

ملحق رقم (5)

تسوية مستحقات مقدم الخدمة

Provider's reconciliation

ملحق رقم (5): تسوية مستحقات مقدم الخدمة

Appendix 5: provider's reconciliation

<p>This form has been prepared to be used by insurance companies when they reject the claims submitted by the health service provider, and the insurance company must commit to explaining the reasons for rejection according to the codes designated for that and attached in Appendix No. 4 of this contract. The service provider must review this form and verify the reasons for the refusal of the insurance company and deliver the insurance company the documents supporting the claim or complete the documents necessary for the claim. Upon acceptance of the list of refusals and discounts, the health service provider must acknowledge acceptance and seal the form including the signature of the authorized person. In the event of rejection, the procedures are completed according to what is stated in Chapter Four of this contract.</p>	<p>تم اعداد هذا النموذج لكي يتم استخدامه من قبل شركات التأمين في حين رفضها للمطالبات المقدمة من قبل مقدم الخدمة الصحية، ويجب على شركة التأمين الالتزام بأن يتم توضيح أسباب الرفض حسب الرموز المخصصة لذلك والمرفقة في الملحق رقم (4) من هذا العقد. على مقدم الخدمة الاطلاع على هذا النموذج والتأكد من أسباب رفض شركة التأمين وتسليم شركة التأمين المستندات المؤيدة للمطالبة أو اكمال المستندات اللازمة للمطالبة. يجب على مقدم الخدمة الصحية عند قبوله بقائمة المرفوضات والخصومات أن يقر بالقبول وختتم النموذج متضمناً توقيع صاحب الصلاحية، وفي حال الرفض يتم استكمال الإجراءات حسب ما ورد في الفصل الرابع من هذا العقد.</p>
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ملحق رقم (5): تسوية مستحقات مقدم الخدمة

Appendix 5: provider's reconciliation

Batch Ref		Batch ID		Received Date		Batch Date	
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Provider Billed		Presented Discount		Presented Deductible		Net Billed with VAT		VAT Amount	
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Rejection (denial) Type (Batch level) ¹	Billed Amount	Reject Amount	VAT Amount	VAT Reject Amount

Rejection (denial) Code (service level)	Billed Amount	Reject Amount	VAT Amount	VAT Reject Amount

Notes:

- 1- Kindly acknowledge your acceptance of this statement by signing it in the confirmation block and affixing your hospital/ clinic stamp, in order to proceed for payment. Otherwise...
- 2- You have to submit, within the maximum period of 15 days, the requested information/ documents (for pending cases) and/or data/ documents supporting your objections, if any, in order to re-evaluate the statement.
- 3- Insurance companies should provide the rejection details on the service level to the providers either in nphies or in electronic format (indicating claims#, denial code, billed amount, rejected amount)

Insurance company agrees that the above service/s are rejected based on documented and clear guidance on claims rejection

Stamp

Signature over printed name

Date

Accepts this statement as full and final settlements for all claims submitted for the month of

Stamp

Signature over printed name

Date

¹ Denial types & codes are in MDS appendix