

Pre-approval code

Direct Billing Claim Form

Provider:		Medical Record No.:	Date: <div>dd / mm / yyyy</div>
Patient Name:		E-mail:	Age/DOB:
MEM: <i>Mandatory</i>		Qatari/Civil ID:	Gender: <input type="checkbox"/> F <input type="checkbox"/> M
Marital Status:		Policy Holder:	Policy No.:
Payment to: <input type="checkbox"/> Member <input type="checkbox"/> Employer		Payment Method: <input type="checkbox"/> Cheque <input type="checkbox"/> Bank Transfer	
In case bank transfer is selected,		Bank Name:	Account No.:
Swift Code/IBAN:		Bank Address:	
<input type="checkbox"/> New Visit <input type="checkbox"/> Follow-up		<input type="checkbox"/> OP <input type="checkbox"/> ER	<input type="checkbox"/> Day care <input type="checkbox"/> IP
In case of in-patient admission,		Admission Date: <div>dd / mm / yyyy</div>	Discharge Date: <div>dd / mm / yyyy</div>
To be filled by Medical Practitioner			
Present Illness Details:		Past Medical History:	
<div></div>		<div></div>	
<input type="checkbox"/> Acute <input type="checkbox"/> Chronic <input type="checkbox"/> Accident <input type="checkbox"/> Hereditary/Congenital <input type="checkbox"/> Work Related <input type="checkbox"/> Pregnancy <input type="checkbox"/> LMP: <div>dd / mm / yyyy</div>			
Diagnosis: <i>Mandatory</i>		Duration of Illness: <i>Mandatory</i>	
Lab / Radiology:			
<div></div>			
Code	Procedure		Cost (Currency)
<div></div>	<div></div>		<div></div>
Medical Practitioner Declaration		Patient Declaration	
<p>I hereby certify that all medical information mentioned is to the best of my knowledge true and the medical services shown on this form are medically indicated &amp; necessary for the management of the patient medical condition.</p> <p>Treating Physician:</p> <p>Specialty:</p> <p>Contact No.:</p> <p>Signature or Stamp:</p>		<p>I hereby certify that the entire particulars given above are true and doesn't contain any false, misleading, or incomplete information. I hereby authorize QLM Life &amp; Medical Insurance Company to discuss, access, and share with medical personnel, medical practitioner, health professional, or other relevant medical providers and obtain a copy of all my health records in this facility (or any of my dependents' records) that may be requested by them or their appointed representative. I also agree that acopy of this declaration stands valid as original.</p> <p>Patient Signature (above 18 years):</p> <p>Parent / Guardian Signature (below 18 years):</p> <p>Date:</p> <p>Mobile No.:</p>	

**(Privacy notice) for medical claims data collection forms:** This privacy notice explains what type of personal data will be collected, how and why it is collected and to whom it is shared or disclosed.

**(Controller) who we are:** QLM Life & Medical Insurance Company QPSC. ("we", "us" "our"), is a leading life and health insurance company that brings innovative and tailor-made insurance solutions coupled with world class level of service. Protecting your privacy is a top priority for us.

**(Purposes) why do we need your personal information and what do we do with it?** The purpose of collecting the information in this form is for medical claims processing and settlement.

**(Lawful basis) for using your information:** The processing ground of the information provided in this form is through explicit consent to process medical information

**(Sharing) who do we share your information with?** We may share your health and other data with the institutions set out below for them to use to the same extent, and medical providers, and for the same purposes as us. We may share necessary information with healthcare providers, It may extend to co-insurers to distribute the coverage of the insurance risk jointly with other companies to which QLM issue the policy, and to handle claims jointly. We may share necessary information to other co-insurers/re-insurers that may be covering the same insurance risk at the same time through multiple insurance to distribute the payment of any compensation that may be owed to you, or to collaborate in the detection or prevention of fraud and financial crime.

**(international transfers) if any apply:** Your personal data may be processed both inside and outside of the European Economic Area (EEA) by the parties specified above, subject always to contractual restrictions regarding confidentiality and security in line with applicable data protection laws and regulations. We will not disclose your personal data to parties who are not authorized to process them. Whenever we transfer your personal data for processing outside of the EEA, we will do so on the basis of the data processing agreement which establishes adequate protection for personal data and are legally binding. We will take steps to ensure that the transfer of your personal data outside of the EEA receives an adequate level of protection as it does in the EEA. You can find out what safeguards we rely upon for such transfers by contacting us as detailed below.

**(Storage) how long do we keep your information for?** The personal data and health data collected will be retained for a period of time which is equal to the duration of your policy with us (including any renewals thereof) and for the period defined as per legal and regulatory requirements from the date the policy expires, save for cases where a longer retention period is required for possible disputes, requests of the competent authorities or pursuant to the applicable laws. Once the retention period is over the data will be

deleted or anonymized. You can contact us if you require further details about our retention periods. We will not hold or process excessive personal data.

**(Children):** Depending on age requirements or the nature of service requested, where it is necessary to process a child's personal information on the basis of consent, we may need the consent of the person with parental responsibility for the child. This will be specified on the form if applicable.

**(Your rights) under data protection law:**

- **Access to your information** – you have the right to request a copy of the personal information that we hold about you.
- **Correcting your information** – we want to make sure that your personal information is accurate, complete, and up to date. You may ask us to correct any personal information.
- **Deletion of your information** – you have the right to ask us to delete personal information.
- **Objecting to how we may use your information** – you have the right to tell us to stop using your personal information.
- **Restricting how we may use your information** – in some cases, you may ask us to restrict how we use your personal information.
- **Withdrawing consent to use your information** – where we use your personal information with your consent you may withdraw that consent and we will stop using your personal information for the purpose(s) it was given.

Please see **contact us** if you wish to exercise any of these rights.

**(Contact us):** You can contact our data protection officer about any data protection matter by post at this address: c/o Data Protection Officer, QLM Life & Medical Insurance Company QPSC, P.O Box: 12713, QLM Building, Tamin Street, West Bay, Doha, Qatar; by email at: [dpo@qlm.com.qa](mailto:dpo@qlm.com.qa) and by telephone on: T: +974 4404 0600, F: +974 4404 0666

**(Complaints):** Our data protection officer aims to directly resolve all complaints about how we handle personal information. See **contact us** above. However, you also have the right to lodge a complaint about a data protection matter with the supervisory authority of Qatar.