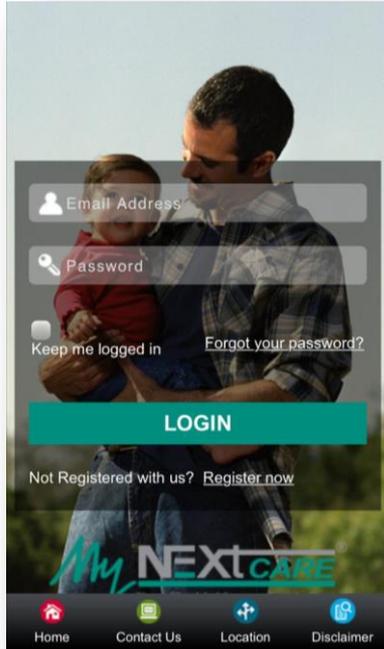


# Home Page



To Log In to MyNEXtCARE, the Beneficiary has to define the User Name, which is the email address, and the Password.

# MyNEXtCARE Benefits

- View the **Policy** related information
- View the **Personal Claims** history
- Submit and Track **Reimbursement Claims**
- Execute a **Healthcare Provider Search** by name and location
- Submit and **track inquires** and **complaints**
- Benefit from the provided **Health Tips**



*We Manage Your Health with Care*

# Submit Claims

This is the first screen of the mobile application, titled "Submit a Claim". It features a dropdown menu at the top set to "Myself". Below this is a section titled "Healthcare Provider Information" which contains several input fields: "Country\*", "Healthcare Provider Type\*", "Healthcare Provider Name\*", and "Other Healthcare Provider". A second section titled "Medical Information" is partially visible at the bottom, showing "Service Type\*" and "Service Date\*" dropdown menus. The bottom navigation bar includes icons for Home, Contact Us, Location, and Disclaimer.This screen is titled "Medical Information" and is a continuation of the form. It includes dropdown menus for "Service Type\*" and "Service Date\*". Below these are input fields for "Physician Name\*", "Speciality", and "License #". There is also a field for "Other Physician Name", and another set of "Claimed amount\*" and "Currency\*" dropdown menus. A large text area for "Special Notes" is provided. At the bottom, there are two green buttons: "CAPTURE PHOTO" and "GET PHOTO". The bottom navigation bar is consistent with the previous screen.This is the final screen of the form, showing the "Physician Name\*" input field, "Speciality" and "License #" dropdowns, and "Other Physician Name" field. It also includes "Claimed amount\*" and "Currency\*" dropdowns, and a "Special Notes" text area. At the bottom, there are two green buttons: "CAPTURE PHOTO" and "GET PHOTO". Below these are two more green buttons: "RESET" and "SUBMIT CLAIM". The bottom navigation bar remains the same.

Allows the Beneficiary to **submit reimbursement claims**  
First the Beneficiary has to define the **HealthCare Provider Info**, some **Medical Information**, **upload all documents** and press on **“Submit Claims”**.

# View Claims



View Claims

Myself

Service Date	Plan Type	Healthcare Provider
16/06/2015	Out-Patient	CEDIM - Lebanon
10/06/2015	In-Patient	Hotel Dieu De France - Lebanon
16/04/2015	Out-Patient	Hotel Dieu De France - Lebanon
15/04/2015	Out-Patient	Hotel Dieu De France - Lebanon
16/02/2015	Out-Patient	Centre Medical St. Joseph - Lebanon
07/12/2014	In-Patient	Clinique du Levant - Lebanon
17/10/2014	Out-Patient	Clinique du Levant - Lebanon

« Prev Next »

Home Contact Us Location Disclaimer

Claim Details

Claim Reference	BP0000000039/1
Service Date	08/07/2014
Plan Type	Out-Patient
Healthcare Provider	Dr. Antoine T. Maalouf_LBN
Cause of illness	Physical Illness
Claim Submission Date	05/09/2014
Claim Status	Not Used
Your Share	undefined LBP
Reimbursement	Yes

View Uploaded Documents View Reimbursement Details

H Ins ID.pdf  
P + renewal.pdf  
Medical Report - Invoice.pdf

Home Contact Us Location Disclaimer

GH Ins ID.pdf  
PP + renewal.pdf  
Medical Report - Invoice.pdf  
ASOAP Plan.pdf  
Medical Report - Invoice.pdf

Allows Beneficiary to access his/her **personal claims history** along with some details, as well as to **track Reimbursement claims by checking Claims Status.**

Beneficiary is able to see **reimbursement claims approval / denial details.**