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.)	approvals.international@axa-egypt.com 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.)	approvals.international@axa-egypt.com 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.)	approvals.international@axa-egypt.com 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

25

Pharmacies: 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.)	approvals.international@axa-egypt.com ihcc@axa-egypt.com
Chronic Medication 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	approvals.international@axa-egypt.com ihcc@axa-egypt.com
Maternity (After Maternity Activation): 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.)	approvals.international@axa-egypt.com 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.)	approvals.international@axa-egypt.com ihcc@axa-egypt.com

Chemotherapy&Radi otherapy Centers: 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.)	approvals.international@axa-egypt.com ihcc@axa-egypt.com
Physiotherapy Centers: 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.)	approvals.international@axa-egypt.com ihcc@axa-egypt.com
OPTICAL	PAY AND CLAIM		approvals.international@axa-egypt.com ihcc@axa-egypt.com