

# CLAIMS REIMBURSEMENT GUIDE



**VUMI®**

## CLAIMS REIMBURSEMENT GUIDE

The reimbursement claims process is one of the many benefits available to VUMI® insureds, allowing them to access medical treatment more quickly. When a member chooses to pay for a medical service and/or treatment, they can seek reimbursement from VUMI®, provided the process meets the required conditions.

To ensure the process is effective and the response times are met, follow the three steps:

### STEP 1

## SELECT THE APPROPRIATE VUMI® GLOBAL CHANNEL TO SUBMIT THE CLAIM

VUMI® GLOBAL offers different channels to simplify sending the insureds' claims for reimbursement:



#### AGENT PORTAL

(when a claim is submitted by your broker on your behalf)

<https://agentsportal.vumigroup.com/>



#### MEMBER PORTAL/ MYVUMI APP

[www.myvumiportal.com](http://www.myvumiportal.com)



#### E-MAIL

[notifyglobal@vumigroup.com](mailto:notifyglobal@vumigroup.com)

Submitting claims for reimbursement through any of these channels guarantees an efficient response, as long as all the required documents needed to process a claim are sent. These requirements are listed on the following page.

## STEP 2

## ORGANISE THE REQUIRED DOCUMENTATION

No matter which channel you've selected, please ensure all information and documents related to the claim are submitted to prevent any delays.

To help you organise, here is a checklist of electronic documents you may need to prepare for submission.\*

**Necessary medical information**

Each claim must include details of symptoms or complaints, the diagnosis, and the prescribed treatment.

**Medical or case reports pertaining to the claim****Medical prescriptions corresponding to any pharmacy bills submitted****Related medical expense invoices**

Invoices must not be older than 180 days from the date of service

\* Each document must not exceed 3MB.  
Recommended format of files: PDF, JPEG, or PNG.

## STEP 2

### ORGANISE THE REQUIRED DOCUMENTATION (CONTINUED)



Receipts or proof of payment of invoices to be claimed



Other documents related to the claim



#### **Bank Information**

Required bank details based on your country's international bank transfer requirements.

If a claim form is filled in by the treating doctor, **it should contain the relevant ICD code** for processing, and be signed and stamped by the treating doctor.

**If there is a coordination of benefits**, the Explanation of Benefits of the primary insurance must be included.

## STEP 3 SENDING A CLAIM



### VIA MEMBER PORTAL/MYVUMI APP

1. Under **"My Claims"** section, click on **"Submit a Claim"** which will open an online claim form.
2. Select the appropriate claimant from the **"Claimant"** drop down menu.
3. Enter bank information and select the type of payment as **WT** since all reimbursements are done through International bank transfers.
4. Briefly describe the case, listing symptoms/complaints, diagnosis and prescribed treatment, outlined in step 2.
5. In the Upload section, upload documents outlined in step 2.\*
6. Click the OK button. A message indicating the operation was successful will be displayed on the screen.
7. An automatic notification will be sent to your registered email address with a copy to your dedicated agency/ broker.

\* You can upload up to five files, each up to 3MB. If you need to submit more than five files, please send them via email.

## STEP 3 SENDING A CLAIM (CONTINUED)



### BY E-MAIL

1. Create new email addressed to [notifyglobal@vumigroup.com](mailto:notifyglobal@vumigroup.com).
2. In your email, include claim information and document indicated in Step 2, along with the completed and signed Claim Form.
3. Click "Send"
4. Once the claim has been received, an automatic notification will be sent to your registered email address, with a copy to your dedicated broker.

**Only send one case per email. Please do not combine claims from different members in the same email.**



Your information and claim documents will be sent to Henner for claim adjudication. You will receive an email confirmation about the claim status once the claim had been processed.

Because the claims are processed by our TPA partners, it may take two to three working days for the respective Explanation of Benefit to reflect on the portal/ MyVUMI app.

## OUR RESPONSE TIME

It can take up to 20 business days from receipt of the claim until the reimbursement is credited to your account. If the required information is not submitted in full, delays may occur during the process.





## ABOUT THE CLAIM FORM

The Claims Form gathers all the information required by the VUMI® Claims Department to process a reimbursement. All fields in these sections must be fully completed:



### CLAIMANT INFORMATION

Includes the policyholder's details, as well as the member claimant's information, his/her policy number and contact information.



### MEDICAL AND DOCTOR/HOSPITAL INFORMATION

Information about diagnosis, symptoms and treatments, as well as doctor/hospital information. For minor conditions with no hospitalisation or surgical procedures, the form can be signed by the physician instead of submitting a medical report.



### DETAILED INVOICE INFORMATION

Invoices must indicate the medical service received and the prescribed medications.



### BANK INFORMATION

The policyholder must indicate how he/she wishes to receive the reimbursement.



## OUR CONTACT CHANNELS



### EMAILS:

Claim Submission:  
NotifyGlobal@vumigroup.com



### CLAIM INQUIRIES:

CustomerServiceGlobal@vumigroup.com



### FEEDBACK AND CONCERNS:

CustomerServiceGlobal@vumigroup.com



### CALL 24/7:

Dubai: +971 4 573 2999  
Hong Kong: +852 5803 1713  
Kenya: +254 20 3892150  
Thailand: +66 2 105 5704  
United Kingdom: +44 330 027 2182  
United States: +1 866 360 7680



**VUMI® GROUP, I.I.**

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NO COVERAGE ISSUED BY THIS INSURER IS PROTECTED BY ANY  
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Administration services provided by VUMI® Global Services FZ-LLC

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