



## Need help?

How to contact us							How to submit the form
Country	UAE	Kuwait	Oman	Bahrain	Qatar	Any other Country	
Call us	800 - MetLife (800 - 6385433)	+965 2 208 9333	800 70708	800 08033	800 9711	+971 4 415 4555	Please send <b>original</b> documents to:
Mail us	P.O. Box 669 Safat 13007, State of Kuwait						<b>Customer Care</b> - MetLife Kuwait, P.O. Box 669 Safat 13007, State of Kuwait
E-mail us	Gulfifeclaims@metlife.com						
Website	www.metlife-gulf.com						

**We are committed to providing you with the highest service standards.** If you feel that we have not lived up to these standards we would like to hear about it, so we can put it right for you. Please visit our "Feedback and complaints" page on [www.metlife-gulf.com](http://www.metlife-gulf.com) to see how you can get in touch and learn about our Complaints Handling Process..

# Medical and Hospitalization Claim Form



American Life Insurance Company (MetLife)

Kuwait, P.O. Box 669, Safat 13007, State of Kuwait

Tel + 965 2 208 9350, Fax + 965 2 208 9334, Gulfifeclaims@metlife.com

## Attending Physician Section (\*Mandatory fields)

### To be filled by attending physician

Patient's full name  Date of birth

Chief complains\*

Diagnosis\*

### How long has the patient been suffering from this sickness?\*

Please specify the date when then symptoms first appeared:

If treated by other medical provider please specify the name and treatment details:

Details of the treatment (other than prescription):

If further treatment or operative procedure anticipated, please provide the details:

Physician's name, address and tel. no.

E-mail ID

Physician's Signature and Stamp

## Checklist for Insured member

Required	Check box	Documents	Notes
Yes	<input type="checkbox"/>	Claim Form (including Attending Physician Section)	Fully completed and signed by you and your physician/surgeon
Yes	<input type="checkbox"/>	Detailed medical report	Detailing ailment/diagnosis or accident with dates it started/happened, signed by your treating physician
Yes	<input type="checkbox"/>	Original hospital/clinic bill	Original
If applicable	<input type="checkbox"/>	Copy of all relevant X-rays/Echography /MRIs and reports	Should reflect your name and date they were taken
If applicable	<input type="checkbox"/>	Copy of all lab tests and reports	Only related to this incident
If applicable	<input type="checkbox"/>	Copy of police report	Required if claim relates to an accident

### Please remember:

To help us process your insurance claim as quickly as possible, we ask you to provide the above documents. Otherwise your claim could be delayed or potentially rejected.

### How to submit the claim

Login to myMetLife **OR** Please contact your H.R. for the claim submission process