

JUBILEE HEALTH INSURANCE LIMITED

Head Office:

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DIRECTIONS:

1. Please Tick [✓] where required.
2. Claims must be submitted within 90 days from the loss date. (Treatment date).
3. Any additional information requested by Jubilee Health Insurance should be submitted within 30 days from the date of notice.
4. Customary and reasonable rates shall be applied.
5. Medical report and second opinion referral may be requested.

TYPE OF CLAIM	CONTENTS	DETAILS	PLEASE TICK
ALL OUTPATIENT, DENTAL, OPTICAL, MATERNITY CLAIMS	Claim Form (Duly filled claim form)	Member & Patient Information clearly filled	
		Signature of patient, parent or Guardian (If a minor) & Visit date filled	
		Medical history, Diagnosis, Nature of treatment & Referrals if any clearly indicated	
		Name of Doctor or Physician/Qualifications/Date/ Signature & official Stamp.	
	Prescription	Name of drug, dosage and duration well indicated.	
		Name of Doctor or Physician/Qualifications/Date/ Signature & official Stamp.	
	Other Doctors' Requests: ie radiological(X-Ray), physiotherapy, Laboratory etc	Copy of Doctor's request form	
	Receipt	Receipt number (system generated and not manually filled)	
Breakdown of the receipt (each item/service with its set price)			
Documents showing proof of transaction ie ETR (optional)			
ALL INPATIENT ADMISSIONS	LOU	Letter of undertaking (preauthorization) from Jubilee Health Insurance	
	Claim Form	Duly filled claim form as above	
	Discharge summary	Comprehensive discharge summary	
	In patient invoice & receipt	In patient invoice with its breakdown and corresponding receipts. (with the above details)	
ALL OVERSEAS CLAIMS	LOU	Letter of undertaking (preauthorization) from Jubilee Health Insurance & the above specifications for Outpatient or Inpatient claims	

TYPE OF CLAIM	CONTENTS	DETAILS	PLEASE TICK
LAST EXPENSE	Death Notification	Notification & Confirmation from the HR/Broker or next of Kin	
	Burial permit	The official "Burial Permit" Signed by the Doctor/Clinical Officer	
		Official "rubber stamp" of the issuing provider or institution	
	Payee details	Notification & Confirmation from the HR/Broker or next of Kin	
		ID copy of the "payee": To whom the cheque is addressed to	
	EFT Details (If applicable)	Bank Name, Branch, Account name of the payee as described above	
PAYMENT INFORMATION	Mpesa Details	Registered MPESA number	
	EFT Details	Bank Name, Branch, Account name	