

## CLAIM SUBMISSION PROCEDURE FOR INDIVIDUALS OUT-PATIENT BENEFITS AND ALLOWANCES VIA MYEUROLIFE APP, MYEUROLIFE PORTAL OR BY HAND

1. When you visit your doctor, ensure that you [take with you a Claim Form](#) and [ask your doctor to complete PART B'](#). Claim Forms have been sent to you together with your Insurance Policy when you registered in the Program. You may also obtain the Claim Form from our website [www.eurolife.com.cy](http://www.eurolife.com.cy), [via Myeurolife App](#), or [via Myeurolife Portal](#) or contact MedNet on telephone number 22463033 - 34
2. Pay the Doctor's / in-Hospital bill.
3. Ensure that you have registered:
  - [Original payment receipt for the payment of the Doctor's and / or Hospital bills](#)
  - [Original results of the diagnostic tests](#) that were performed during your visit, such as ultrasound, x-rays etc.
4. If your doctor has asked you to undergo certain [diagnostic tests](#), or has [prescribed medication or physiotherapy](#), ensure that he / she [has filled this in PART B'](#) of the Claim Form. Otherwise, together with the Claim Form you have to provide us with a [copy of the prescription or the doctor's referral](#). In addition, if during the visit to the doctor you undergo any medical treatment other than the regular examination, ensure that the [doctor fills out the relevant details in PART B'](#) of the Claim Form.
5. Always ask for an [itemized payment receipt](#). The receipt must definitely be original, numbered and include details of the paid amounts, the provider's details (name / surname, occupation, address, VAT or Tax Identification Code or Identification Card Number), date, type of services provided, quantity, signature and company seal.
6. After the completion of visits to the doctor, diagnostic tests, purchase of medicinal drugs:
  - A. For submission via Myeurolife App or Myeurolife Portal.**
    - Complete PART A of the online submission Request Form
    - Convert your documents to electronic format (pdf)
    - Sign-in to Myeurolife App or Myeurolife Portal
    - Fill in the necessary fields
    - Attach [all supporting documents](#) [receipts of payment, results of diagnostic tests (if any), medical reports related to the claim in your possession, birth certificate (if it concerns maternity allowance), discharge (if it concerns a Hospital Daily Allowance)]
    - Submit your Claim

Keep all required original supporting documents until the completion of your Claim as possible be asked of you.



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### B. Submission by hand or by post

Please complete **PART A'** of the Claim Form, including the section which refers to the «Processing of Sensitive Personal Data».

Attach **all supporting documents** [Original payment receipts, results of diagnostic tests (if any), any medical reports you have in your possession relevant to the claim, birth certificate (if it concerns maternity allowance) discharge (if it concerns free care allowance)].

Submit to any Eurolife branch or to the Customer **Service Department at Eurolife's Head Office**, in a closed envelope on which the following should be written:

- **Medica Claim.**
- Your **Medica Insurance Policy number.**
- The **name** and **date of birth of the patient.**

You may also mail your Claim Form together with all the supporting documents (we recommend registered post) to the following address: MedNet, 2 Amfipoleos, Marcou Tower, 3rd Floor, 2025 Strovolos, Nicosia or P.O.Box 16211, 2087 Nicosia.

### **Important note:**

Completed forms along with all required supporting documents **must be submitted within 30 days from the date of the incident, whether it concerns online submission or submission by hand.**

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For any additional information, please do not hesitate to contact MedNet on telephone number 22 463033 - 34



| Service Line 8000 8880 | [www.eurolife.com.cy](http://www.eurolife.com.cy)

Eurolife Ltd, Head Office: Eurolife House, 4 Evrou, 2003 Strovolos, 1511 Nicosia, Tel.: 22 124000, Fax: 22 125527

**eurolife**

## CLAIM SUBMISSION PROCEDURE FOR INDIVIDUALS IN-PATIENT BENEFITS (INTERNAL OR DAY PATIENT)

### 1. For [scheduled In-hospital Treatment incidents](#):

- You have to [inform MedNet on telephone number 22463033 – 34, before](#) your admission to the Hospital.
- [Inform the Hospital / Clinic that you have insurance cover.](#)

If you wish, you may submit the Claim Form together with all the supporting documents to MedNet, at least 5 working days before the scheduled In-Hospital Treatment for evaluation, so that, where possible, you will know if the treatment is covered by your Insurance Policy and with what amount.

### 2. In case of [an emergency In-Hospital Treatment](#):

- You have to [inform MedNet as soon as possible, after your admission and definitely before your discharge from the Hospital.](#)
- [Inform the Hospital / Clinic that you have insurance cover.](#)

### 3. Ensure that [you have provided MedNet with the following](#):

- The [Claim Form](#) fully and correctly completed:  
[PART A'](#) including the «[Processing of Sensitive Personal Data](#)» section [filled out by you.](#)  
[PART B'](#) by your doctor.
- All the required for the evaluation of your Claim [supporting documents.](#)

The completed forms, together with all the supporting documents [should be sent within 30 days from the date of the incident.](#)

### 4. The settlement of [your Claim payment may be made](#):

- With [a payment to the Owner of the Insurance Policy](#), in accordance with the [original payment receipts.](#)
- With [a payment to the Hospital / Clinic and/ or the doctor](#), in accordance with the [itemized original invoices.](#)

Always ask for [an itemized payment receipt / invoice for the incurred expenses.](#) The receipt or the invoice must definitely be original, numbered and include details of the payable amounts, the provider's details (name / surname, occupation, address, VAT or Tax Identification Code or Identification Card Number), date, type of services provided, quantity, signature and company seal.

### 5. Please deliver any form and or relevant to your Claim supporting documents to any [Eurolife branch or to the Customer Service Department at Eurolife's Head Office](#), in a closed envelope on which the following should be written:

- [Medica Claim.](#)
- Your [Medica Insurance Policy number.](#)
- The [name](#) and [date of birth of the patient.](#)

You may also [mail](#) your Claim Form together with all the supporting documents (we recommend [registered post](#)) to the following address: MedNet, 2 Amphiloleos, Marcou Tower, 3rd Floor, 2025 Strovolos, Nicosia or P.O.Box 16211, 2087 Nicosia.

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