. Physiotherapy sessions follow-up card showing type of session and date of each session performed. 6. Copy of all performed radiology scans results supporting the diagnosis.		
	<b>Optical services</b>		E-invoices should be issued under the member's name.
	1. Recent eyesight measurement with a date within 3-6 months prior to purchase date. 2. Stamped / Valid E-invoice with total amount paid.		
<b>Dental</b>	----		
<b>Original final stamped itemized invoice mentioning the following:</b> 1. Name of the member. 2. Date for each dental service performed in case of multiple procedures in the same invoice. 3. Dental procedure done detailing the tooth number and position. 4. Cost of each dental procedure performed. 5. Invoice must be mentioning that the member paid or that the doctor received the total amount by mentioning (تم عمل الذي....او تم) دفع المبلغ.....)			