

Introduction

Dear Insured Member,

To ensure you fully benefit from your insurance coverage within the Trustee Net medical network, please carefully follow the guidelines outlined below when seeking medical services.

Steps for Using Your Health Insurance



1. Present Your Personal Identification

When visiting any in-network provider, you must present one of the following documents:

- Residency Permit (Residency Card).
- OR Passport.
- OR your insurance code number.

2. Registration Procedures at the Service Provider

- The service provider will make a copy of your Residency Permit or Passport.
- You will be provided with the Trustee Net claim form.



3. Visiting the Specialist Physician

- Visit the appropriate physician based on your medical condition.
- You may be required to pay any additional fees according to your insurance policy coverage.

4. Completing the Medical Claim Form

- The attending physician will complete the Trustee Net claim form.
- The form must include:
 - o Initial or final medical diagnosis.
 - o All required medical investigations and procedures.
 - o Prescribed medications.



5. Requesting Medical Approvals for Ancillary Services

If you require additional services such as:

- Laboratory tests,
- Pharmacy services,
- Radiology (X-rays, MRIs, etc.),
- Physiotherapy,

The service provider will submit a request to the Trustee Net Medical Approvals Department.

Approval responses are typically issued promptly.

Note: We apologize for any delays that may occur due to unforeseen circumstances.

Additionally, the service provider will collect your share of the co-payment, based on:

- The terms and conditions of your insurance policy.
- The remaining coverage limit.

6. Receiving Approved Medical Services

Approved services will be provided once authorization is granted by Trustee Net.



7. Payment for Non-Covered Services

- If any service is rejected (not approved), you have two options:
 - o Pay the full cost of the rejected service if you choose to proceed with it.
 - o Or you may decline to undergo the rejected service without incurring any additional charges.

Important Notes

The rejection of a service does not necessarily indicate that the patient does not medically require it. Please note that if a **medical service is rejected**, this **does not mean the hospital or medical provider made that decision**.

All approvals or rejections are determined solely by the **Trustee Net Medical Approvals Department**, based on the terms and conditions of the insurance policy **signed between the insured member and the insurance company**. The healthcare provider acts only as a facilitator in submitting the request; the final decision lies with the insurer as interpreted and applied by Trustee Net.