

Who we are

Eden Care Medical Health Insurance , is registered with the National Bank of Rwanda, and is the medical health insurance that this claim form is designed for.

Contact us

- [www.edencaremedical.com](http://www.edencaremedical.com)
- [support@edencaremedical.com](mailto:support@edencaremedical.com)
- Kigali , Rwanda , KN 78 St, Kigali

Directions for this form

1. Please complete the form fully in block letters
2. Each visit and dependent should have a separate claim form
3. Claims without valid diagnoses will be referred to the Service Provider for additional information
4. Attached all the supporting invoices to the claim reflecting the patients' details
5. Ensure all signatures are provided by the member and doctor including a providers' stamp
6. Claims need to be submitted within 90 days of services being rendered

You hereby declare that the information provided is true and correct. You also understand that any willful dishonesty may render a review of the payment of the claim.

1. Patient Details

Membership number

Surname

First name(s) (as per identity document)

Date of birth

D

D

M

M

Y

Y

Y

Y

Gender

☐ M

☐ F

Telephone (H)

-

Cellphone

-

Telephone (W)

-

Email

Patients Signature

Date

D

D

-

M

M

-

Y

Y

Y

Y

2. Medical Practitioner Details

Surname

First name(s) (as per identity document)

RMDC Reg No

Doctors Signature

Date

D

D

-

M

M

-

Y

Y

Y

Y

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3. Treatment Details

Treatment date

D

D

 - 

M

M

 - 

Y

Y

Y

Y

Referring Doctor

Healthcare FacilityReferred To (if applicable)

Final Diagnosis ICD CodeFinal Diagnosis Description

Additional Supporting or Underlying Diagnoses

Pre-Authorisation Number (If applicable)Type of Care

Outpatient Optical Maternity Inpatient Dental

4. Services / Items Claimed (Can be left blank if submitted with an itemised Invoice)

Item	RMPC Procedure Code	Quantity	Procedure / Medicine Description	Total Billed	Co-pay Amount	Total Claimed
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						

Patients SignatureDate

D

D

 - 

M

M

 - 

Y

Y

Y

Y

Doctors SignatureDate

D

D

 - 

M

M

 - 

Y

Y

Y

Y