

# StarzHealth Claim Form

Important: Please complete all sections in BLOCK LETTERS and ensure all supporting documents are attached to avoid delays.

## Section 1: Member Information

Full Name:

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Insurance ID Number:

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Date of Birth:

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Phone Number:

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Email Address:

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Residential Address:

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## Section 2: Policy Information

Policy Number:

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Policyholder Name (if different):

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Employer Name (if applicable):

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Coverage Type (Individual / Family / Corporate):

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## Section 3: Treatment Details

# StarzHealth Claim Form

Date of Service:

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Name of Treating Doctor:

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Name of Clinic / Hospital:

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Diagnosis / Reason for Visit:

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Treatment Provided:

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## Section 4: Claim Details

Total Amount Claimed (AED):

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Is this your first claim for this condition? (Yes / No):

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Was treatment obtained outside UAE? (Yes / No - If yes, Country):

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## Section 5: Bank Details (for reimbursement)

Bank Name:

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Account Holder's Name:

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IBAN:

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Swift Code (for international payments):

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## Section 6: Documents Checklist

- Original invoices/receipts
- Medical reports/prescription
- Copy of insurance card
- Any other supporting documents

## Section 7: Declaration

I hereby declare that the above information is true and correct to the best of my knowledge. I authorize StarzHealth to verify the details provided.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_