



## ASSEMBLE INSURANCE TANZANIA LIMITED

### PREFERRED PROVIDER CONTRACT

THIS CONTRACT IS BETWEEN

ASSEMBLE INSURANCE TANZANIA LIMITED

P. O. Box \_\_\_\_\_

Town: \_\_\_\_\_

Telephone contacts: \_\_\_\_\_

AND

MEDICAL SERVICE PROVIDER

Provider: \_\_\_\_\_

P. O. Box \_\_\_\_\_

Town: \_\_\_\_\_

Telephone contact \_\_\_\_\_

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## **WHEREFORE.**

- a) Whereas the “Medical Provider” is licensed to provide medical care and treatment; and
- b) Whereas ASSEMBLE INSURANCE TANZANIA LIMITED is registered to transact insurance business for accident, sickness and assistance as per part B OF THE SECOND SCHEDULE OF THE Insurance Act No. 10 of 2009.
- c) Whereas ASSEMBLE INSURANCE TANZANIA LIMITED has agreed to provide the medical benefits under AIT medical insurance scheme.

## **TERMS & CONDITIONS**

It is hereby agreed by and between the parties hereto as follows: -

- 1. The “Medical Provider” agrees subject to terms and conditions set forth hereunder to provide medical care and treatment, as per the attached price list set out in Section C and agreed with ASSEMBLE INSURANCE TANZANIA LIMITED to the members of AIT who will elect to benefit from the medical provider’s services.
- 2. This contract applies to members whose names and limits of coverage have been submitted to the “Medical Provider” by ASSEMBLE INSURANCE TANZANIA LIMITED based on the members’ records and who hold valid ASSEMBLE cards. The said names and limits shall be updated by ASSEMBLE INSURANCE TANZANIA LIMITED and details furnished electronically to the Medical Provider on an agreed periodic basis or on request if need arises.
- 3. The “Medical Provider” shall provide within the agreed limits of coverage the comprehensive medical care services covered by the medical cover including consultations, laboratory tests and surgical procedures, ASSEMBLE INSURANCE TANZANIA LIMITED shall not be liable on particulars set out in Section B of this Agreement.
- 4. Any members seeking any treatment not covered by the medical cover shall be charged directly for the same by the medical provider on cash basis and ASSEMBLE INSURANCE TANZANIA LIMITED shall not be responsible for the cost thereof. The Medical Provider is obliged hereby to verify eligibility of the insured person through the membership card, ID card and through AIT Smart system. This will ensure that the services provided and billed for are within the agreed limits of coverage and negotiated charges attached.

5. The Medical Provider may refer AIT members to another hospital, provider or otherwise within the ASSEMBLE INSURANCE TANZANIA LIMITED appointed provider network, when necessary, for any service not available at their premises. Referral outside this network of providers will require prior written pre-authorization by ASSEMBLE INSURANCE TANZANIA LIMITED in nonemergency cases. Services rendered by the original medical provider should be included in their monthly billing.
6. In no event shall ASSEMBLE INSURANCE TANZANIA LIMITED or members be responsible for any service or supply of services that requires prior approval by ASSEMBLE INSURANCE TANZANIA LIMITED if such service is rendered without such prior approval. Further, neither ASSEMBLE INSURANCE TANZANIA LIMITED nor the members shall be responsible for any service or supply of service that is not reasonably necessary for the treatment of a medical condition covered by the medical cover, or which is not approved in accordance with the benefit's pre-authorization review program. The charges for such services or supply will be collected directly from the member by the 'Medical Provider'.
7. If there is any medical disagreement between the "Medical Provider" and ASSEMBLE INSURANCE TANZANIA LIMITED, ASSEMBLE INSURANCE TANZANIA LIMITED may seek at its own charge an independent opinion from an alternative qualified medical practitioner who is acceptable to the "Medical Provider". The opinion of the independent practitioner shall be binding on both parties.
8. As per **"Section D" (Benefits Pre-Authorization Review Program)**, the "Medical Provider" agrees not to include other conditions, undertake outpatient surgery, and admit any non-emergency patient into a hospital without first advising ASSEMBLE INSURANCE TANZANIA LIMITED prior to the procedure/admission, for benefits pre-authorization and approval. In case of treatment or medical provider confinement contrary to ASSEMBLE INSURANCE TANZANIA LIMITED authorization and based on the **patient's insistence on admission, the patient will be solely responsible for all charges incurred.** ASSEMBLE INSURANCE TANZANIA LIMITED must be notified of emergency admissions within **24 hours** of the admission, or on the next working day if admission was on a non-working day.

9. If a treating physician who is not an employee of the 'Medical Provider' or on the list of appointed preferred provider advises that an ASSEMBLE member should be admitted to the facilities of the "Medical Provider", it is the ASSEMBLE member's responsibility to obtain ASSEMBLE INSURANCE TANZANIA LIMITED prior authorization to have access to the "Medical Provider" facilities. In case the ASSEMBLE member has not obtained ASSEMBLE INSURANCE TANZANIA LIMITED authorization, the "Medical Provider" should send to ASSEMBLE Health Services, the "Pre-authorization Form" provided the form indicates clearly the name of the treating physician and reveals that he is not a member of the "Medical Provider's" facilities.
10. All invoices will be forwarded to ASSEMBLE INSURANCE TANZANIA LIMITED on a monthly basis with complete documentation in compliance with ASSEMBLE requirements stated in their ASSEMBLE INSURANCE TANZANIA LIMITED claims submission procedure as detailed in Section E of the Schedule. The "Medical Provider", however, shall not issue receipts, until payment is received.
11. Except as provided under (4) and (6) above, ASSEMBLE INSURANCE TANZANIA LIMITED is fully responsible for payment for any service rendered to ASSEMBLE members within the agreed limits of coverage of the membership and this contract. ASSEMBLE INSURANCE TANZANIA LIMITED will pay the "Medical Provider" directly within the stipulated credit period of 60 days after receipt, by ASSEMBLE INSURANCE TANZANIA LIMITED of the invoices with complete documentation [collectively referred to as 'claims']. Charges queried on invoices will be paid within 60 days of settlement of the query.
12. Visiting doctors' consultation, surgery and other services fees, will be charged to ASSEMBLE INSURANCE TANZANIA LIMITED at the same level of charges as that levied by a consultant member of the "Medical Provider" as per the agreed price list detailed. Any additional fees will be charged separately to the patient.
13. If any supporting document to the invoices is missing, ASSEMBLE INSURANCE TANZANIA LIMITED will inform the medical provider within 15 days of the receipt of these invoices, and the "Medical Provider" shall furnish ASSEMBLE INSURANCE TANZANIA LIMITED with the missing documents within 15 days.
14. The period during which claims should be submitted for processing is 30 days from the month end and for payment is 60 days from the receipt to AIT, ASSEMBLE INSURANCE TANZANIA LIMITED shall not be responsible for any invoices submitted outside this period.

15. Supporting documents or additional information for any suspended or queried claims shall be provided by the “Medical Provider” to ASSEMBLE INSURANCE TANZANIA LIMITED within 15 days from the date the “Medical Provider” is informed of such suspended claims or query by ASSEMBLE INSURANCE TANZANIA LIMITED.
16. In the event any proposed service or treatment may not be within the agreed limits of coverage the “Medical Provider” will contact ASSEMBLE INSURANCE TANZANIA LIMITED for clarification and confirmation in writing. ASSEMBLE INSURANCE TANZANIA LIMITED will review and decide on the matter, in writing, in clear and precise terms.
17. On termination of any membership, ASSEMBLE INSURANCE TANZANIA LIMITED will notify the “Medical Provider” of such termination in writing or through the ASSEMBLE Smart Health system which shall be acknowledged by the “Medical Provider” in writing within 7 days of receipt. Any service or treatment provided by the “Medical Provider” after such notification to any such person shall not be the responsibility of either ASSEMBLE INSURANCE TANZANIA LIMITED or the member.
18. ASSEMBLE INSURANCE TANZANIA LIMITED will notify the medical provider in writing of all reported cases of loss or theft of an ASSEMBLE Card which notification shall be acknowledged by the “Medical Provider” in writing within 7 days of receipt of such communication. Any service or treatment provided by the “Medical Provider” after such notification to any such member shall not be the responsibility of either ASSEMBLE INSURANCE TANZANIA LIMITED or the member.
19. The Smart Health System should be installed at your health facility for member verification and registration and the provider should be able to provide Computer and Internet access.
20. The Medical Provider shall also be obliged to use the Smart Health system which enables him/her to make an enquiry into the ASSEMBLE Membership database for instant membership validation.
21. The attached Section B (ASSEMBLE INSURANCE TANZANIA LIMITED) Schedule and Exclusions), section D (Benefits Pre-Authorization Review Program) and Section E (Claims Submission Procedure) shall constitute a part of this contract.
22. Prescriptions, drugs and medicines dressings and equipment, prescribed by a physician must be dispensed according to the ASSEMBLE formulary of drugs and sundries.

23. The “Medical Provider’s” invoices will be in accordance with the attached and agreed on price list set out in section E. Any future changes on price list must be communicated by the “Medical Provider” to ASSEMBLE INSURANCE TANZANIA LIMITED in writing three months earlier (3) and shall only become effective upon being accepted by ASSEMBLE INSURANCE TANZANIA LIMITED in writing and 7 days to effect the changes into the system.
24. ASSEMBLE INSURANCE TANZANIA LIMITED must be informed in writing about the addition of any specialty, facility to the services provided by the “Medical Provider” and of their applicable charges. Acceptance and /or rejection of these charges will be communicated by ASSEMBLE INSURANCE TANZANIA LIMITED to the “Medical Provider” within 90 days of receipt of “Medical Provider’s” notification of the addition. The new specialty, facility will not be rendered to an ASSEMBLE member unless it has been agreed to in writing between ASSEMBLE INSURANCE TANZANIA LIMITED and “Medical Provider” and as long as withholding such does not risk the life of a patient.
25. Notwithstanding the type of the “Medical Provider’s” facility (private clinic, polyclinic and / or hospital) its administration must allow ASSEMBLE INSURANCE TANZANIA LIMITED designated officer to review all medical records related to any ASSEMBLE member and to give him/her access to all relevant documentation.
26. Any laboratory test not available at the “Medical Provider” facilities should be forwarded to ASSEMBLE INSURANCE TANZANIA LIMITED network laboratories. In case any laboratory test cannot be performed in Tanzania, ASSEMBLE INSURANCE TANZANIA LIMITED written approval is mandatory prior to performing the test abroad. ASSEMBLE INSURANCE TANZANIA LIMITED shall not be liable to pay the cost of any laboratory test that does not meet the requirements stipulated in this Clause.
27. If an ASSEMBLE member is admitted to a hospital, the “Medical Provider” shall charge ASSEMBLE INSURANCE TANZANIA LIMITED for one rounding fee per day as per the price list agreed with such Provider irrespective of the number of visits affected by the “Medical Provider” to the ASSEMBLE member in one particular day. If a different specialty is required, ASSEMBLE INSURANCE TANZANIA LIMITED will pay for one rounding fee per day as per the price list for the second doctor who should be within the **ASSEMBLE INSURANCE TANZANIA LIMITED** list of appointed providers and **ASSEMBLE INSURANCE TANZANIA LIMITED** should approve this before the service unless the clinical condition is an emergency.

28. ASSEMBLE INSURANCE TANZANIA LIMITED will inform the “Medical Provider” of any unnecessary and unsuitable medical services being rendered by a member of the “Medical Provider” to an ASSEMBLE member. In this respect, ASSEMBLE INSURANCE TANZANIA LIMITED reserves the right to stop dealing with any such member of the “Medical Provider”; an official notice shall be sent by ASSEMBLE INSURANCE TANZANIA LIMITED to the “Medical Provider” to that effect.
29. ASSEMBLE INSURANCE TANZANIA LIMITED reserves the right to reject a claim if the treatment rendered to ASSEMBLE Member is not reasonable and customary in terms of treatment guidelines and the cost incurred.
30. Surgery procedure fees shall include all pre-operative care associated with inpatient or day-case surgery and shall include the management of all common complications related to that condition which do not require surgical intervention. This will be a part of the normal surgery fee. ASSEMBLE INSURANCE TANZANIA LIMITED will not pay for any surgical intervention, which is due to surgical error on the part of the medical provider
31. Any medical report should be provided by any member of the “Medical Provider” to the ASSEMBLE member and /or to ASSEMBLE INSURANCE TANZANIA LIMITED free of charge.
32. The benefits of anesthesia shall include:
  - The routine pre-operative assessment.
  - Induction, maintenance of anesthesia and all support activities, both intra and post-operative.
  - Pain control throughout the expected hospital stays.
  - Post-operative care including 72 hours intensive therapy.
33. Follow up visits within one week shall not be charged to ASSEMBLE INSURANCE TANZANIA LIMITED.
34. Any notice or communication under or in connection with the Agreement shall be in writing and shall be delivered personally or by post, facsimile, e-mail or other electronic means to the attention of the parties set out below and at such addresses as the recipient may have notified the other party in writing. In the case of personal delivery, a signature of receipt acknowledging receipt will be sufficient evidence of delivery and receipt. In the case of a letter, it shall be deemed to have been received on the fifth business day after posting and in the case of facsimile or other electronic means on the business day immediately following the day of dispatch.



35. ASSEMBLE INSURANCE TANZANIA LIMITED reserves the right to suspend service and payments anytime if any anomalies are observed in relation to the Medical Provider or claims.
36. This Agreement shall be governed by the laws of Tanzania. Any dispute arising out or in relation to the performance or interpretation of this Agreement shall be settled by the courts of Tanzania.
37. This Agreement is made on date \_\_\_\_\_ to \_\_\_\_\_ and may be terminated at any time by the medical provider **(HEALTH CENTRE)** or ASSEMBLE INSURANCE TANZANIA LIMITED subject to thirty (30) days notice in writing.
38. Either party may terminate this Agreement at any time by giving to the other party not less than 30 days prior written notice. In addition, this Agreement shall terminate upon the occurrence of any of the following events:
  - The expiration of 30 days after written notice has been given by ASSEMBLE INSURANCE TANZANIA LIMITED or the “Medical Provider” to the defaulting party of its breach of a material obligation or material obligations under this Agreement.
  - If ASSEMBLE INSURANCE TANZANIA LIMITED solely determines that the “Medical Provider” is giving ASSEMBLE INSURANCE TANZANIA LIMITED, any misleading or false information in relation to any treatment and/or service provided by “Medical Provider” under this Agreement.
  -

This contract is valid for \_\_\_\_ years starting from the signed and agreed date and will be reviewed 6 months after the agreed date. The medical provider should apply again with all necessary documents (i.e. registration certificates, business licence, Tira registration, company profile and price list and ) after the contract ends.

39. As our business partner, this contract prohibits you from spoiling the reputation of our company to clients; our contract is confidential if there are any problems you should contact ASSEMBLE Insurance Company only.

40. In relation to condition number 25 of this contract, Assemble Insurance Tanzania Limited will be reviewing claims and medical practices on regular basis. In cases where abnormalities identified on the submitted claims based on the standard medical practice exceed 20% of the total claimed amount, Assemble Insurance will not honor the entire claimed invoice, and the service provider will refund Assemble Insurance Tanzania limited all cost incurred to facilitate the claim review exercise. Assemble Insurance reserves the right to take further actions for the malpractice including but not limited to exercising condition number 28 of this contract.



Signed on behalf of  
**MEDICAL PROVIDER**

Signed on behalf of  
**ASSEMBLE INSURANCE TANZANIA LTD**

\_\_\_\_\_  
**NAME**

\_\_\_\_\_  
**NAME**

\_\_\_\_\_  
**TITLE**

\_\_\_\_\_  
**TITLE**

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**SIGNATURE & STAMP**

\_\_\_\_\_  
**SIGNATURE & STAMP**

**IN WITNESS WHERE OF**

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**DATE**

**THE SCHEDULE HEREIN BEFORE REFERRED TO AS:**

## SECTION A

### **DEFINITIONS: FOR HEALTH CENTRES**

In this Agreement together with the Schedule in its entirety and for so long as the context does not dictate otherwise: The following shall refer to.

**Member:** Anyone who is covered under the ASSEMBLE medical cover presents a valid identification card which can be checked against ID card register or other document or data.

**PHYSICIAN:** A doctor or surgeon who is legally licensed to practice medicine.

**DISABILITY:** Shall be deemed to mean only a sickness or accidental bodily injury necessitating medical treatment and covered under the ASSEMBLE medical cover.

**ASSEMBLE SMS SYSTEM:** is a mobile phone based short messaging system which allows authorized users to enquire on the validity of membership and limited benefit information from the ASSEMBLE membership database.

**OTHER BENEFITS** shall include the charges for reasonable services and supplies provided to the ASSEMBLE members including:

- ◆ Physician's daily consultation (including clinical general doctors and specialist).
- ◆ Laboratory services (base line and definitive), diagnostic X-ray and radium or other radioactive substances.
- ◆ Treatment by medical providers and physiotherapists.
- ◆ Drugs and medicines dispensed for covered medical conditions (except those listed in the list of exclusions shown below).
- ◆ Surgical dressings
- ◆ Casts, splints, trusses, braces, crutches, and pacemakers.

**MATERNITY BENEFITS**, when and were provided in the ASSEMBLE medical cover, shall include reasonable and customary charges for:

- Health Centre confinement, general nursing care and nursery care while the mother is confined in the hospital.
- Fees charged by a physician or mid-wife for treatment as well as ant and post-natal care related to pregnancy.
- Maternal and Child Health services include normal deliveries and Caesarian Section.

## SECTION B

### EXCLUSIONS UNDER THE MEDICAL COVER

This medical cover does not cover any of the following conditions and no benefits will be reimbursed thereon:

1. Self-inflicted injury while sane or insane
2. Alcoholism & Addiction.
3. Desensitization and allergen tests
4. Injury or illness resulting from insurrection or war.
5. Cosmetic surgery and/or related medicines and products.
6. Dental examinations, X-rays, extractions, fillings and general dental care, **UNLESS** provided for in the benefits schedule.
7. Optical Care, **UNLESS** provided for in the benefits schedule i.e.
  - ◆ Supply or fitting of eyeglasses & lenses.
  - ◆ Vision tests, which are not related to specific symptoms and or disease.
9. Supply or fitting of hearing aids
10. Examinations for routine check-up purposes
11. Treatment not scientifically recognized or where it is performed by someone from the member's family.
- 12 Any disability which originated prior to the effective date of the medical cover.  
This must be confirmed by ASSEMBLE INSURANCE TANZANIA LIMITED.
13. Medical treatment not related to the diagnosis of an illness or accidental injury, which include, but are not limited to, the following:
  - ◆ Durable medical appliances (e.g. nebulizer)
  - ◆ Anorexia, obesity
  - ◆ Contraceptives and contraceptive measures.
  - ◆ Hormone Replacement Therapy
  - ◆ Ovulation induction, in-vitro fertilization (IVF).
  - ◆ Food supplements, herbal medicines.
  - ◆ Preventive treatment and vaccinations not on Tanzania Extended Programme on Immunization (EPI), circumcision **UNLESS** they have SBP.
  - ◆ Optional treatment for potency deficiency
14. All expenses and treatment not reasonable, customary and necessary for the treatment of an injury or illness

## **SECTION C**

### **IN-HOSPITAL BENEFITS INCLUDE:**

- a) Charges made for room, board, general nursing care and daily ancillary charges.
- b) Charges for ICU rooms, supplies, nursing care including all ICU daily services and supplies, such as but not limited to Electrocardiography, bedside monitor, cardiac monitor, etc.
- c) Charges for reasonable and customary services or supplies furnished to the ASSEMBLE member during the medical provider confinement, including charges for use of operating room and equipment, drugs and medicines, dressings, splints and plaster casts, laboratory examinations, electrocardiograms, basal metabolism, physical therapy, oxygen, x-ray examinations, intravenous injections and solutions, cost of blood and blood plasma.
- d) Physician's daily consultations
- e) Surgeon's charges for surgical intervention and post operative case.
- f) Anesthetics and their administration by a medical provider anesthetist.
- g) Local use of an ambulance, if necessary.

### **Please Note:**

1. All admissions must be subject to the "Benefits Pre-authorization Review Program". In emergency situations, such admissions must be notified to ASSEMBLE INSURANCE TANZANIA LIMITED within 24 hours or on the next working day.
2. The benefits pre-authorization form is to be completed for all non-emergency admissions and faxed/sent to ASSEMBLE INSURANCE TANZANIA LIMITED on fax numbers of details in the ASSEMBLE Contact list hereto attached.
3. The length of admission should be within the period approved by "Benefits Pre-authorization Review Program". However extended confinement should be necessary, a medical report explaining the need for more stay should be delivered to ASSEMBLE INSURANCE (T) LTD together with the request prior to expiry of the initial authorized confinement period.



## **SECTION D**

### **BENEFITS PRE-AUTHORIZATION REVIEW/SECOND MEDICAL OPINION PROGRAM**

**Benefits Pre-Authorization Review** is a process whereby a designated officer of ASSEMBLE INSURANCE (T) LTD reviews proposed inpatient hospital confinement, outpatient surgeries, physiotherapy. Benefits Pre-authorization Review works with the insured member, his attending physician, medical facility, and any other healthcare provider to ensure that the member's specific medical needs are met in the most cost-effective setting suitable for treatment of the injury or sickness.

**"Second Medical Opinion"** means an evaluation by a **"Participating Physician"** of the medical necessity of the treatment requiring inpatient medical provider confinement, outpatient surgery, physiotherapy, such medical evaluations may include an examination and diagnostic tests but may not include treatment of the condition.

The approval may be given in writing by fax at the numbers specified in the benefit's pre-authorization form



**OUTPATIENT AUTHORIZATION FORM**

Date.....

Medical Provider.....

Name of ASSEMBLE Member.....

Date of Birth.....

Membership Number.....

Joining Date.....

Company.....

Complaint.....

Clinical Notes.....

Investigation (Specify site for X rays, Ultrasound, Echocardiogram, and  
Electrocardiography) .....

Charges.....

Provisional Diagnosis.....

**ASSEMBLE AUTHORIZATION**

Authorized by.....Phone.....

Faxed/ Delivered On.....





**IN PATIENT AUTHORIZATION FORM**

Date.....

Medical Provider.....

Name of ASSEMBLE

Member.....

Date of Birth.....

Membership Number.....

Joining Date.....

Company.....

Admitting Doctor.....

Emergency/ Acute/ Scheduled/Via which.....

Complaint.....

Clinical Notes.....

.....

Ward.....

Provisional Diagnosis/ Diagnosis.....

Sent by..... on.....at.....

**ASSEMBLE AUTHORIZATION**

Authorized by.....Phone.....

Faxed/ Delivered On.....

## SECTION E

### *ASSEMBLE INSURANCE (T) LTD claims submission procedure*

To avoid any delays in the processing of Health Services claims please ensure that:

- a) All questions on the ASSEMBLE INSURANCE (T) LTD Claim form are answered.
- b) All necessary claim documents are submitted within 30 days of the date of service.
- c) At facilities where a Help Desk is available, 2 copies of the claim form are given to the patient with instructions to leave one at the Help Desk.
- d) Help Desk Nurse is allowed to seek clarification from the billing office on the charges made.

**(NB: Claims received after 90 days from the month end will not be honored)**

#### 1. Out-Patient Treatment:

For Out-patient treatment, the following documents are required:

**Prescription** for each purchase of medicines

**Itemized** pharmacy bill showing:

- ◆ Date of purchase
- ◆ Name of patient
- ◆ Name of drug
- ◆ Quantity of each drug
- ◆ Cost of each drug per unit

**Itemized** Lab invoice/bill showing

- ◆ Date of service
- ◆ Name of patient
- ◆ Name of x-ray taken
- ◆ Cost of each x-ray

**Itemized** Ultrasound, Echocardiogram, Electrocardiography. bill showing:

- ◆ Date of service
- ◆ Name of patient
- ◆ Identification of service/procedure done
- ◆ Cost of each service/procedure
- ◆ **ASSEMBLE INSURANCE (T) LTD** benefits pre-authorization form confirming ASSEMBLE Healthcare's approval of the procedure

#### 2. In-Patient Treatment:

For In-Patient treatment, the following documents are required: -

- a) Itemized hospital bill/invoice
- b) Detailed medical provider discharge report and/or medical report
- c) Detailed Provider bill/invoice

If Physicians, surgeons or anesthesiologists have separate charges, then separate detailed invoices/bill is required from each, on account of services rendered by them.

ASSEMBLE INSURANCE (T) LTD benefits pre-authorization form confirming

ASSEMBLE INSURANCE (T) LTD approval of the hospital admissions

## Key Contacts

1	PPO MANAGER	+255758456996
2	PPO Administrator	+255764400801 +255764258440 +255755912491 +255763033444 +255754234495
3	Case Management (In patient Authorization, Dental, Vision, Physiotherapy cases).	+255745617999 +255745522218 +255764412650  +255742000269
4	Call center (Member verification and Customer care)	+255768983800  +2552255083300
5	Emergency line (Rescue)	+255754760790
6	Help line	+255786747777
7	Dar Es salaam City office( Mlimani city)	+255222780020  +255222780651
8	Mwanza Office number	+255764534859  +255763033444
9	Arusha Office number	+255754234495

