

Reimbursement Claim Form
General information

ATTENTION DATE (dd/mm/yyyy)		CONTRACT NUMBER	
AFFILIATE'S NAME		FAMILY NUMBER	
ID TYPE <input type="checkbox"/> Identification card <input type="checkbox"/> Passport	ID NUMBER	TELEPHONE NUMBER	
EMAIL	COMPANY NAME WHERE THE MAIN HOLDER WORKS		
PATIENT'S NAME			AGE
DIAGNOSIS OR REASON FOR THE REQUESTED ATTENTION			

PROCEDURE OR TREATMENT PERFORMED BY THE TREATING DOCTOR

Summary of the attached account

CLAIMED VALUE (Total amount requested for refund)	RD\$
TOTAL EXPENSES (Total expenses invoiced by the doctor/medical center)	RD\$

Banking information *

DO YOU WANT YOUR PAYMENT TO BE MADE IN YOUR BANK ACCOUNT? <input type="checkbox"/> Yes <input type="checkbox"/> No	IF YOUR ANSWER IS AFFIRMATIVE, SPECIFY NAME OF THE BANK
ACCOUNT NUMBER	ACCOUNT TYPE <input type="checkbox"/> Saving <input type="checkbox"/> Current
OBSERVATIONS	

* If these data were previously provided, it is not necessary to complete

For ARS Universal internal use

CASE NUMBER IN BIZAGI	CASE NUMBER IN APOLO	STATUS OF THE APPLICATION <input type="checkbox"/> Approved <input type="checkbox"/> Declined
NET PAID OUT		RD\$

See the reimbursement requirements overleaf

Signature and company's stamp

Patient or Affiliate's signature

Date (dd/mm/yyyy)

This claim must be filed within the next 60 days from the date the service was rendered. ARS Universal reserves the right to pay after this period has elapsed.

I hereby certify that the above answers are correct and true to the best of my knowledge. Likewise, I authorize all doctors or any other persons who examined me, all hospitals or other institutions, to provide information and full copies of the documents related to this claim to ARS Universal.

Requirements for processing reimbursement claims

1. Reimbursement Claim Form.
2. Attention date.
3. Contract number and certificate.
4. Affiliate's name.
5. Type of identification of the main insured.
6. Patient's name.
7. Diagnosis.
8. Total expenses incurred.
9. Value claimed.
10. Employee's signature.
11. Original documents (receipt, medical indications, invoices, among others).
12. Indication.
13. Receipt with the provider's header.
14. Invoice with header or pharmacy's stamp.
15. Invoice breakdown.
16. Receipt without alterations.
17. Services that do not exceed 60 days.
18. Vaccine receipt with the following information: name, vaccine and value.
19. Specify the treatment and / or procedure performed by the doctor.
20. Constancy of the coverage granted by other insurance company.
21. Invoices must be presented with the tax receipt number (NCF) and National Taxpayer Registry (RNC).
22. In therapies cases (send detail and date of the therapies applied).