

AMB INSURANCE BROKER

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A. How to file an outpatient claim?

1. You must submit the "Claim Form" duly filled, signed and stamped by your doctor.
 2. If you submit invoices for tests, they must be supported by a "doctor's orders" and you must attach a copy of the results (the exams will not be covered if the results are "normal").
 3. If you submit invoices of medicines, they must be supported by a "prescription" (the medicines should have "registro sanitario" - health registry of Ecuador).
 4. If you submit invoices for rehabilitation therapies, they must be supported by a doctor's order and a "chronological detail therapist."
 5. All invoices have a validity period of 90 days and must comply with legal requirements (you can see in the invoice if it has not expired, normally at the bottom in the small print of the invoice).
 6. All expenses incurred must be related to the diagnosis reported by the physician.
 7. In some cases the Medical Officer of Insurer may request other materials that can support a claim (eg: medical history, medical certificate of additional information of a certain disease).
- Remember that for a claim to be covered by a health insurance policy the stated diagnosis by your doctor should correspond to a "disease" that prevents the patient to lead a normal life and if not treated in time it can worsen the health.
 - Eye care, cosmetic care or dental are not covered.
 - To file a claim you must have passed the qualifying period and the disease must not be considered pre-existing or congenital (unless you hired a specific limit on the policy).
 - For more information please refer to your contract or contact us.

B. What to do in case of hospitalization?

1. A hospitalization needs to be notified at least 48 hours in advance.
 2. You must fill out the "Pre Hospital Authorization".
 3. In the form of "pre-authorization" the doctor must said their fees.
 4. Attach operative protocol in case of surgery.
 5. Attach the complete history.
 6. Copy of the results of the diagnostic tests.
 7. The insurer (BMI) coordinates hospitalization costs and confirms the maximum amounts that cover each specialist.
 8. The patient must approach the day of hospitalization with "BMI card", a "claim form" and "hospital pre-authorization form".
- Remember you are not covered for cosmetic surgeries.
 - If the doctor wants to charge the patient directly, the company will recognize the fees until the limit set forth in the contract.
 - The company recognizes a per-diem value for "room and board." If the patient wants to be cared for in a "high-end" room, such as a suite, the patient will have to make up for the difference.
 - Expenses not related to the hospitalization, such as phone calls, magazines, and food for visitors, are not covered.

For more information please refer to your contract or your insurance adviser.

C. What to do in an Emergency?

To reimburse "emergency treatment" you should consider the following:

1. Report the emergency immediately (in this case the report does not need to be done in advance).

2. Proceed as described for Hospital and/or outpatient claim as appropriate.

3. Attach the "Emergency Sheet" issued by the Health Center.

- Remember that "Emergency" is any health situation that endangers life (e.g., if I bend an ankle but I want to quickly address it and enter the Hospital by the Emergency area, whose costs would be higher than the standard costs, that is not considered an "emergency" for purposes of payment of the claim).

- According to Ecuadorian law, all traffic accidents must be addressed in the first instance by the coverage provided by the SOAT (Compulsory Insurance for Traffic Accidents). This procedure is generally known by all health centers.

For more information please refer to your contract or your insurance adviser.

D. To search providers on line

URL: <http://www.bmi.com.ec/index.php/servicios/proveedores>