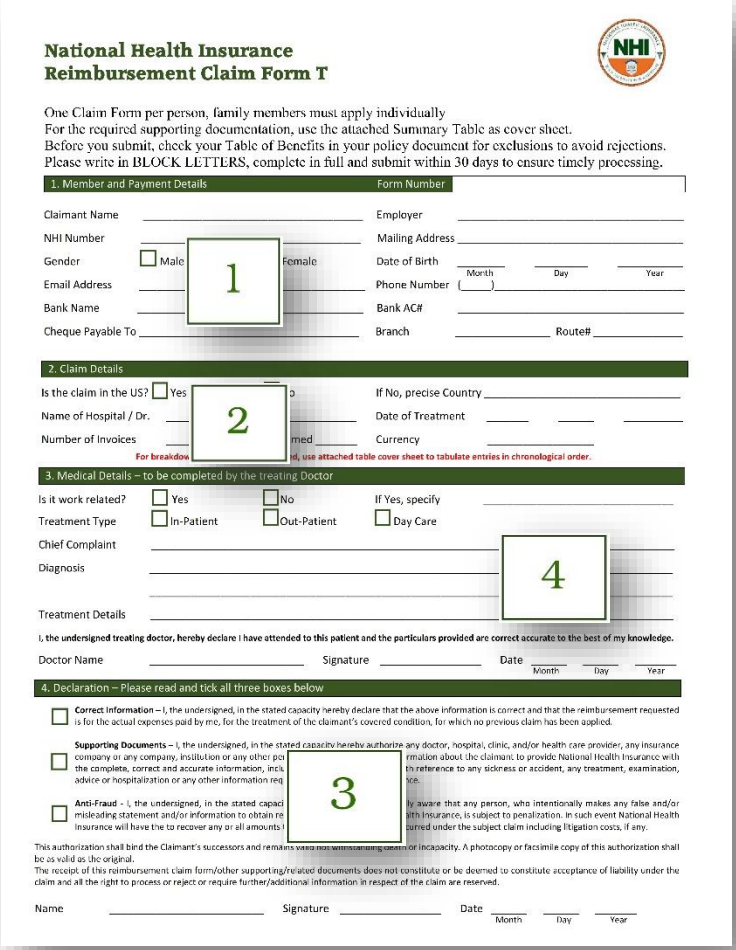
National Health Insurance
How to Complete the Form

Both you and the attending doctor must fill in the claim form for each individual visit or course of treatment.


National Health Insurance
Reimbursement Claim Form T

One Claim Form per person, family members must apply individually
For the required supporting documentation, use the attached Summary Table as cover sheet.
Before you submit, check your Table of Benefits in your policy document for exclusions to avoid rejections.
Please write in BLOCK LETTERS, complete in full and submit within 30 days to ensure timely processing.

1. Member and Payment Details — Form Number

Claimant Name
NHI Number
Gender ☐ Male ☐ Female
Email Address
Bank Name
Cheque Payable To
Employer
Mailing Address
Date of Birth (Month / Day / Year)
Phone Number
Bank AC#
Branch
Route#

1

2. Claim Details

Is the claim in the US? ☐ Yes
Name of Hospital / Dr.
Number of Invoices
If No, precise Country
Date of Treatment
Currency
For breakdow … use attached table cover sheet to tabulate entries in chronological order.

2

3. Medical Details – to be completed by the treating Doctor

Is it work related? ☐ Yes ☐ No If Yes, specify
Treatment Type ☐ In-Patient ☐ Out-Patient ☐ Day Care
Chief Complaint
Diagnosis
Treatment Details

4

I, the undersigned treating doctor, hereby declare I have attended to this patient and the particulars provided are correct accurate to the best of my knowledge.

Doctor Name Signature Date (Month / Day / Year)

4. Declaration – Please read and tick all three boxes below

☐ **Correct Information** – I, the undersigned, in the stated capacity hereby declare that the above information is correct and that the reimbursement requested is for the actual expenses paid by me, for the treatment of the claimant's covered condition, for which no previous claim has been applied.

☐ **Supporting Documents** – I, the undersigned, in the stated capacity hereby authorize any doctor, hospital, clinic, and/or health care provider, any insurance company or any company, institution or any other per … rmation about the claimant to provide National Health Insurance with the complete, correct and accurate information, incl… th reference to any sickness or accident, any treatment, examination, advice or hospitalization or any other information req… ce.

☐ **Anti-Fraud** - I, the undersigned, in the stated capaci… ly aware that any person, who intentionally makes any false and/or misleading statement and/or information to obtain re… ith Insurance, is subject to penalization. In such event National Health Insurance will have the to recover any or all amounts … urred under the subject claim including litigation costs, if any.

3

This authorization shall bind the Claimant's successors and remains valid notwithstanding death or incapacity. A photocopy or facsimile copy of this authorization shall be as valid as the original.
The receipt of this reimbursement claim form/other supporting/related documents does not constitute or be deemed to constitute acceptance of liability under the claim and all the right to process or reject or require further/additional information in respect of the claim are reserved.

Name Signature Date (Month / Day / Year)

You

1. The Patient's details section is to be filled completely including the NHI Number. Give us your contact details so we can keep you informed on the progress of your claim by Telephone or by e-mail.
   Enter the bank details including the IBAN of the account where we can transfer your settled claim amount.

2. Include the breakdown of expenses that need reimbursement.
   Complete the summary table on the next page giving the full required details. Every invoice should be on one line.

3. Read the Declaration section carefully, tick the boxes and remember to sign and date the form.

Your Doctor

4. Please ensure that the doctor completes each question of the Medical section in full and then signs and stamps it.

   If you were unable to have the doctor complete the section, please provide the information to the best of your ability.

Send your claim to:	NHI Claims Department National Health Insurance P.O. Box 698 Road Town | Tortola British Virgin Islands Tel: 284 - 852- 7860

Claims Processing

Your claim will be assessed in full confidentiality by someone in the Claims Department. If NHI has received all required documents and information, you will receive reimbursement within 60 days along with an Explanation of Benefits.

It is preferred and recommended that the reimbursement claim form to be submitted within thirty (30) days of the date of service knowing that claims submitted after ninety (90) days of the treatment date shall not be accepted.

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Please write in BLOCK LETTERS, complete in full and submit within 30 days to ensure timely processing.

1. Member and Payment Details

Claim Number _____

Claimant Name _____ Employer _____

NHI Number _____ Mailing Address _____

Gender ☐ Male ☐ Female Date of Birth _____ (Month) _____ (Day) _____ (Year)

Email Address _____ Phone Number (_____)_____

Bank Name _____ Bank AC# _____

Cheque Payable To _____ Branch _____ Route# _____

2. Claim Details

Was service rendered in the BVI? ☐ Yes ☐ No If No, state which Country _____

Name of Hospital / Dr. _____ Date of Treatment _____ (Month) _____ (Day) _____ (Year)

Number of Invoices _____ Total Amount Claimed _____ Currency _____

For breakdown of Total Amount Claimed, use reverse table cover sheet to tabulate entries in chronological order.

3. Medical Details – to be completed by the treating Doctor

Is it work related? ☐ Yes ☐ No If Yes, specify _____

Treatment Type ☐ In-Patient ☐ Out-Patient ☐ Day Care

Chief Complaint _____

Diagnosis _____

_____

Treatment Details _____

I, the undersigned treating doctor, hereby declare I have attended to this patient and the particulars provided are correct to the best of my knowledge.

Doctor Name _____ Signature _____ Date _____ (Month) _____ (Day) _____ (Year)

4. Declaration – Please read and tick all three boxes below

☐ **Correct Information** – I, the undersigned, in the stated capacity hereby declare that the above information is correct and that the reimbursement requested is for the actual expenses paid by me, for the treatment of the claimant's covered condition, for which no previous claim has been applied.

☐ **Supporting Documents** – I, the undersigned, in the stated capacity hereby authorize any doctor, hospital, clinic, and/or health care provider, any insurance company or any company, institution or any other person who has any record or information about the claimant to provide National Health Insurance with the complete, correct and accurate information, including copies of their records with reference to any sickness or accident, any treatment, examination, advice or hospitalization or any other information required by National Health Insurance.

☐ **Anti-Fraud** - I, the undersigned, in the stated capacity hereby declare that I am fully aware that any person, who intentionally makes any false and/or misleading statement and/or information to obtain reimbursement from National Health Insurance, is subject to penalization. In such event National Health Insurance will have the right to recover any or all amounts that may have reimbursed or incurred under the subject claim including litigation costs, if any.

This authorization shall bind the Claimant's successors and remains valid not withstanding death or incapacity. A photocopy or facsimile copy of this authorization shall be as valid as the original.
The receipt of this reimbursement claim form/other supporting/related documents does not constitute or be deemed to constitute acceptance of liability under the claim and all the right to process or reject or require further/additional information in respect of the claim are reserved.

Name _____ Signature _____ Date _____ (Month) _____ (Day) _____ (Year)

Reimbursement Claim Form Attachment
Summary Table of Invoices

Mark the sequence number of the corresponding invoice.

Sequence Number	Service Date	Provider Name	Service Description	Diagnosis	Invoice ref. Number	Claimed Amount

Checklist - Before you submit, please check that you have included all of the following as applicable:	✓
1. Completed and signed Reimbursement Claim Form	
2. Pre-approval letter form National Health Insurance where required (Overseas Care)	
3. Doctor's Referral (Local and Overseas)	
4. Original invoices/bills showing payments confirmation	
5. Medical and/or Lab test reports (including MRI/CT Scan and Operating Reports)	
6. All claims submitted must be in original & translated to English for the settlement	
7. Summary Table of Submitted Invoice (above) completed	
8. You have retained a copy of the Form, Summary Table and original invoices and report for your reference	

If Pre-approved not received, give a reason why. _____

_____