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submitted within 90 days of treatment being received.

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Dental Claim Form □ Provider Direct Billing. Section A □ Details of the Member/Patient. Patient's Name and Address Member Neuron ID. Date of Birth / / Facility Name (In-network

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Provider) Member Tel Number. Insurance Name Member
Mobile Number.

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Neuron Direct Billing Claim Form - Dental Section A - Details of Member/Patient Neuron ID Number Patient s Name Date of Birth Mobile Number Gender M Provider how to fil lic for in online CDBS Print Page 1 of 10 Approved by OMB FOR FCC USE ONLY 3060-0029 (January 2008) Federal Communications Commission Washington, D.C. 20554 FCC 340 APPLICATION

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The documents required for Reimbursement Claim are: 01. Duly completed Neuron Reimbursement Claim Form (mandatory) 02. Member's/patient's details (Name, Neuron ID, Date of birth etc) 03. The date of onset of first symptoms 04. Medical Section fully completed (with all information requested therein) 05. Treating doctor's signature and stamp 06.

~~Frequently Asked Questions | Neuron | Leading TPA in Dubai~~

Claims must be submitted along with supporting documents within 30 days from date of service. Send this claim form together with supporting material to Medical Department, AXA

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Insurance, PO BOX 32505, Dubai, UAE or AXA Insurance, P.O. Box 45, Kingdom of Bahrain or AXA Insurance PO BOX 21044, 11475 Riyadh, Kingdom of Saudi Arabia or AXA Insurance, PO Box 15319, Doha, State of Qatar.

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NEURON CLAIM FORM - MEMBER REIMBURSEMENT.

Medical Practitioner's Stamp Fax Number Tel Number
Signature Date // Claim Number Medical Practitioner's Name
and Address Date symptoms first noticed by patient Date
Received (Neuron use only) Medical condition requiring
treatment Please give date on which your patient first
presented to any doctor for this condition Please give a full
history of the medical condition requiring treatment including

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Claims must be submitted along with supporting documents within 30 days from date of service. Send this claim form together with supporting material to Medical Department, AXA

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Insurance, PO BOX 32505, Dubai, UAE or AXA Insurance, P.O. Box 45, Kingdom of Bahrain or AXA Insurance PO BOX 21044, 11475 Riyadh, Kingdom of Saudi Arabia or AXA Insurance, PO Box 15319, Doha, State of Qatar.

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you will need it to claim reimbursement. The MP Neuron claim form has been attached to this user guide for your reference. □ Please note that the insurer will limit the amount of your reimbursement to a Network Tariff Rate*, to which a deductible may apply. At Bayzat, we continually stress the importance of staying within your direct billing network as much as possible to avoid having to claim for reimbursement.

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However, where no direct settlement facility is available, all patients will be assisted in processing the required documentation to submit their claims. We have direct billing agreements with the following insurance companies, Third Party Administrators and Corporate Partners, noting that terms and conditions might apply to certain policies..

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