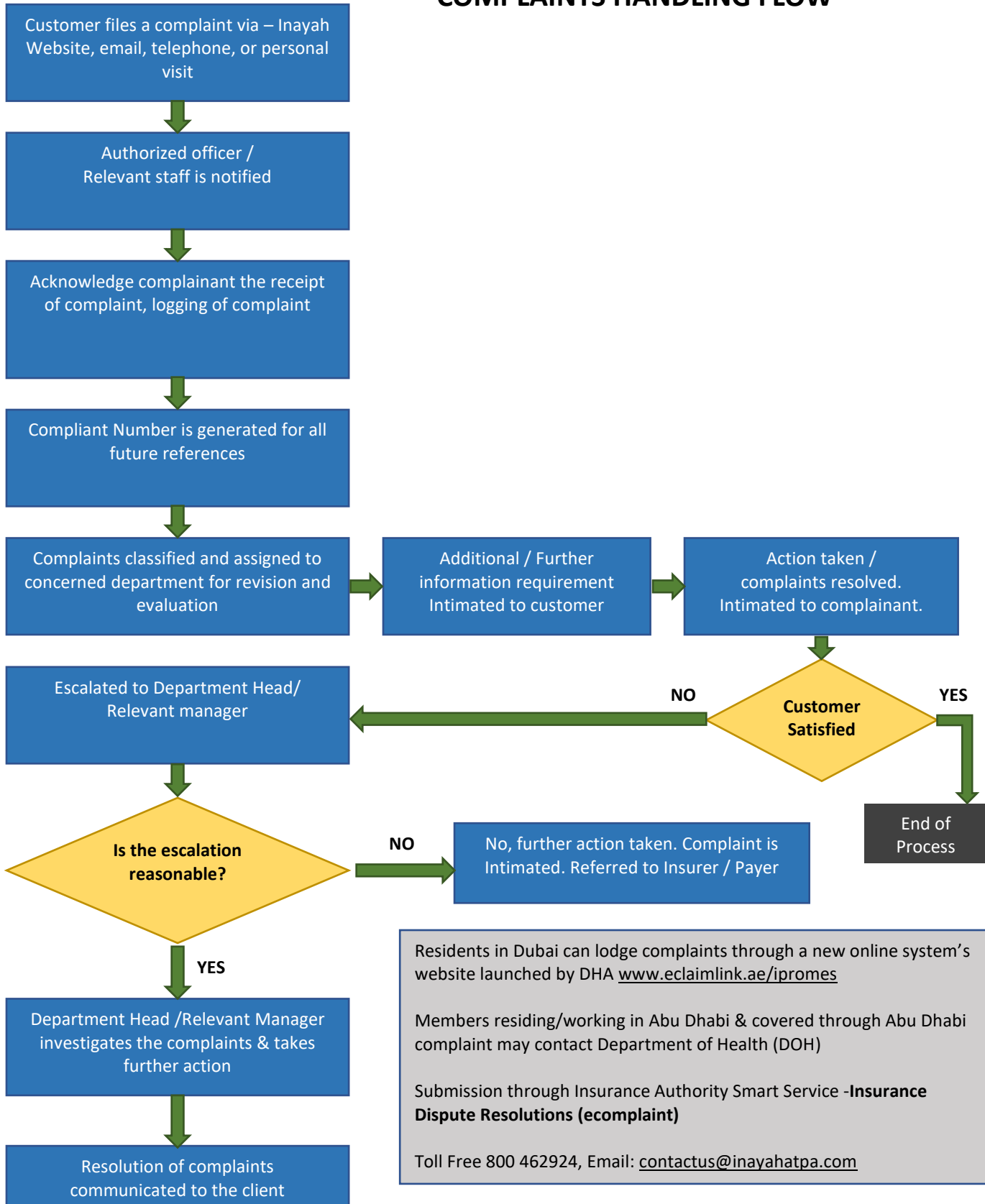


COMPLAINTS HANDLING FLOW



Residents in Dubai can lodge complaints through a new online system's website launched by DHA www.eclaimlink.ae/ipromes

Members residing/working in Abu Dhabi & covered through Abu Dhabi complaint may contact Department of Health (DOH)

Submission through Insurance Authority Smart Service -**Insurance Dispute Resolutions (ecomplaint)**

Toll Free 800 462924, Email: contactus@inayahatpa.com

COMPLAINTS HANDLING PROCEDURE

INAYAH TPA is committed to providing high-quality customer services. We value complaints and use information from them to help us improve quality of our services. This document lays down the procedures that ought to be followed during the recording, handling and resolution of complaints received by INAYAH.

Objective and Aims of Procedure

The application of this Procedure shall ensure that INAYAH effectively retains its objective evidence in order to;

- We shall address each complaint in completely fair, transparent and unbiased manner through a professional complaint handling process
- We shall ensure that the complaint received should be investigated competently, impartially and in an independent manner
- We will acknowledge complaints promptly and shall put our best effort forward to resolve your complaint as quickly as possible
- We shall use Complainant's feedbacks and information gathered to continuously improve our services to you

Definition of a Complaint

Any expression of dissatisfaction by a customer, potential customer or other business partner or any regulatory body made to the company either directly or indirectly which is related to a product or service provided by the company or which is related to an employee of the company or which is related to a service provided by an intermediary acting on behalf of the company or provided by another business partner of the company such as but not limited to a health claims management company, hospital, clinic or physician .This page describes our complaints procedure, how to make a complaint and tells you what you can expect from us.

What is not a complaint?

Any expression of dissatisfaction concerning denial of coverage for a consultation, treatment or procedure which is clearly not covered under the policy or where the cost of the treatment exceeds the monetary limits under the terms of the policy are not complaints. However, where the cause of the complaint relates wholly or in part to vague wording or unclear definitions in the policy wording, terms and conditions or table of benefits this will be considered a complaint.

How do I complain?

It is easier for us to resolve complaints if you make them quickly and directly to the office/team concerned. So please talk to a member of our staff at the service you are complaining about. In such scenario they can try to resolve any problems on the spot.

Alternatively, you can complain

- By filling out the compliant form on our website
- By telephone by contacting our toll-free number at 800-462924 (**English, Arabic, Urdu, Hindi, Malayalam, Filipino**)
- In person at our offices by visiting our reception area.
- By email Customer Service **contactus@inayahtpa.com**
- By writing letter to: Customer Service, INAYAH TPA LLC, **A 802, The Opus by Omniyat, Al A`amal Street, Business Bay, Dubai, UAE**

When complaining, tell us

- **Your personal information**
 - Name of the complainant
 - Name of the member (incase complain is lodged on behalf of others distress)
 - Member ID
 - Policy number
 - Email Address
 - Contact number
- **Complaint details**
 - Complaint reference number (if continuation of existing complaint)
 - Date of incident
- **Name of the Provider**
 - In case the incident for compliant occurred in relation to service provider (Hospital/Clinic/Pharmacy) then Name is required to coordinate with the provider.
- **Category of Complaint**
 - Denial of coverage
 - Rejection of claim
 - Accuracy of documentation provided
 - Delays in process (refund, reimbursement, approvals, issuance of cards)
 - Administrative/operational process related
 - Product dissatisfaction
 - Changes to policy terms (exclusion, conditions, network coverage)
 - Services provided by staff/department (efficiency, attitudinal, behavioral, knowledge)
- **Detail of complaint**
 - Complete and detailed narration of the incident.
 - Try to be specific

- Web Portal Screen of Online Complaint Registration

Online Complaint Registration

Name of the complainant <input type="text"/>	Name of the member: <small>(in case complain is lodged on behalf of others distress)</small> <input type="text"/>
Member ID: <small>(format: AAAA-A-AAAA-A99)</small> <input type="text"/>	Member's Year of Birth: <small>as on Card (Not 1980)</small> <input type="text"/>
Policy number <input type="text"/>	
Email Address <input type="text"/>	Contact number <input type="text"/>
Source of Complaint: On-Line <input type="button" value="v"/>	Date of incident <input type="text"/>
Name of Personnel to whom the complain has been directed to <input type="text"/>	Category of Complaint: --Select-- <input type="button" value="v"/>
Detail of complaint: <div style="border: 1px solid #ccc; height: 150px; width: 100%;"></div>	
<input type="button" value="Submit Complaint"/> <input type="button" value="Clear"/> <input type="button" value="Back"/>	

How you want us to resolve the matter.

Once the complaint is received, it is registered into the system and is assigned to the Complaints handling department. On registration a complaint reference number is generated for all future references.

Our complaints process has three stages

Stage 1 - Frontline Resolution

- Frontline resolution aims to quickly resolve straightforward complaints that require little or no investigation. We aim to do this within the day of complain registered.
- If for any reason we aren't able to resolve your complaint within the same day will contact you to discuss the options. These may include an extension to the original timescale or, should the case be more complicated than we originally thought, undertaking a more detailed (Stage 2) investigation.

Stage 2 - Investigation

The investigation stages deal with three types of complaint:

- Cases that have not been resolved at Stage 1;
- Cases that are complex in nature and or where it is immediately apparent that detailed investigation is required.
- Cases that categorized under escalated sensitivity levels.

During Stage 2 following process are carried out:

- Acknowledge receipt of your complaint on the same day.
- Where appropriate, discuss your complaint with you to understand why you remain dissatisfied by our initial response at stage 1 and what outcome you are looking for
- Provide a full response within 7 working days.
- If the investigation is particularly complex and we need longer than 7 working days to resolve the problem we will agree a revised time limit and keep you updated on progress.

Stage 3 - Independent external review – Payers review

If, having gone through our complaint's procedure, you are still dissatisfied you can appeal to the concerned payer and discuss your options accordingly to understand the solution given or further appeal for your dissatisfaction.

Authority

The following table illustrates the procedures of Complaints:

Sr. No.	Process Description	Responsibility
1	Complaint Registration	Authorized Officer
2	Complaint Resolution	Respective Reporting Authority
3	Escalation – First Level	Department Head / Authorized Manager
4	Escalation – Second Level	General Manager