

| Reimbursement checklists | | |
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| Globemed Checklist | | Important Notes |
| Inpatient | Inpatient services | |
| | 1. Itemized stamped hospital invoice with total amount paid (Does not require E-invoice) 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. | |
| | Maternity services | |
| | 1. Itemized stamped hospital invoice with total amount paid (Does not require E-invoice) 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 | 1. Consultation | |
| | 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. | Consultation invoice to include TAX number + Original Doctor's prescription |
| | 2. Medications | |
| | 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 | finalized stamped pharmacy invoice Original doctor's prescription |
| | 3. Lab & Radiology Services | |
| | 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. | |
| | 4. Physiotherapy sessions | |
| 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. Optical services | | |
| 1. Recent eyesight measurement with a date within 3 months prior to purchase date. 2. Stamped / Valid E-invoice with total amount paid OR Optical shop's original stamped itemized invoice including the following: o Valid tax ID and commercial registration number. o Detailed address and phone number. o Name of the member. o Date of purchase. o Breakdown of frame cost and lenses cost | Invoice to include TAX number | |
| 7. Dental | | |
| • Original final stamped itemized invoice mentioning the following: - Name of the member. - Date for each dental service performed in case of multiple procedures in the same invoice. - Dental procedure done detailing the tooth number and position. - Cost of each dental procedure performed. | Invoice to include TAX number | |