



mednet

The preferred choice for healthcare solutions



User Guide

Dear MedNet Member,

On behalf of the MedNet team, we welcome you as our privileged member. Having partnered with your health insurance company for administering your policy, we take pride in offering you excellent healthcare services.

Providing you access to good quality healthcare services, is our business. We strive tirelessly to provide you with an extensive network in UAE and globally, supported by the best of customer services throughout. Operational convenience together with our innovative and simplified methods helps you have an easy and timely access to medical care.

Our dedicated team is available at all times and will be happy to serve you. Your health is important to us and so is your feedback. You can reach us through our toll free line 800 4882 round the clock, or write to us on customerservice@mednet.com.

It is indeed a pleasure to welcome you once again. Thank you for partnering with MedNet, the preferred choice for healthcare solutions.

With our wishes for continued good health.

The MedNet Team

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Medical Call Center SERVICES

As our privileged member, you have access to our 24/7 toll free number all year round. Services offered by our dedicated team of medical professionals include:

- MedNet Network Provider selection of hospitals, clinics and pharmacies you can visit.
- Assistance to find the right doctor according to your need.
- Authorization of treatments that require prior approval requested by the provider.
- Assistance for case management and discharge management during hospitalization.
- Details of what your policy covers.
- Guidance on reimbursement of claims.
- Second opinion assistance



Out-Patient Care

(Within the Network)

Always carry a copy of your Emirates ID.

For Medical Consultation

- Please refer to the MedNet Network according to your plan.
- Please carry your Emirates ID.

For Diagnostic Services and Laboratory Tests

- Please refer to the MedNet Network according to your plan (if tests are done at another provider).
- Please carry your Emirates ID.
- The provider will advise you if your diagnostic procedure requires a prior approval from MedNet. Selective tests need prior approval to be taken by the provider. You will receive an SMS message from MedNet confirming a request for approval has been received. MedNet will also update you on the decision, once it is conveyed to the provider.

For Pharmaceuticals

- Please refer to the MedNet Network according to your plan.
- Please carry your Emirates ID.
- Pharmacy requests within UAE will be submitted through the online portal by the pharmacy.

Out-Patient Care

(Within the Network)

For Physiotherapy (If covered by your plan)

- Please refer to the MedNet Network according to your plan (if tests are done at another provider).
- Please carry your Emirates ID.
- The Physiotherapy center will require a prior approval from MedNet for the sessions required. We provide you an update through an SMS message as soon as we have received your request. We also update you on the status of your prior-approval request once it is communicated to the provider.

For Dental (If covered by your plan)

- Please refer to the MedNet dental network.
- Please carry your Emirates ID.

Out-Patient Care

(Outside the Network)

While we strongly recommend using medical services within the MedNet Network, the reimbursement route is available for treatments availed outside of the network. Reimbursements may be submitted directly to your insurance company or through our online reimbursement portal.

You may access <https://www.mednet-global.com/members/reimbursement.aspx?frm=1>

List of documents to be submitted during reimbursement are:

- Completed Reimbursement Form from the treating Doctor
- Itemized receipts of payment for the amount claimed (The invoice must show cost per service)
- Full and Detailed Medical report / Diagnosis / Discharge Summary from the treating Doctor
- Copies of Results of Diagnostic Tests

Reimbursement will be based upon policy terms and conditions.

Original documents of the claims will need to be submitted to your insurer at the time of payment settlement.

How do you benefit from using medical services within the MedNet Network

- Cashless access – You will only need to pay your share of the services, if applicable.
- Quicker access – Our network providers have been trained to identify those services that require approval.
- Good quality healthcare – Our empaneling process ensures good quality healthcare from MedNet-accredited providers.
- Preferential rates – You enjoy preferential rates on services, reducing the amount payable as your share, if applicable.
- 24x7 call center – Our providers get 24x7 assistance on a dedicated provider line, to speak with our medical reviewers for any required discussions.

Availing your healthcare services is always made easy
within the MedNet Network.



In-Patient Care

Emergency Treatment

Within the network

- Hurry to the closest clinic or hospital OR please call MedNet Call Center for quick guidance on the closest provider to your location.
- As part of your final bill settlement, all excluded treatments, tests and pharmaceuticals including administration costs such as telephone calls made by you will have to be settled by you.

Outside the network

Reimbursement of claims for treatments availed outside of the network may be submitted directly to your insurance company or through our online portal below:

<https://www.mednet-global.com/members/reimbursement.aspx?frm=1>

List of documents to be submitted during reimbursement are:

- Completed Reimbursement Form from the treating Doctor
- Itemized receipts of payment for the amount claimed (The invoice must show cost per service)
- Full and Detailed Medical report / Diagnosis / Discharge Summary from the treating Doctor
- Copies of Results of Diagnostic Tests

In-Patient: Elective Treatment

(Non-Emergency)

Within the network

- Please refer to the MedNet Network according to your plan.
- All non-emergency in-patient treatment will have to be referred by your treating doctor.
- A copy of your EID is mandatory for cashless treatment.
- Provider to obtain pre-authorization from MedNet.
- You will receive an SMS message from MedNet confirming a request for approval has been received from the provider. MedNet will also update you on our decision, once it is communicated to the provider.
- The provider will also get in touch with you as soon as approval is received from MedNet.

Outside the network

Reimbursement of claims for treatments availed outside of the network may be submitted directly to your insurance company or through our online portal below:

<https://www.mednet-global.com/members/reimbursement.aspx?frm=1>

List of documents to be submitted during reimbursement are:

- Completed Reimbursement Form from the treating Doctor
- Itemized receipts of payment for the amount claimed (The invoice must show cost per service)
- Full and Detailed Medical report / Diagnosis / Discharge Summary from the treating Doctor
- Copies of Results of Diagnostic Tests

Reimbursement will be based upon policy terms and conditions.

Original documents of the claims will need to be submitted to your insurer at the time of payment settlement.

Emergency Assistance

(if covered by your plan)

Assist America (If covered by your plan) responds quickly and efficiently when members experience travel health emergencies in another country. The global emergency services offer major advantages over competitor assistance providers, including no caps or limits, no charge-backs and no exclusions for pre-existing conditions, adventure sports, or geographic risks.

Medical Consultation, Evaluation and Referral

The operations center is staffed 24/7 by medically-certified, multilingual personnel who can evaluate and make immediate recommendations for any emergency situation, including referrals to qualified medical providers.

Medical Monitoring

The team of medically trained personnel stays in regular communication with the attending physician and hospital to monitor appropriate levels of care.

Prescription Assistance

If a member forgets or loses a prescription while travelling, AA assist with replacing the medicine.

Hospital Admission Assistance

AA fosters prompt hospital admission by validating the member's health insurance or advancing funds as needed to the hospital (Advances must be re-paid within 45 days).

Emergency Medical Evacuation

If a member becomes ill or injured in an area of the globe where appropriate care is not available, AA will evacuate that individual safely to the nearest facility that meets our rigorous standards.

Compassionate Visit

AA will arrange and pay for a loved one to join any travelling member who is alone and is to be hospitalized for more than 5 days.

Emergency Message Transmission

Assist America will transmit emergency messages reliably between the patient, family, friends and employer.

Return of Mortal Remains

In the unfortunate event that a covered individual passes away while travelling, AA will complete the necessary paperwork, and arrange and pay for the necessary body preparations, shipping container and transport to bring the mortal remains home.

Pre-Trip Information

AA offers comprehensive pre-trip insights on our website www.assistamerica.com, (only available in English).

Legal and Interpreter Referrals

AA can make recommendations for trustworthy legal counsel and interpreter services in any country. AA can also arrange bail bonds in jurisdictions where they are legal.

Emergency Assistance

(if covered by your plan)

Lost Luggage or Document Assistance

AA works with airlines to recover and deliver lost bags, liaise with transportation companies to replace lost travel tickets and contact necessary agencies to solve issues of lost passports and licenses.

Care of Minor Children

If any minor children were travelling with an ill or injured parent, AA will arrange and pay for them to return home, with a qualified attendant if necessary, to a family member, or they will arrange childcare locally. Care of children will also be arranged at home who are left unattended due to the parent's unexpected absence.

Medical Repatriation

When the member has been stabilized to the satisfaction of AA's doctor and the attending physician, they will arrange transport back home or to a rehabilitation facility under medical supervision if required.

Every case they face is unique and requires its own set of customized solutions. That is why Assist America has been saving lives since 1990 without preset parameters. They are committed to resolving the emergencies of our members – whatever it takes – and they have the talent and resources to do so.

Contact In USA Call: 877 488 9857
Worldwide (Call Collect): +1 609 275 4999

Complaint Management

In order to provide superior customer experience, we ensure that your grievances and complaints are resolved in a timely manner. We address your complaints to conclusion while initiating operational changes to prevent future re-occurrences.

For your convenience, we offer multiple channels to send us your complaints. You can reach your complaints to us through our call centre, through electronic mail and through our website. MedNet's customer service team will address your complaint and provide an update once every 2 working days, until it is resolved.

We encourage you to use our 'Online Complaint Management System' which will deliver your complaint to us and also help you track the status of your complaint until it is resolved. Your ticket number will give you a real time update on the status of your complaint and our action. To take you through the route:

- Your complaint once recorded in the ticket system, electronically generates a unique ticket number.
- The ticket number and a link is sent to your mail address captured.
- Using the link you can view your ticket status and be a part of our communication thread.

For immediate access to reach us your complaints, please use the link below:

<https://www.mednet-global.com/members/Complaints.aspx>

Contact Us

International Phone	+97143900749
International Fax	+97143908598
UAE Toll Free No.	8004882
UAE Toll Free Fax	8004883
Oman Helpline	+96824821054
Bahrain Helpline	+97317566175
Qatar Helpline	+97444434122
Jordan Helpline	+962778450450
India Toll Free	008009713011
Pakistan Toll Free	0080090971015
E-mail	customerservice@mednet.com
Website	www.mednet-global.com



Glossary of Terms

- Authorization – A system of pre-approving payment of certain benefits.
- Case Management – A process of indentifying special healthcare needs, coordinating and monitoring care.
- Co-Insurance – A method of cost sharing that requires the member to pay a percentage of eligible medical expenses.
- Consultation – Discussion with a health professional for treatment or for medical opinion.
- Deductible – A set amount a member must pay on consultation, before the insurer will make any benefit payments.
- Diagnosis - The identification of the nature of an illness by examination of the symptoms.
- Discharge Management - A smooth process which helps determine what activities must occur before the patient is ready for discharge.
- Elective – A procedure is one that is chosen (elected) by the patient or physician that is advantageous to the patient but is not urgent or an emergency.
- Emergency Treatment –An injury or illness with acute symptoms that poses an immediate risk to a person's life or long term health.
- In-Patient - A patient who is admitted to a hospital or clinic for treatment that requires at least one overnight stay.
- Network – List of physicians, hospitals, and other medical care professionals that a managed care service has contracted with, to deliver medical services to its members.
- Out-patient – Treatment that is provided to a patient who is able to return home after care without an overnight stay in a hospital or other inpatient facility.

Glossary of Terms

- Physiotherapy – Therapy that uses physical agents such as exercise, massage and other modalities.
- Provider – A hospital, clinic, healthcare professionals who provide service to patients.
- Reimbursement – Out-of-pocket expenses incurred by a person.
- Second opinion – A patient privilege of requesting an examination / evaluation of a health condition by a second physician to verify the diagnosis done by a first physician.