Medical Authorization Centre: 800 6626
General Inquiries: 800 SUKOON (785666)

SUKOON™ INSURANCE

DIRECT BILLING - HEALTHCARE INSURANCE

DENTAL CLAIM FORM

One Claim Form per person.
Section 3 & 5 to be filled by treating doctor & Section 7 by patient. All other sections to be filled by Administrative Personnel.
Please write in BLOCK LETTERS. In case additional details need to be provided, please photocopy this sheet.

1. Provider Details

1. Claim Form Number	
2. Provider Name	
3. Facility License Code	

2. Member/Patient Details

1. Card Number		Date of Birth (dd/mm/yyyy)	
2. Patient's Name (as it appears on the card)			
3. Telephone Number		Gender	Male ☐ Female ☐
4. Medical Record Number			
5. Reason for Visit	Emergency ☐ Road traffic accident ☐ Work related accident ☐ New visit ☐ Follow up ☐ Referral ☐		
6. Referral source			

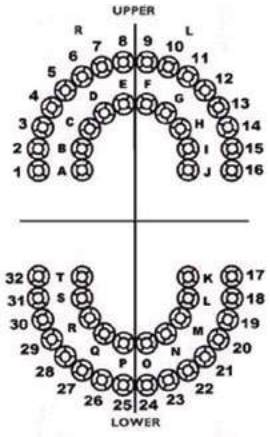
3. Medical Section

1. Chief Complaint and Duration	
2. Diagnosis	
3. Treatment Details	

4. Service Details

	Tooth No/Letter
1. X-ray	
2. Extraction	
3. Amalgam/Composite Filling	
4. Root Canal Treatment	
5. Others (Please Specify)	

5. Prescribed Medicines



6. Doctor's Declaration

I declare that I am the patient's treating doctor and the particulars given are true and correct to the best of my knowledge.

Date (mm/dd/yyyy)

Doctor's Stamp	Signature

7. Claimants Declaration and Authorisation

I confirm that all particulars filled are true, accurate and complete. I confirm that all submitted/uploaded documents are true copy(ies) of the original documents. I also confirm my understanding that I am required to retain the original documents for a period of one year, within which Sukoon may request original documents anytime for verification purposes. In the event I do not provide the original or am unable to provide the authenticity of the submitted documents then Sukoon reserves the right to recover paid claim amounts if any. I understand that (i) any person, who intentionally conceals, makes false or misleading statement to obtain claim reimbursement, is subject to penalization and legal action, and may lead to the policy/claim being considered null and void, (ii) acceptance of claim form does not constitute acceptance of liability by the Insurer.

I hereby authorize Sukoon Insurance PJSC (hereinafter referred to as "Sukoon") to wire transfer claim payouts (if any) related to this claim form to the above bank details as updated by me. I understand that Sukoon reserves its right to use any alternate payout option if required. If ever Sukoon credits more amount than the correct benefit amount due to duplicate or erroneous funds transfer, I authorize Sukoon to revise the transaction and withdraw the overpayment. I will not hold Sukoon responsible or liable in any case of non-credit to the above bank account or if the transaction is delayed or not effected at all for reasons of incomplete/incorrect details filed in by me.

I hereby authorise Sukoon Insurance PJSC ("Sukoon") to collect, use, store, maintain, transfer, disclose, process, my personal data (which includes but is not limited to personal identification data, personal sensitive data, personal heath data in accordance with Sukoon's data Privacy Policy as published on https://www.sukoon.com/privacy-policy ("Privacy Policy"), which I confirm to have been duly notified and having read, consented to the same. In specific, I also confirm and authorize (i) Sukoon to collect, store, process, disclose and/or transfer my personal sensitive information (including my personal identifiable information, personal health information) to third parties including but not limited to my appointed broker, insurance intermediary, reinsurers, service providers, claim administrators, medical providers, emergency support/ assistance providers, IT service providers, professional advisors, consultants, auditors, administrative and/or support service providers, and other entities or persons , whether within or outside the UAE, as may be required in relation to underwriting, issuing, administering, processing, reinsuring, administering my insurance policy and/or any of my insurance claim(s) or as may be required by Sukoon in accordance with Sukoon' Privacy Policy (ii) Sukoon and its associate partners to contact me anytime (including electronically through email, SMS, and/or telephone) for seeking any additional information and/or for providing any additional information whether related to my insurance policy, my insurance claim and/ or Sukoon's other products or promotions. This authorization specifically overrides and supersedes over my DNRC (do not call registry) listing (iii) Sukoon to disclose and/or report my personal sensitive information (including my personal identifiable information, personal health information) as required by law or regulatory requirements including in case of any complaint, legal proceedings, pursuant to an order of court of competent jurisdiction whether inside or outside UAE in such circumstances and/or if and as required by law or regulatory requirements.

This authorization shall remain valid notwithstanding death or incapacity. I agree that a copy of this authorisation shall be considered as effective and valid as original.

Name

Date (mm/dd/yyyy)	**Signature**

8. Sukoon's Data Privacy Notice

Sukoon Insurance PJSC (hereinafter referred to as "Sukoon") respects your privacy and is committed to protecting it. Sukoon abides by Federal UAE Data Protection regulations as is applicable to Sukoon within UAE. By submitting this form you hereby consent to have read and agreed to Sukoon Insurance PJSC ("Sukoon") data privacy policy as published on https://www.sukoon.com/privacy-policy ("Privacy Policy").