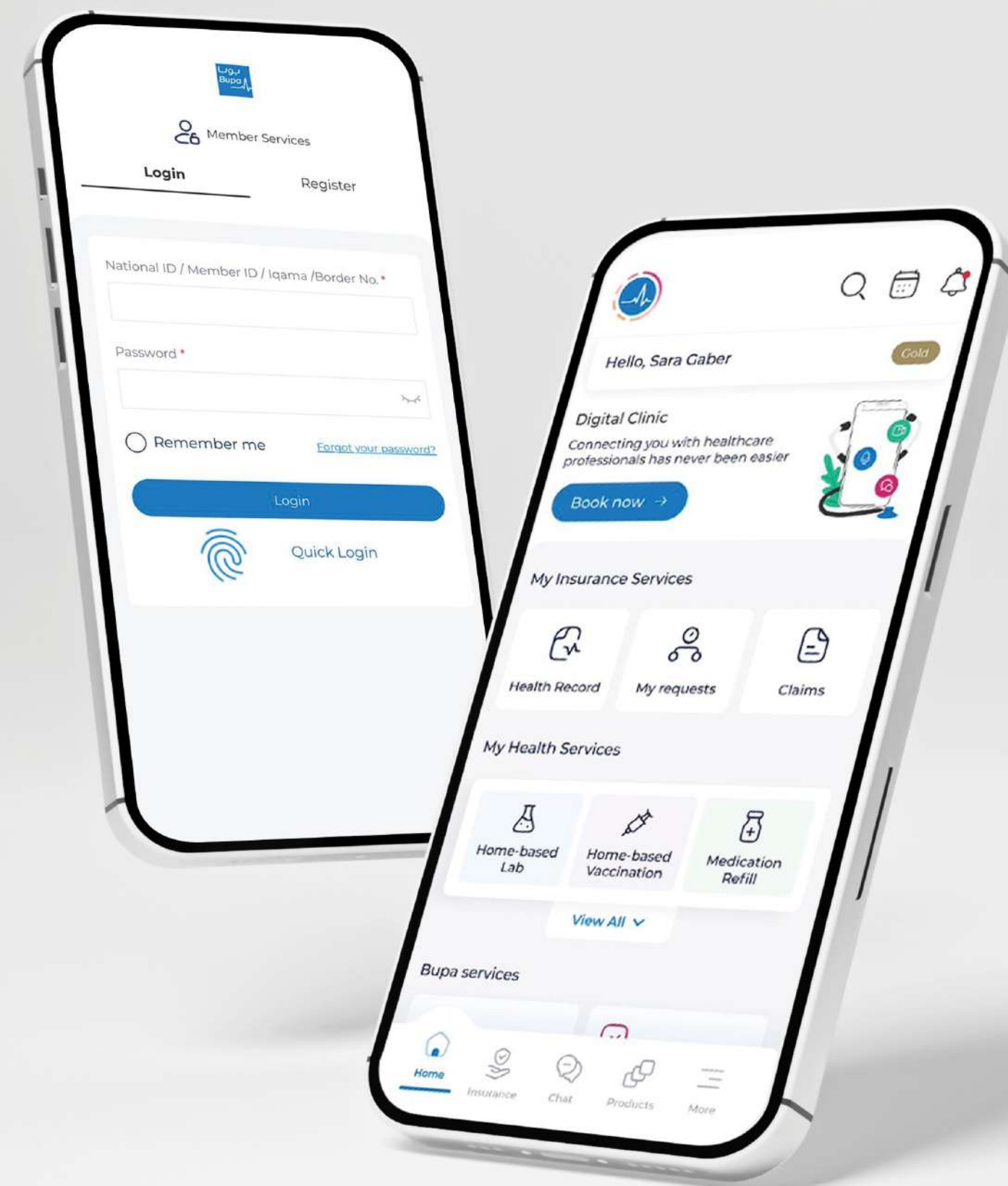




# Bupa App Guide



# Content

01



Bupa Stories

02



Your Information

03



My Insurance

04



Digital Clinic

05



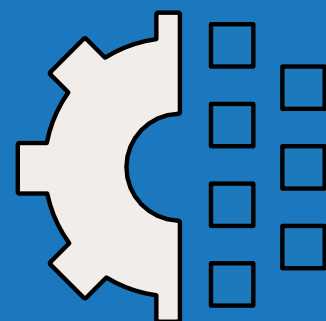
Insurance Services

06



Health Services

07

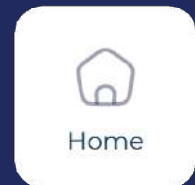


Bupa Services

08

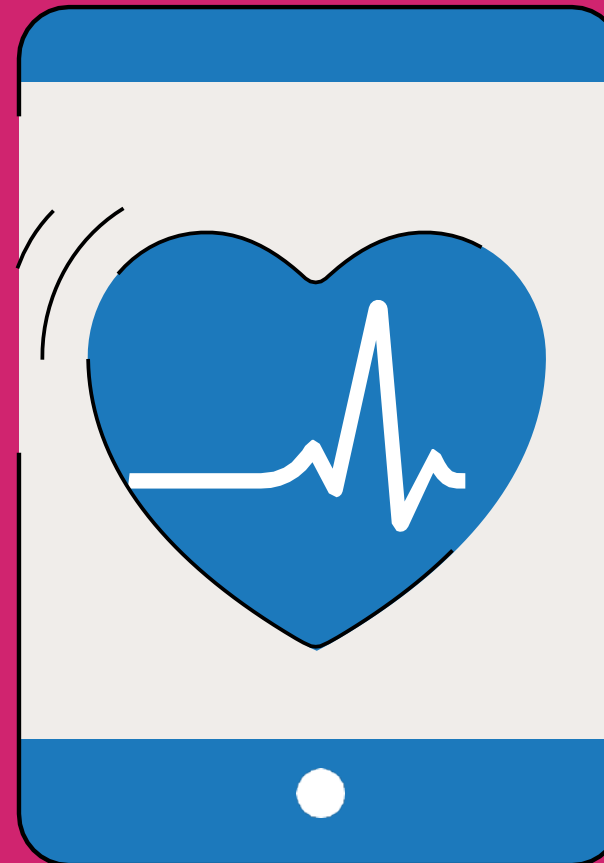


Update Member Data



# Bupa Stories

01



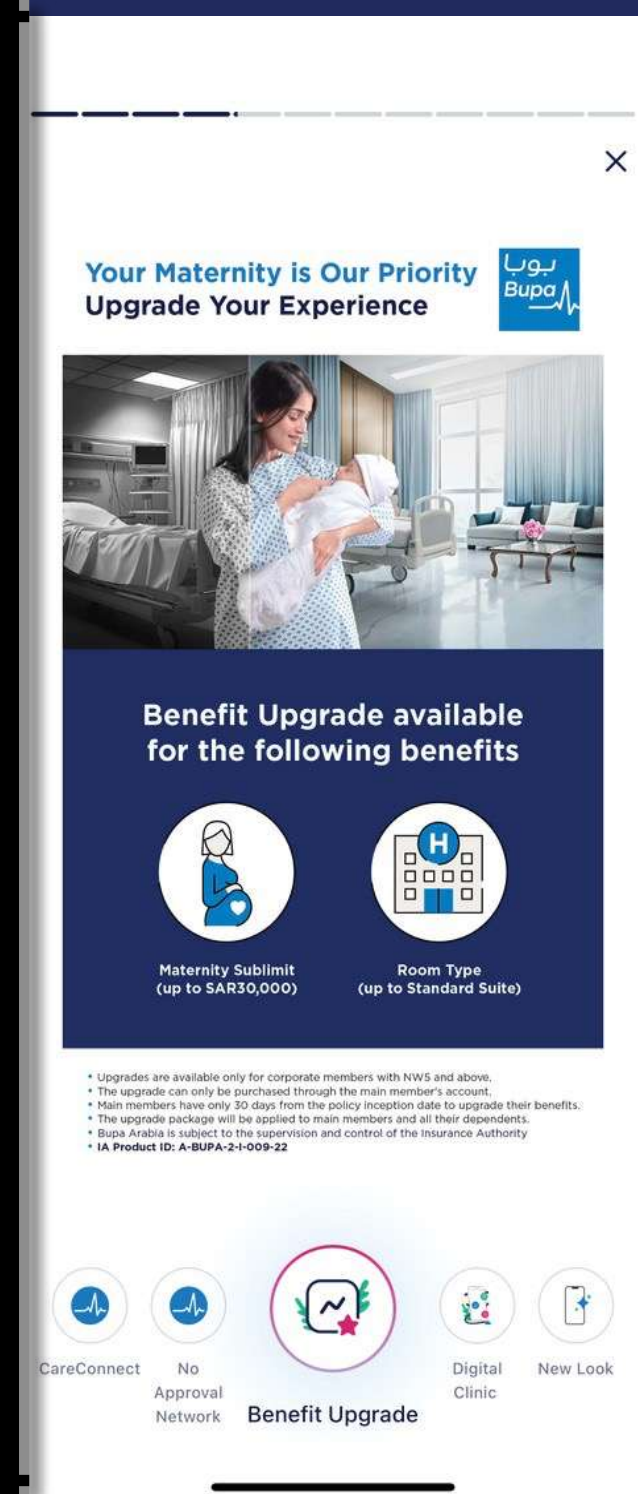
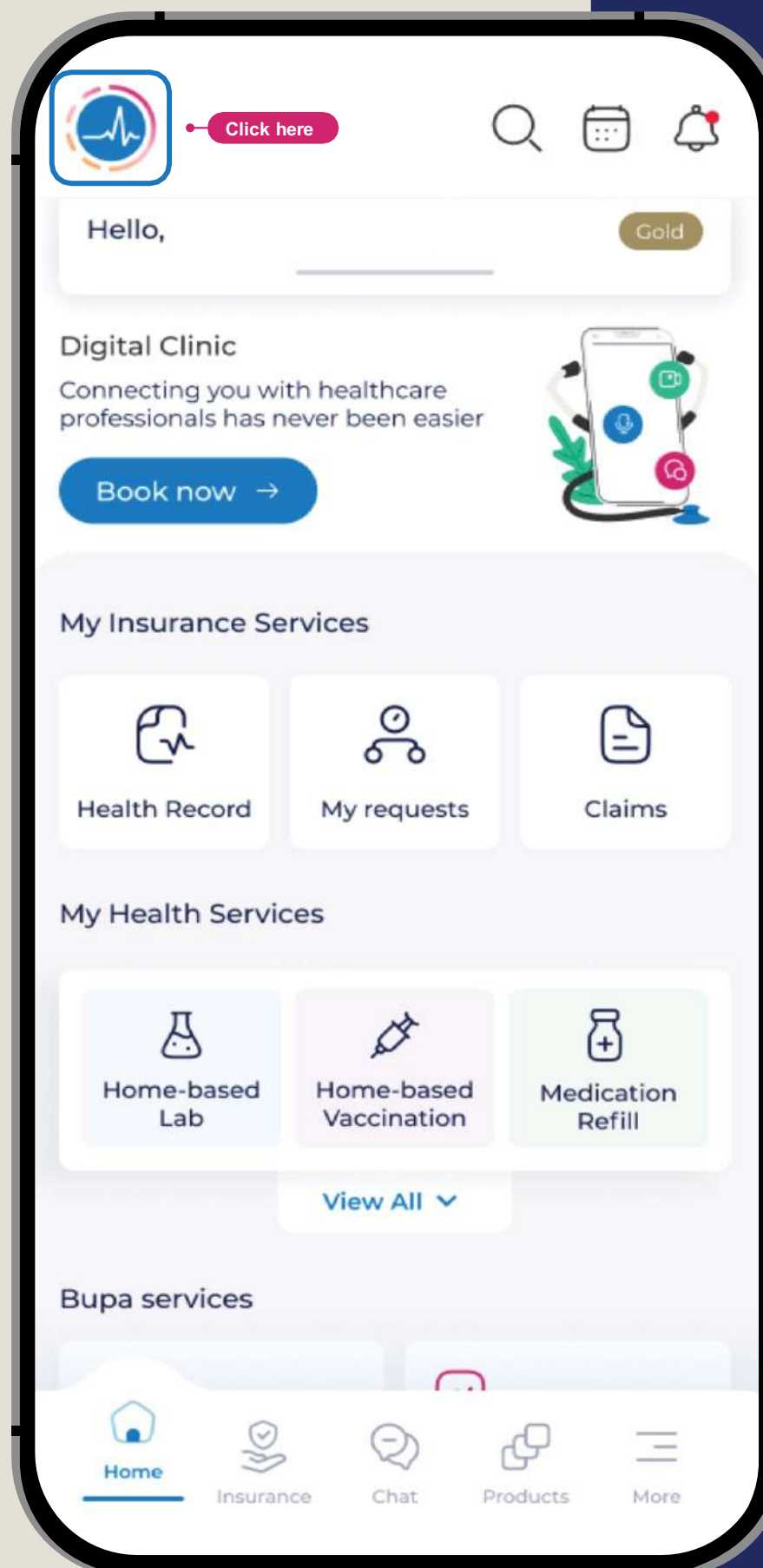


# Bupa Stories



Bupa Stories

Education content will be shared with our audience





Home

## Your Information 02

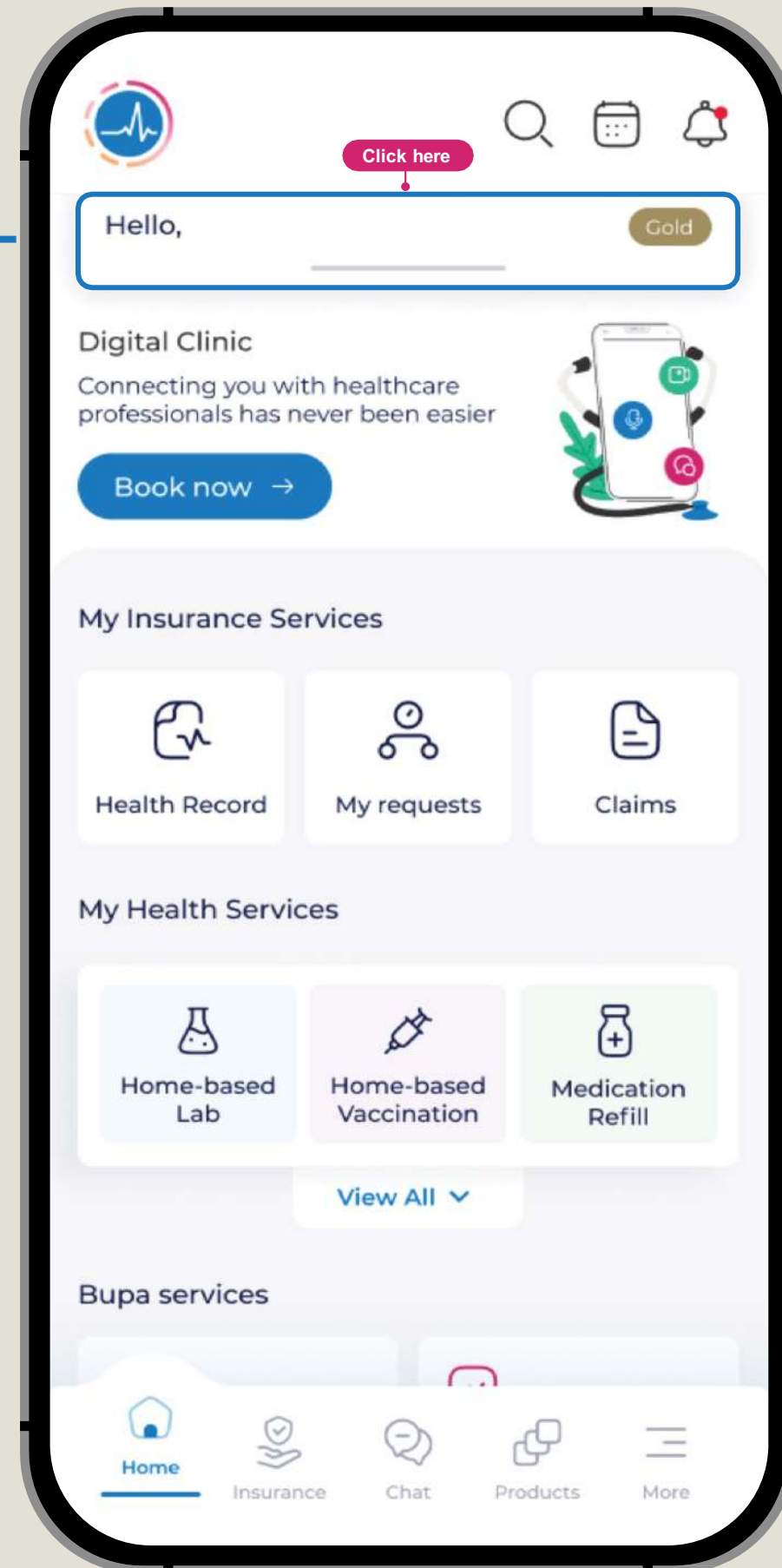




# Your Information



Your Information and your class



Hello, Shahad

Gold

CareConnect



**Mutaz Salem Ahmed Sallum**  
Husband

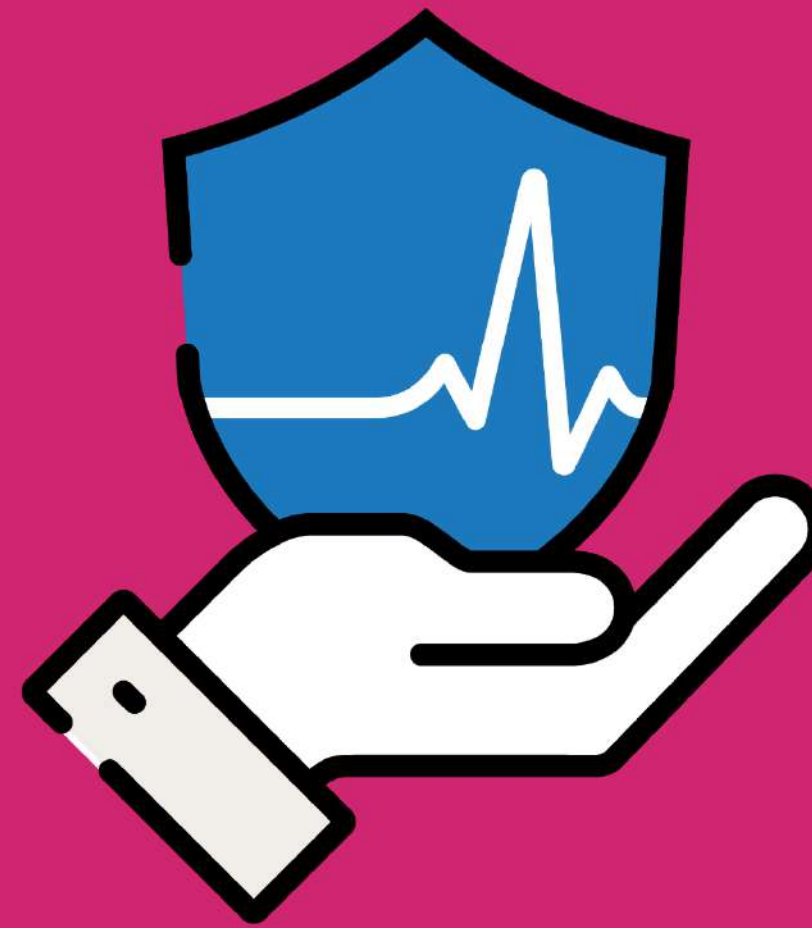


Your information & class will be displayed with your family members added to your insurance

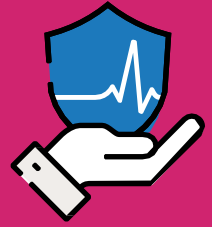


## My Insurance

03







# My Insurance



## My Virtual Card

←

My Virtual Card

Shahad

المجدولة

Almajdoule

Shahad

Scheme Swap Card - NW7

Membership No. 37349308

Contribution: SR 6.00

Approval Limit 1000

Special Hospital: 20% up to SR 100.00

Policy Holder: Swap Card - Dummy

Bupa

بوبا

Add to Apple Wallet

Member Name

Shahad

Scheme

NW7

Membership No.

37349308

Contribution

Membership Confirmation

- View or share virtual card
- Add to Apple Wallet

## My Insurance

⌕

📅

🔔

Hello, Yousef 

VIP

Digital Clinic

Connecting you with healthcare professionals has never been easier

Book Now →

My Insurance Services

Health Record

My Requests

Claims

My Insurance Services

My virtual card

Get your policy information

My Network

Check your Entitled Hospitals and Clinics

My Benefits

View you benefits and its limits

## My Network

←

My Network

Search & Filter

Sort by

My Clinic

PO Box 260

Jeddah

1km

920022811

Aya Specialist Hospital

Al Mohammadiyah Dist.

Jeddah

1km

Jeddah North Office

Back Entrance, 6th floor Prince Sultan St, Al-Mohammadiyah District P.O. Box 250 - Jeddah 21411

Jeddah

1km

920000456

Dr Soliman Fakeeh Family Medicine Center - Al Basateen

5332 Ismail Ibn Kathir

Jeddah

2km

- Find providers in your network
- Get directions via Google Maps

## My Benefits

←

My Benefits

Cancel

Hello, Shahad 

NW7

Search for a benefit

Shahad

Membership No. 37349308

Policy Holder: Swipe Cards - Dummy

Accommodation: Shared Room

Treatment Type: Nil

Deductible

Kindly expand to view the details of the deductibles

Kindly click the benefits to see details

Benefits

Acne

- Check benefits and consumption for you and your members

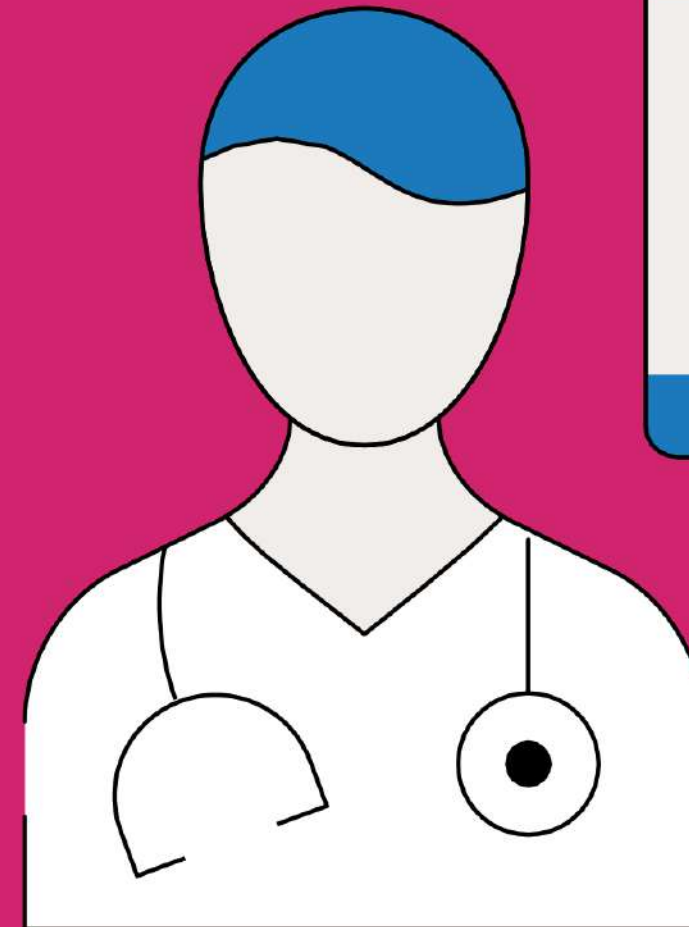




Home

## Digital Clinic

04



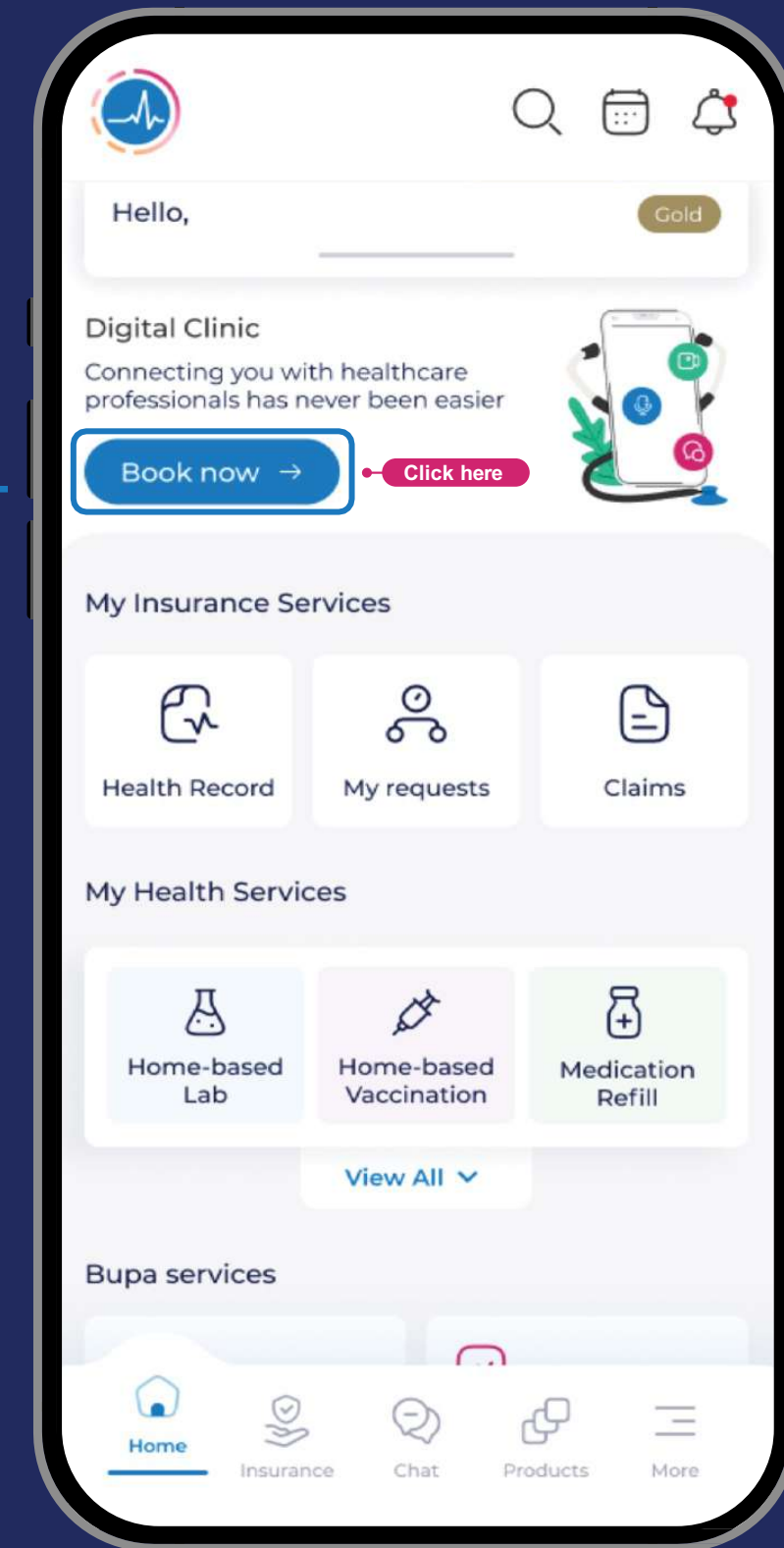




## Digital Clinic



بوبا  
Bupa



- Book virtual consultations easily
- Access a wide range of specialties





# Digital Clinic journey



## Schedule a virtual live call with Bupa doctors

← Digital Clinic Cancel

Choose a Speciality  
Please select the speciality from the list below.

- ☐ Family Doctor
- ☐ Internist
- ☐ Pediatrician
- ☐ Gynaecology & Obstetrics
- ☐ Nutritionist
- ☐ General physician
- ☐ Psychiatrist
- ☐ Dermatologist
- ☐ Otolaryngologist (ear, nose, and throat specialist)
- ☐ Urologist
- ☐ Gastroenterologist and Endoscopist
- ☐ Psychologist
- ☐ Oncologist
- ☐ Endocrinologist

Choose speciality

← Digital Clinic Cancel

December

Wed 18 Thu 19 Fri 20 Sat 21 Sun 22 Mon 23 Tue 24

Search Doctor Name

**Dr. Marwan Alkhatabi**  
Family Doctor  
4 years experience  
Available on 25 December 2024 at 02:40 PM

**Dr. Lujain Bahakeem**  
Family Doctor  
4 years experience  
Available on 25 December 2024 at 02:40 PM

**Dr. Turki Tallab**  
Family Doctor  
7 years experience  
Available on 25 December 2024 at 10:20 AM

**Dr. Yahya Kurdi**  
Family Doctor

Choose the doctor

← Digital Clinic Cancel

**Dr. Marwan Alkhatabi**  
Family medicine  
[Doctor Profile](#)

Selected date 25 Dec 2024 Selected time 05:20 PM

Available slots

Afternoon Slots

Evening Slots

Describe your medical condition

Share with the doctor, if you have any medical

Confirm Booking

Select your appointment date and time

← Digital Clinic

Upcoming Previous (43)

Monday, December 23, 2024 at 05:00 PM

**Dr. Marwan Alkhatabi**  
Family Doctor

Booking reference number 3469831147

Patient Name Shahad Saleh

Appointment Type Video Conference

Status Confirmed

Download Invoice

Start Consultation

Add to Calendar

Reschedule Cancel Appointment

Reschedule / Cancel appointments / Add to calendar / Start your consultation



Contact your doctor



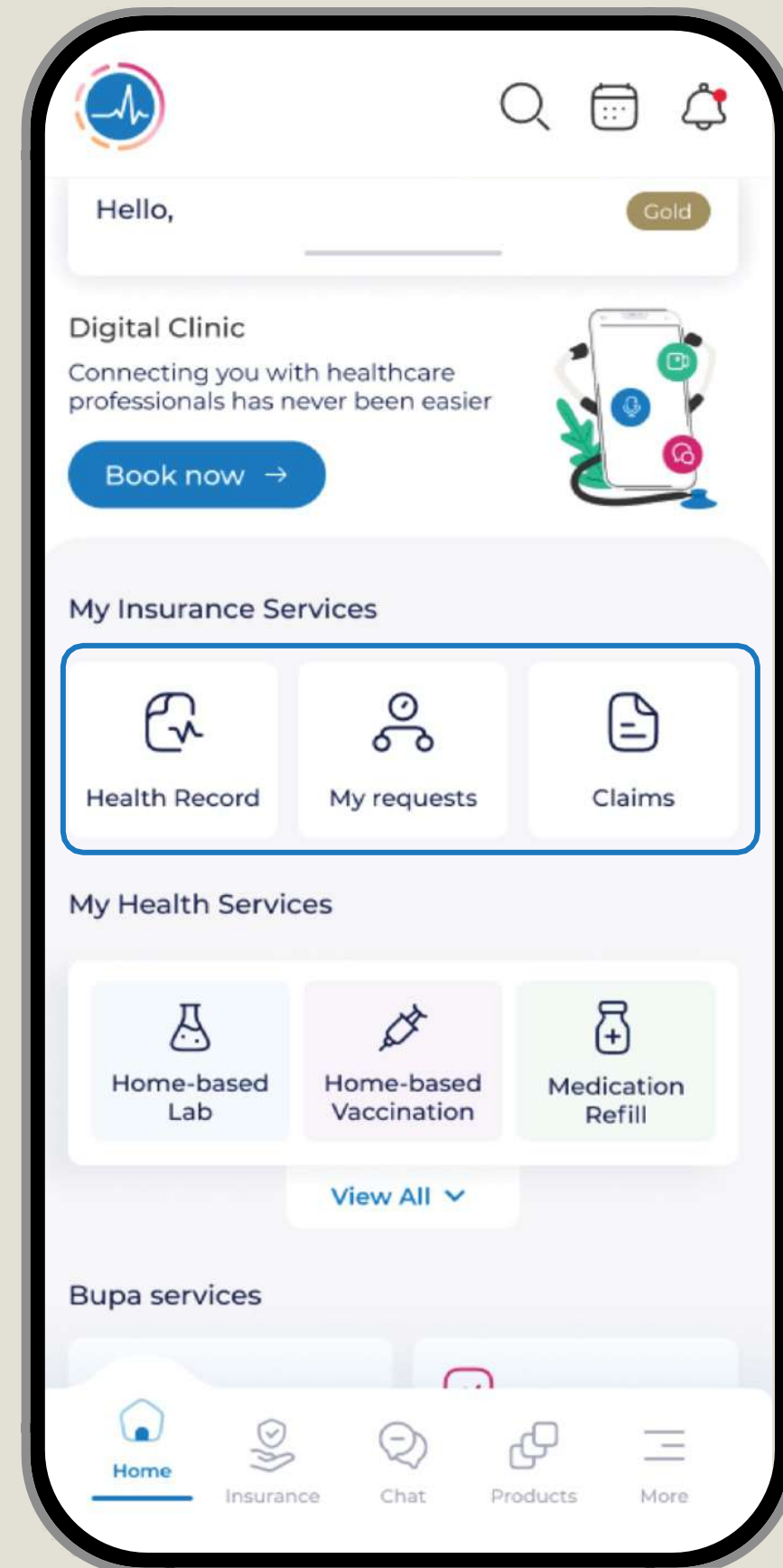
Home

## Insurance Services 05





# My Insurance Services



Health Record



My requests

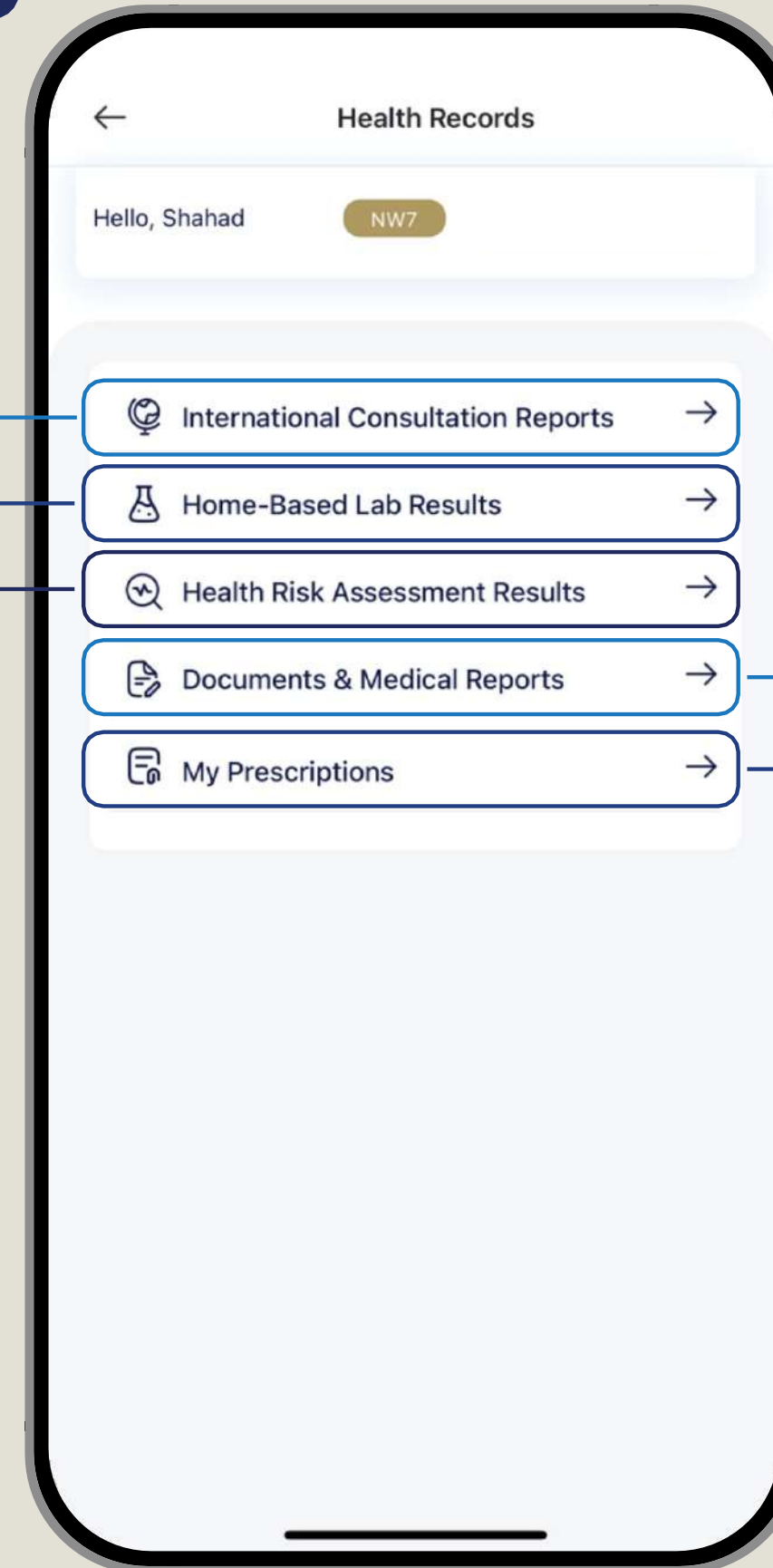


Claims

- Access health records
- Track requests and claims



# Health Record



International Consultation Reports

View your international consultation report



Home Based Lab Results

View your lab test result



Health Risk Assessment Results

Compare data to track progress



My Documents & Medical Reports

Store and retrieve important medical reports



My Prescription

Store your medical prescriptions



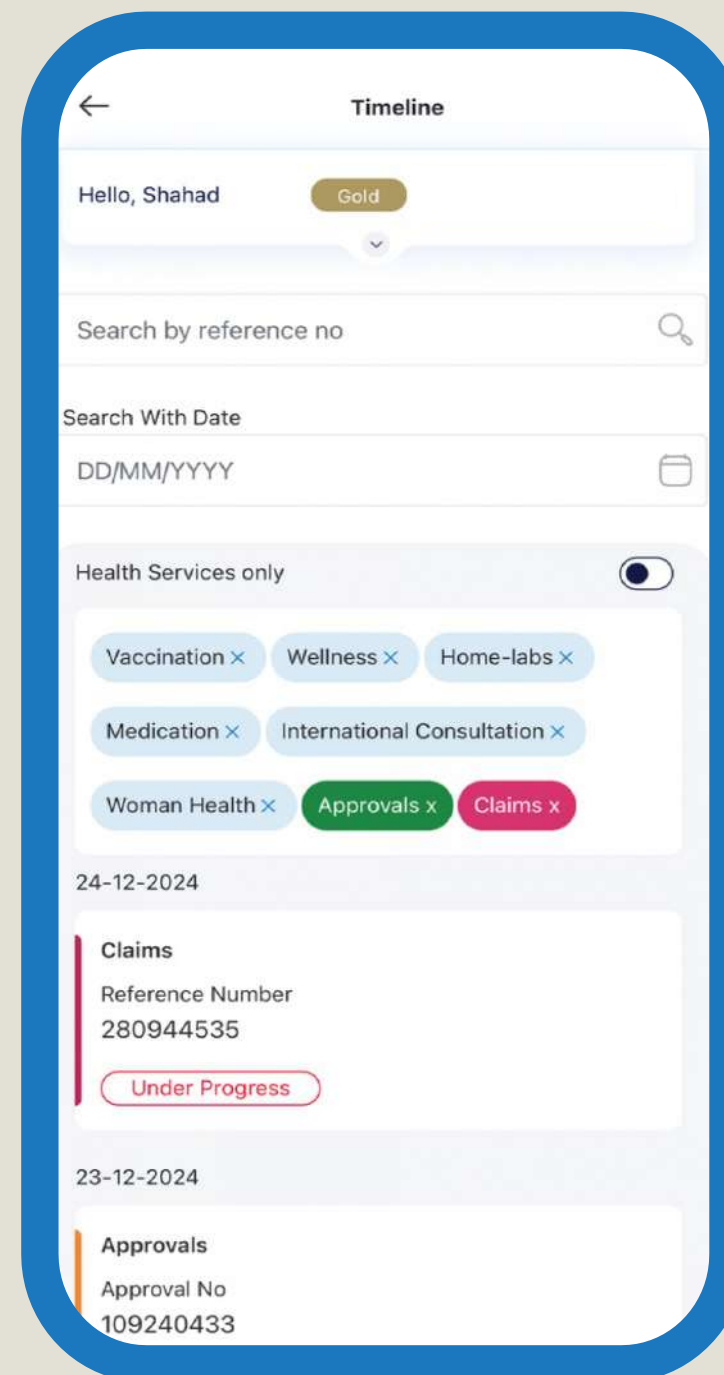


# View My Request

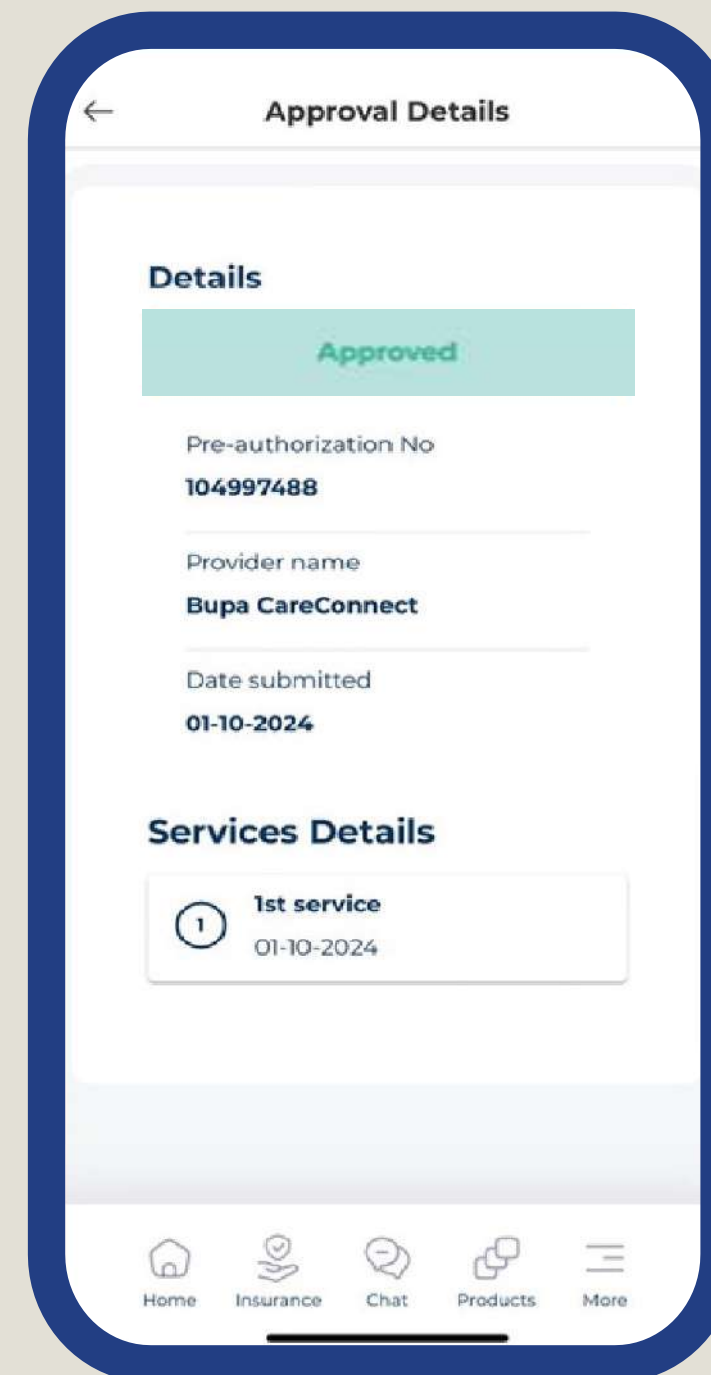


## Status of Pre-authorization request in real time

### Track Your Approvals In The Timeline



### View Approval Details





# Claims



## Simple 3 steps

### Fill Out Your Claim Information



### Upload Required Documents



### Review and Submit Your Claim



### Confirmation

New ClaimCancel

Claim Details

Please fill the following information to confirm the new claim

Inpatient And Surgery

Dental

Optical

Other / Outpatient

Service Description

Medication

Invoice Date

24-Dec-2024

Currency

SAR

Billed Amount

10

Edit information

Continue

New ClaimCancel

Upload documentation

Please upload the required documents as mentioned below

Medical Documents

Please add documents by pressing the below button

Uploaded documents

File must be on the following types \*.pdf, .png, .jpg, .jpeg, .gif, .bmp \* with 5 MB limit per file

Invoice

Please add documents by pressing the below button

Uploaded documents

File must be on the following types \*.pdf, .png, .jpg, .jpeg, .gif, .bmp \* with 5 MB limit per file

Uploaded documents

Invoice0.png

Continue

New ClaimCancel

Summary

Please review if all the provided information is correct

Member details

SS Shahad Saleh Lasker 35393487

Financial Details

IBAN

SA8910000013564132000100

Claim Type

Claim Type

Dental

Claim Location

Local

Claim details

Edit

Continue

New Claim

Your claim has been successfully submitted.

Claim will be processed within 5 to 10 working days

Request reference number is

280944535

New Claim

Done



Home

## Health Services

06





# Health Services



Home-based  
lab



Home-based  
vaccination



Medication  
refill



International  
Consultation



Hello,

Gold

## Digital Clinic

Connecting you with healthcare professionals has never been easier

Book now →



## My Insurance Services



Health Record



My requests



Claims

## My Health Services



Home-based  
Lab



Home-based  
Vaccination



Medication  
Refill

View All ▾

## Bupa services



Home



Insurance



Chat



Products



More



Medical Advice



Wellness  
Appointment



Health risk  
assessment



Woman  
Health





# Home Based Lab Journey



Book lab tests from the comfort of your home

## Select Medical Condition

Home Based Lab Cancel

Lab request details

Please fill the following information

Select the city for the service \* Select option

Abha

[+ Add new medical condition](#)

Selected medical conditions Select option

Medical Condition \*

Anaemia of chronic diseases

Additional Information

Add Comment

Continue

## Choose Delivery Location

Home Based Lab Cancel

Select address

Please select an existing address from your saved list or add a new one

**Home Address**

JEMA2493, 2493, اوس ابن ثابت, 6390, Al Muhammadiyah District, Jeddah 23624, Saudi Arabia

فيلا رقم 164

**Other address**

7406 Khalil Al Fattal, 4647, Al Muhammadiyah District, Jeddah 23617, Saudi Arabia

EKMA7677, 7677, ابن ابي عميرة, 4081, حي الدوحة الجنوبية, الظهران 34455, Saudi Arabia

EKMA7716, 7716, ابراهيم الدينوري, 4145, حي الدوحة الجنوبية, Dhahran 34455, Saudi Arabia

Friend

Continue

## Select Preferred Time

Home Based Lab Cancel

Time

A Bupa Arabia Doctor will contact you, you will receive a call from 012 615 5000 to confirm the Home-Based Lab request

Select your preferred time Select option

☒ Morning (9AM - 12PM) ☐ Afternoon (1PM - 5PM)

Continue

## Home Based Lab Request Details

Home Based Lab Cancel

Review information

Please review your Home-based lab request details

**Member info**

SS Shahad Saleh Lasker 35393487

**Request details** Edit

Medical Condition Anaemia of chronic diseases

**Call back Time** Edit

Call time Morning

**Address** Edit

Work Home - Jeddah

Submit

## Confirmation

Home Based Lab

Home-based lab confirmed

Dear **Shahad Saleh Lasker**, your request has been submitted and we will call you within 24 hours.

Track your request in the timeline by the following reference number

Request reference number is **725634**

[New Home-Based Lab request](#)

Done



# Home Vaccination Journey



## Schedule vaccinations for your child, flu or Hajj season

### Select Vaccination Type



### Choose Your City



### Select Preferred Time



### Home Vaccination Request Details



### Confirmation

← Home Vaccination

Vaccination type

Please select vaccination type from the below options

**Child Vaccination**  
Get vaccination for your child on time →

**Flu vaccination**  
Vaccinate all of your family members →

**Hajj vaccination**  
Get the vaccination before you go for Hajj →

← Flu Vaccination Cancel

Select City

Please complete the vaccination details

Select the city for the servicecity \*

Jeddah

Continue

← Home Based Lab Cancel

Time

A Bupa Arabia Doctor will contact you, you will receive a call from 012 615 5000 to confirm the Home-Based Lab request

Select your preferred time

☒ Morning (9AM - 12PM) ☐ Afternoon (1PM - 5PM)

Continue

← Flu Vaccination Cancel

Review information

Please review your Flu vaccination request details

Member info

SS Shahad Saleh Lasker 35393487

Vaccination details Edit

City Jeddah

Call back Time Edit

Call time Morning

Submit

Flu Vaccination

Flu vaccination request confirmed

Dear **Shahad Saleh Lasker**, the provider is going to contact you within 3 working days depending on vaccine availability.

Track your request in the Timeline by the following reference number

Request reference number is 725650

New vaccination request

Done





# Medication Refill Journey



## Request chronic medication with delivery or pickup option

### Select Medications

Medication Refill Cancel

Select Medication

Based on your approval history, this is your medication list

Medication list

TSH ☒

[Add new medication](#)

OR

Upload a prescription for your new medications

[Upload Documents](#)

File must be on the following types \*.pdf, .png, .jpg, .jpeg, .gif, .bmp \* with 5 MB limit per file

Refill Type

☒ Delivery ☐ Pickup

Continue

### Choose Delivery Location

Medication Refill Cancel

Select address

Please fill the following information

Home Address

JEMA2493, 2493, اوس ابن ثابت, 6390, Al Muhammadiyah District, Jeddah 23624, Saudi Arabia

فيلا رقم 164

Other address

7406 Khalil Al Fattal, 4647, Al Muhammadiyah District, Jeddah 23617, Saudi Arabia

EKMA7677, 7677, ابن ابي عميرة, 4081, حي الدوحة الجنوبية, الظهران 34455, Saudi Arabia

EKMA7716, 7716, ابراهيم الدينوري, 4145, حي الدوحة الجنوبية, Dhahran 34455, Saudi Arabia

Friend

Continue

### Choose Preferred Time

Medication Refill Cancel

Preferred time

A Bupa Arabia Doctor will contact you, you will receive a call from 012 615 5000 to confirm the medication refill request

Select your preferred time

☐ Morning (9AM - 12PM) ☒ Afternoon (1PM - 5PM)

Continue

### Medication Refill Request Details

Medication Refill Cancel

Confirm medication refill request

Review medication refill request details

Member details

SS Shahad Saleh Lasker 35393487

Request details

Medication selected TSH

Refill type Delivery

Destination selected Home

Comment

Callback Time

Call time Afternoon

Submit

### Confirmation

Medication Refill

Medication Refill Confirmed

Dear **Shahad**, your request has been submitted and we will call you within 24 hours.

Request reference number is **725636**

[New Medication refill request](#)

Done



# International Consultation



Get a second medical opinion via international consultation

## International Consultation



## Review Your Request



## Confirmation

← International Consultation Cancel

Case Details  
Please fill the following information

If this is a medical emergency, please visit the nearest hospital

Speciality \* Select option

Cardiology

Main complain \*

Test

Add comment

Test

Upload Documents

Continue

← International Consultation Cancel

International Consultation Request Details  
Review your International Consultation request details

Member details

Shahad Saleh Lasker  
35393487

Request details Edit

Speciality	Cardiology
Main Concern	Test
Comment	Test

Please upload your medical report and radiological images to [Google Drive](#) and have the link ready to send to your Bupa Doctor via email.

Continue

International Consultation

International Consultation confirmed

Dear **Shahad Saleh Lasker** , your request has been submitted and we will call you within 24 hours

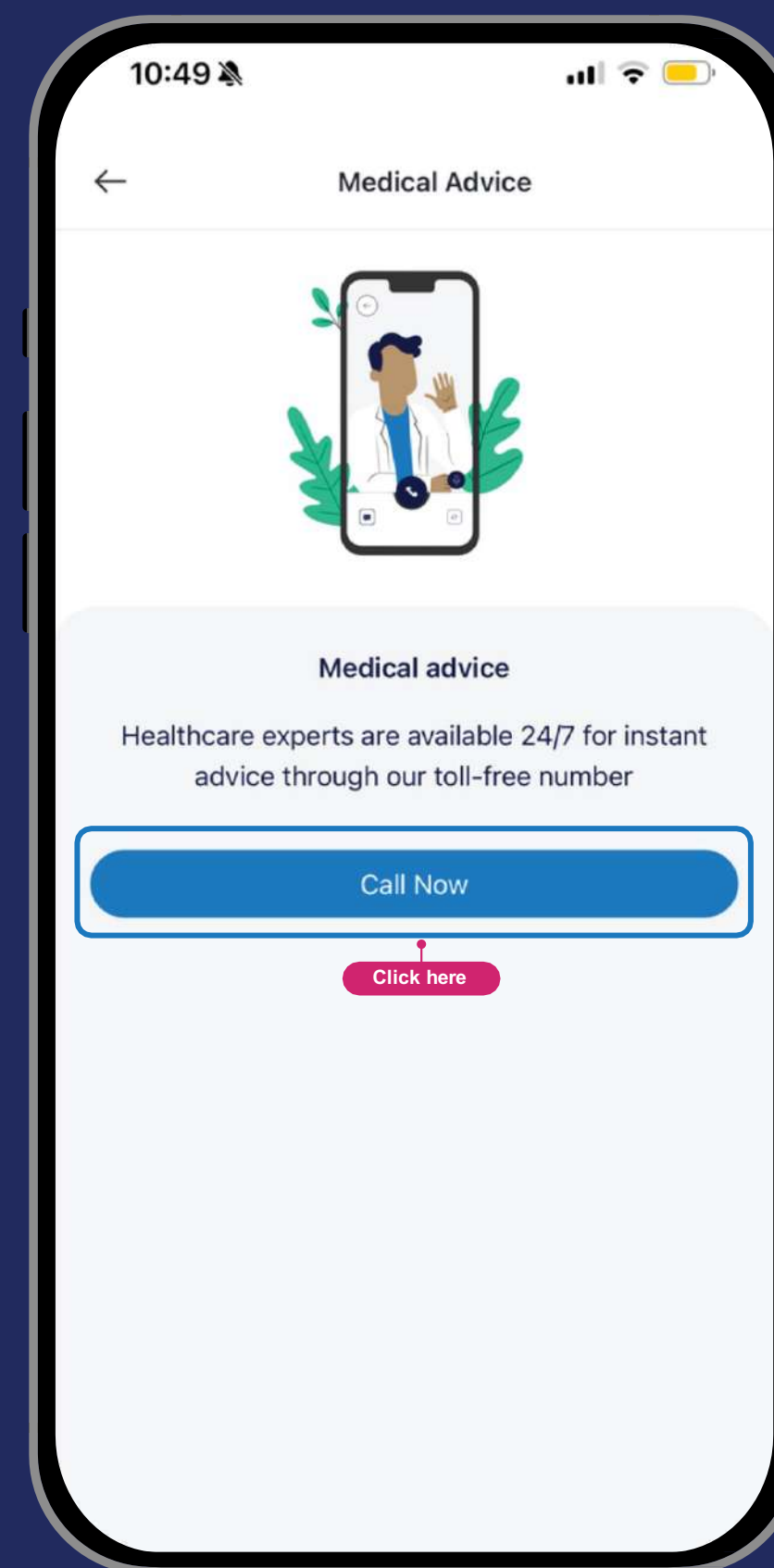
Request reference number is  
**725651**

[New International Consultation Request](#)

Done



## Medical Advice



Call Bupa doctors for  
instant advice





# Wellness Appointments



Schedule wellness appointments. Nutrition advice, smoking cessation, stress management and mental health support

## Book a Wellness Appointment

Well-being Service

Well-being appointment type

Select one of our Tebtom Well-being Services

[Click here](#)

**Book wellness appointment**

Include nutrition, stress support and smoking →

**Mental Health**

Reduce your stress level, improve your sleep →

## Choose Your Wellness Type

Wellness

Appointment type

Select one of our Tebtom Wellness services

[Select option](#)

**Nutrition call back**

Tailor-made nutrition plans →

**Smoking Cessation**

Guide you out of smoking →

**Stress support**

Overcome daily stress →

Continue

## Select Preferred Time

Wellness

Date & time

Select the date and time of your appointment

[Select date](#)

< December 2024 >

Sun	Mon	Tue	Wed	Thu	Fri	Sat
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31	1	2	3	4

☒ Morning (9AM - 12PM) ☐ Afternoon (1PM - 5PM)

Continue

## Request Details

Wellness

Review your Wellness Request details

Member details

Shahad Saleh Lasker  
35393487

Request details

Appointment type	Nutrition call back
Call date	31 Dec 2024
Call time	Morning

Continue

## Confirmation

Wellness

Wellness appointment confirmed

Dear Shahad Saleh Lasker your request has been submitted and we will call you at your preferred date and time.

Request reference number is  
**725654**

[New wellness request](#)

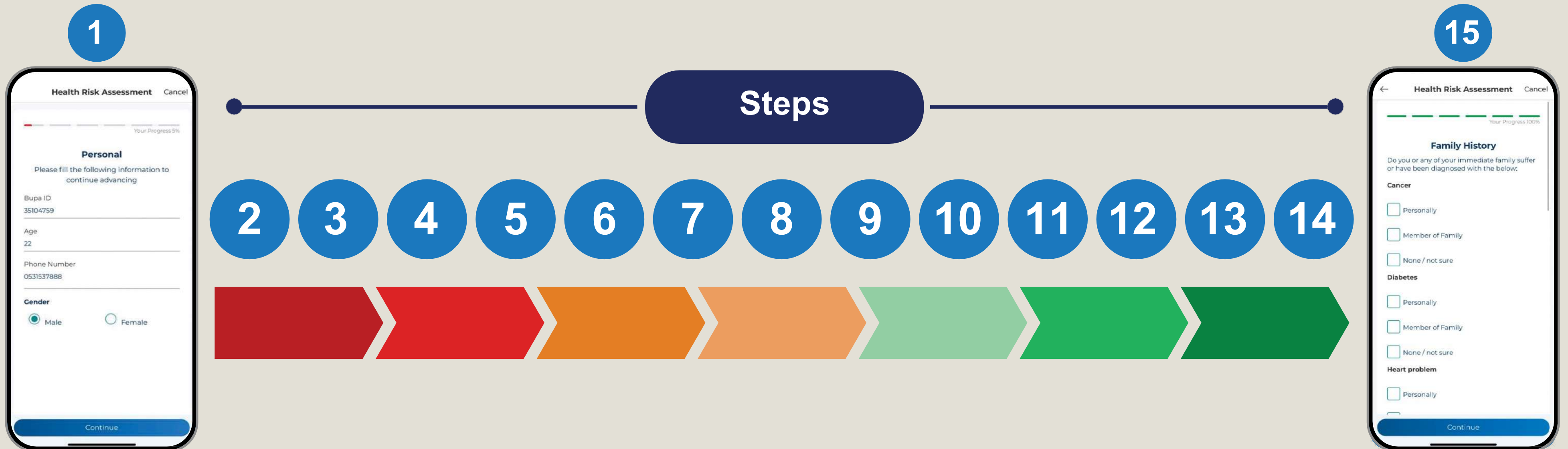
Done



# Health Risk Assessment



Complete health risk assessment for tailored consultations





# Women Health



## Track pregnancy and women's health and request a call from Bupa doctors

Select Your Condition

Fill Your Information

Select Preferred Time

Request Details

Confirmation

Woman Health

Woman health

Please update your health information regularly

Are you pregnant?

☒ Yes ☐ No

Which week of pregnancy?

Weeks  Max 40

Download your monthly pregnancy guide to learn more about your maternity journey.

[Download file](#)

Continue

Woman Health

Case details

Please fill the following details

Mention any pre-existing conditions (optional)

Test

Add Comment (optional)

Test

Describe your case history (optional)

Test

Additional information

Please add documents by pressing the below button

[Upload Document](#)

File must be on the following types \* .pdf, .png, .jpg, .jpeg, .gif, .bmp \* with 5 MB limit per file

Continue

Woman Health

Bupa doctor

Please answer the below question

Would you like a female Bupa doctor to contact you?

☒ Yes ☐ No

December

Wed	Thu	Fri	Sat	Sun	Mon	Tue
8	19	20	21	22	23	24

☒ Morning (9AM - 12PM) ☐ Evening (1PM - 5PM)

Select date

Continue

Woman Health

Review your woman health request details

Please review your request details

Recipient

Shahad Saleh Lasker 35393487 Gold

Case Details

Main Concern	Test
Case History	Test
Comment	Test

Call-back Time

Call time	Morning
-----------	---------

Submit

Woman Health

Woman Health

Dear **Shahad**, your request has been submitted. A female Bupa Doctor will call you at your preferred date and time. Track your request in the Timeline by the following reference number: **725657**

Request reference number is **725657**

New woman health Request

Done

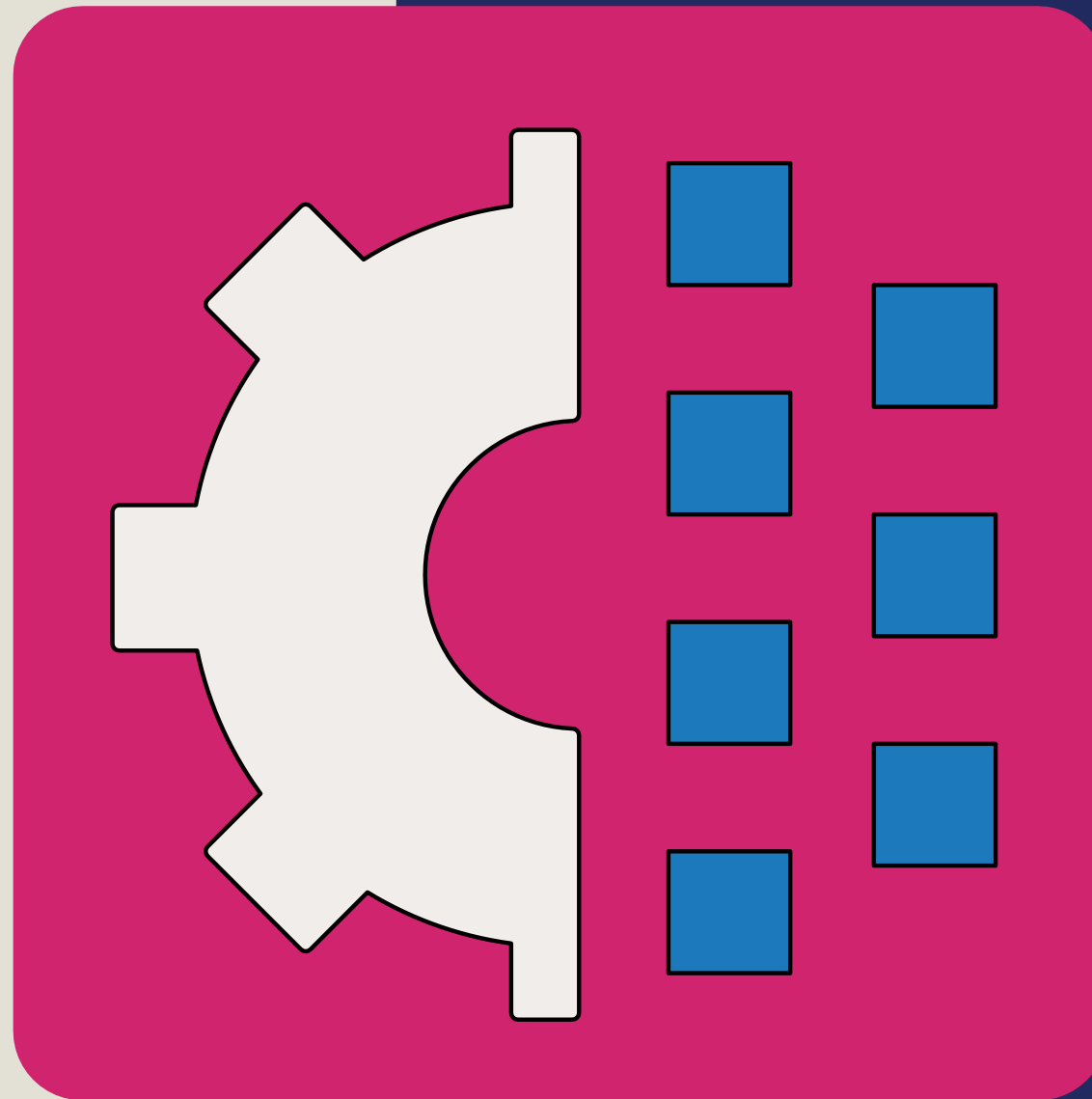


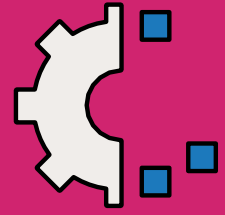


Home

## Bupa Services

07





# Bupa Services



**Schedule an in-person appointment at your chosen hospital**



In-person Appointment

Book & manage your appointments

**Book your appointment for blood donation**



Blood Donation

View your appointments



Hello,

Gold

[View Less ^](#)

[Scroll down](#)

Bupa Services



In-person Appointment

Book & manage your appointments



My Benefits

View your benefit

[View Benefits](#)



Blood Donation

View your appointments



Symptom checker

Be smart to assess your health

Mental Health

Take a moment to breath and clear your mind, Listen to the experts on how to improve your mental health

[Start Now](#)



Home



Insurance



Chat



Products



More



My Benefits

View my benefits

[View benefits](#)

**You have the option to view your current benefits, or you can choose to upgrade them in specific time offered**



Symptom checker

Be smart to assess your health

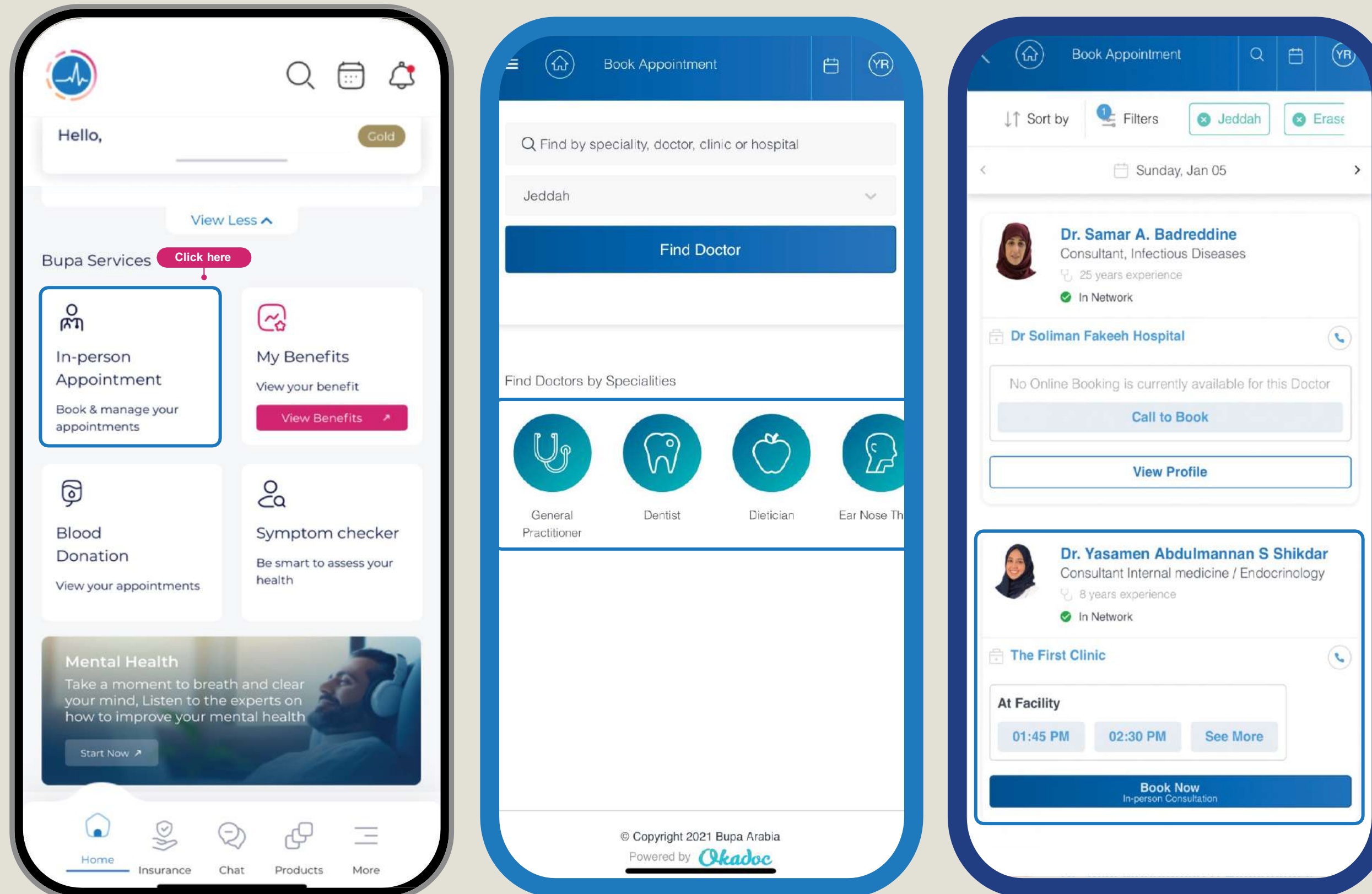
**Complete an assessment and use the symptom checker, which will recommend the correct actions to take**



# In-person Appointment



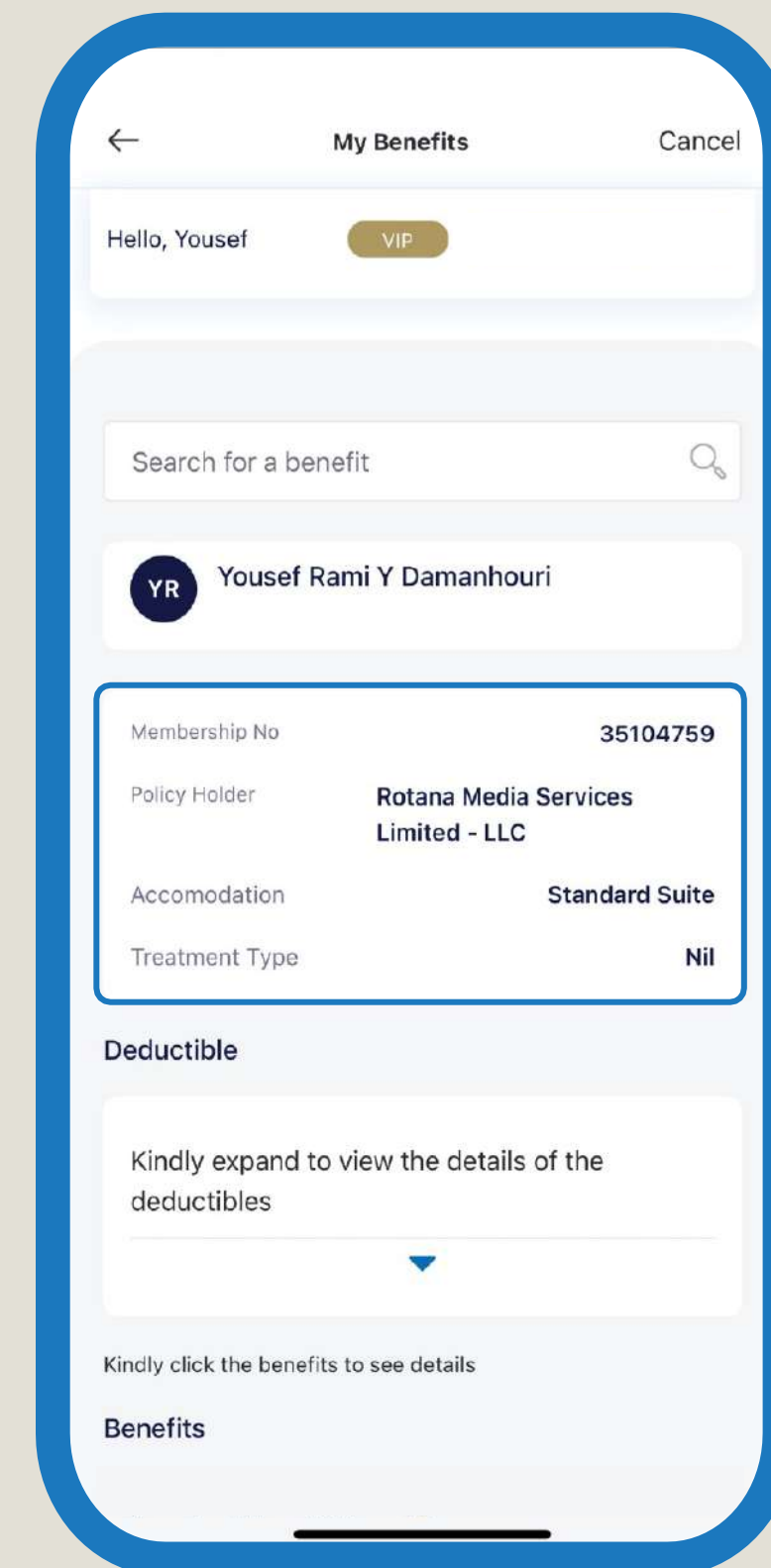
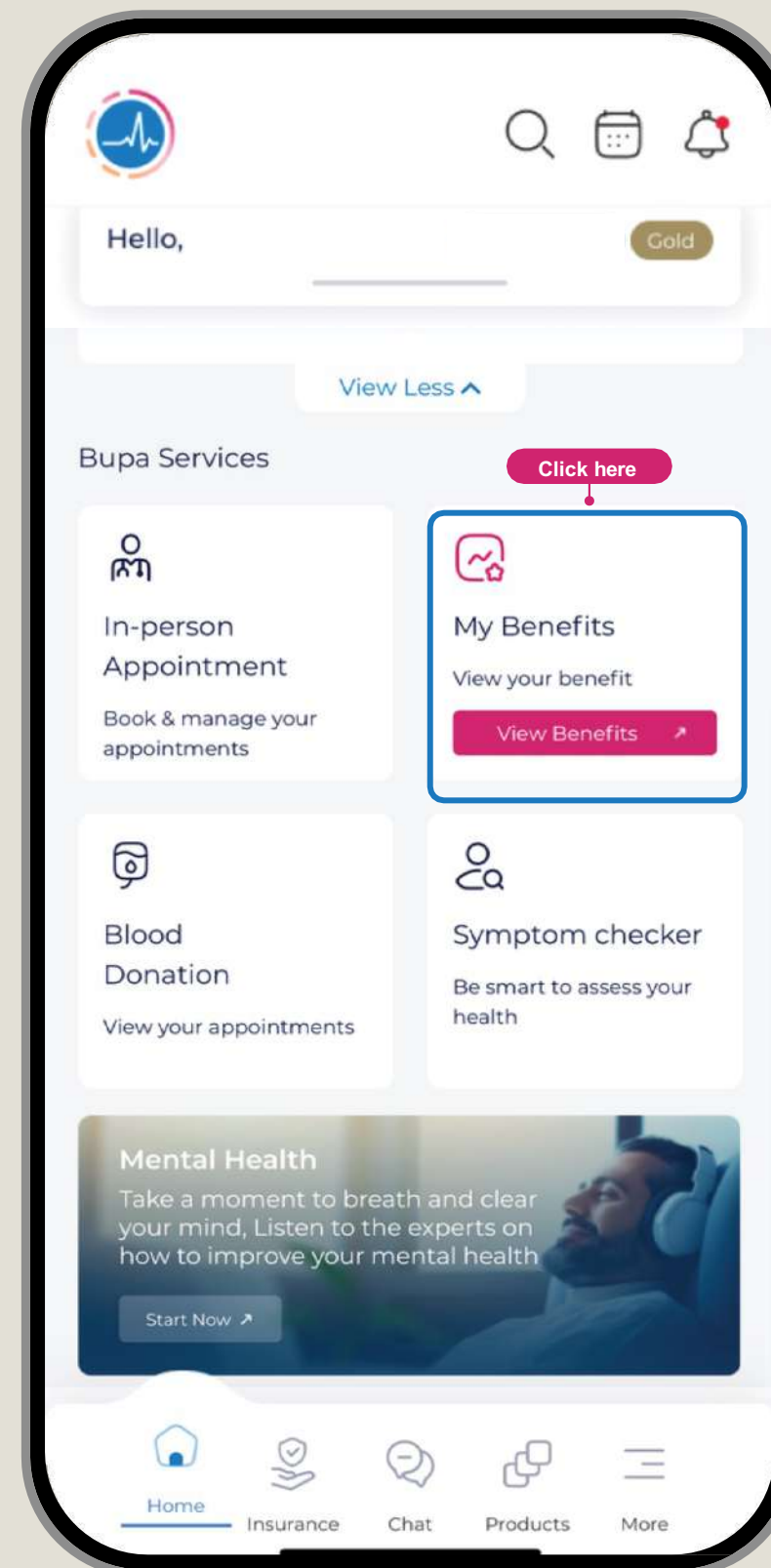
Schedule in-person appointment at your chosen hospital



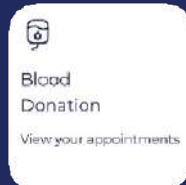


# My Benefits

You have the option to view your current benefits, or you can choose to upgrade them in specific time offered







# Blood Donation

## Book your appointment for blood donation

- Answer The Questions
- Choose The Preferred Hospital
- Select Preferred Time
- Request Details
- Confirmation

←

Blood Donation

Cancel

Medical History

Answer these questions to let us know more about your medical history

Yes

No

I don't know

4 Have you had a surgery within last 12 months?

Yes

No

I don't know

5 Within last 12 months, have you exposed to an accidental needle-stick, or beauty needles, or perform (hijama) or a tattoo, or piercing?

Yes

No

I don't know

6 Have you been travelling outside the kingdom during previous 28 days?

Yes

No

I don't know

7 Have you been infected with the Corona virus during the last month, or suspected of infection, or contact with an infected person?

Yes

No

I don't know

Continue

←

Blood Donation

Cancel

Step 3 of 4

Hospital & Blood Bank Selection

According to your location these are the nearest hospitals and blood banks

Search by name

🔍

📍

Dr. Erfan and Bagedo Hospital

Jeddah

0126038888

Sunday To Saturday (09:00 AM To 04:00 PM) →

5 Units Needed

King Fahad Hospital in Jeddah

Jeddah

920008843

Sunday To Thursday (08:00 AM To 03:00 PM) →

100 Units Needed

Al Salama Hospital in Jeddah

Jeddah

0920051919

Sunday To Saturday (09:00 AM To 05:00 PM) →

10 Units Needed

Continue

←

Blood Donation

Cancel

Step 3 of 4

Select Date & Time

Select date & time you preferred according to Hospital available time slot

Select option

December

Fri 13 Sat 14 Sun 15 Mon 16 Tue 17 Wed 18 Thu 19

Select the time slot

09:00 AM 09:30 AM 10:00 AM 10:30 AM 11:00 AM 11:30 AM 12:00 PM 12:30 PM 01:00 PM 01:30 PM 02:00 PM 02:30 PM 03:00 PM 03:30 PM

Continue

←

Blood Donation

Cancel

Step 4 of 4

Blood Donation Request Summary

Please review if all the provided information is correct

Member info

SS Shahad Saleh Lasker 35393487

Blood Information

Blood Type A+

Hospital information

Hospital Name Dr. Erfan and Bagedo Hospital Phone Number 0126038888 Location Jeddah Edit

Blood Request Schedule

Date 16/12/2024

Confirm

←

Blood Donation

Cancel

✓

You have successfully scheduled for a blood donation

Dear Shahad Saleh Lasker, you have successfully scheduled for a blood donation, you can view the details by clicking below.

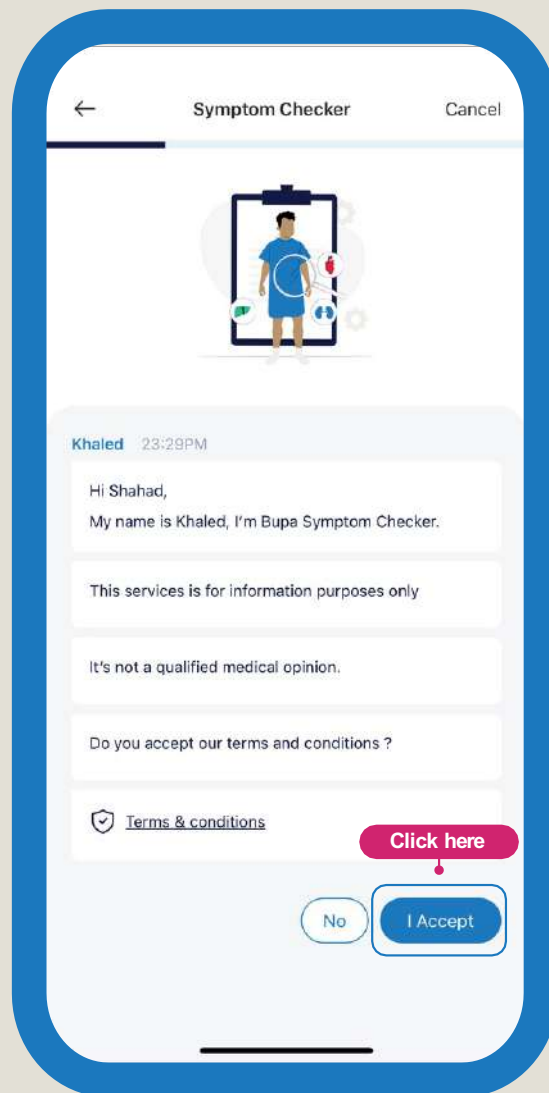
View Donation Request



# Symptom Checker



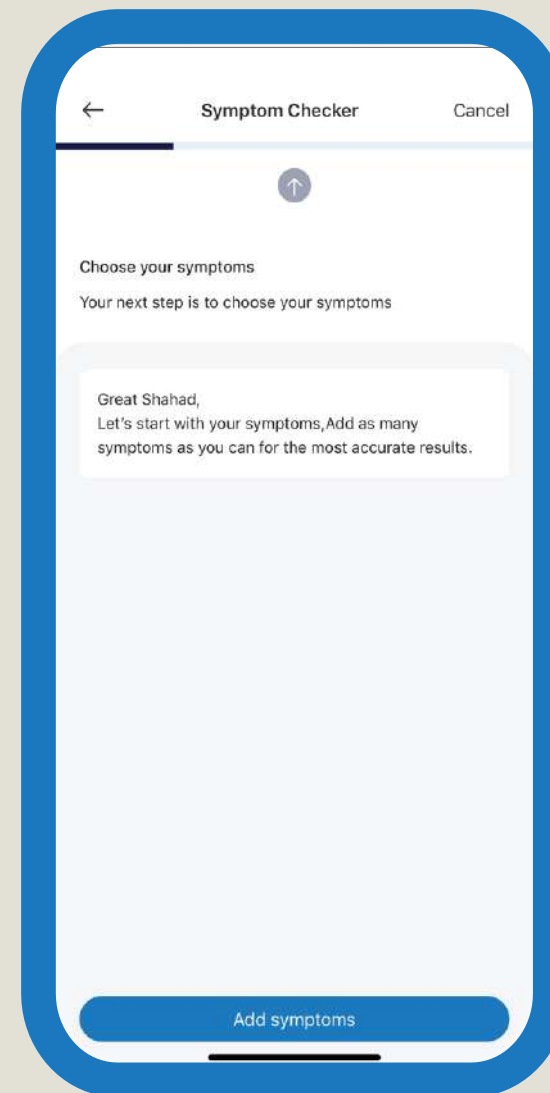
Complete an assessment and use the symptom checker, which will recommend the correct actions to take



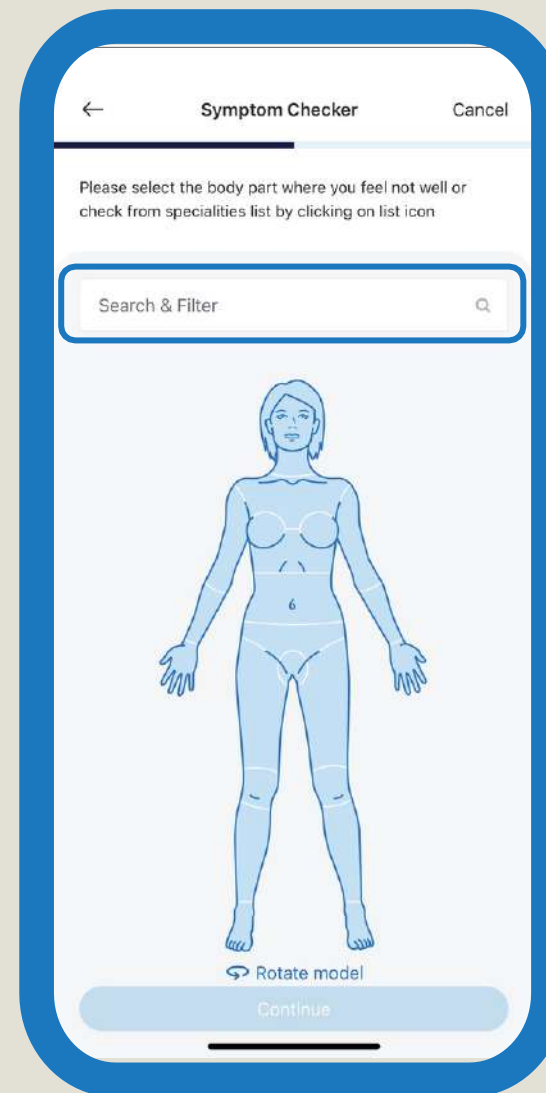
Start your symptoms checker



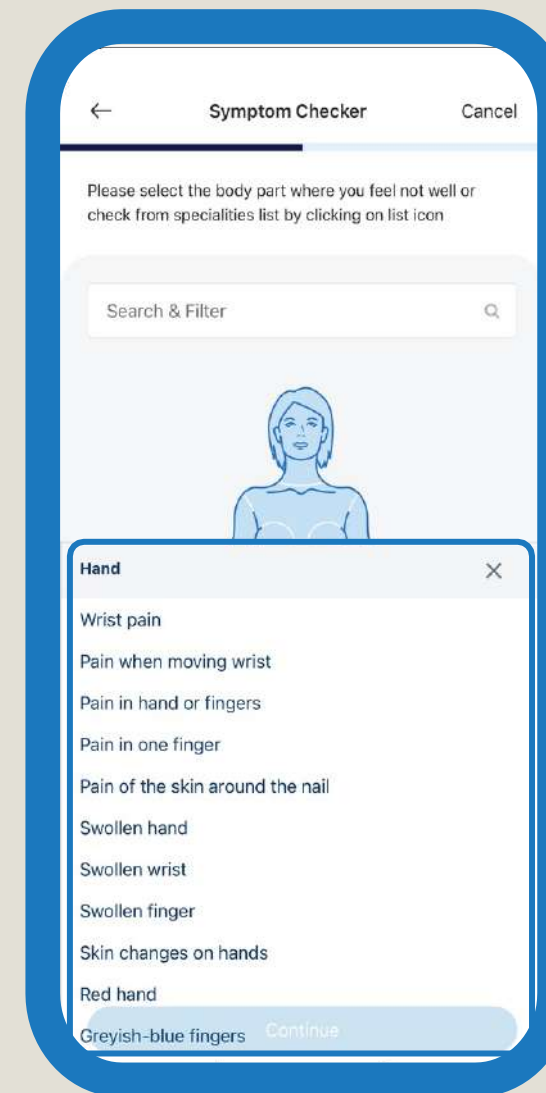
Choose your location



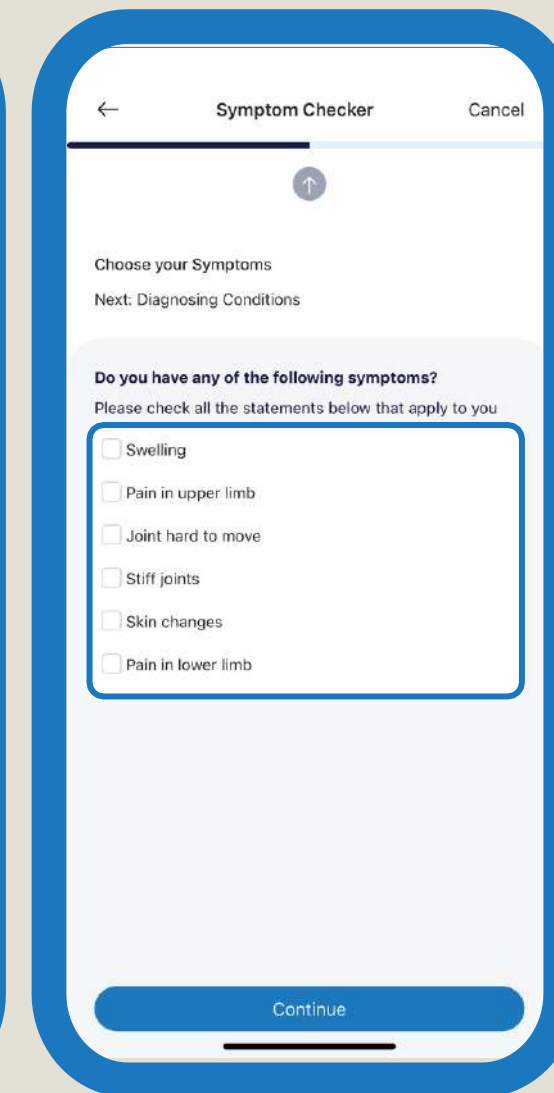
Add your symptom



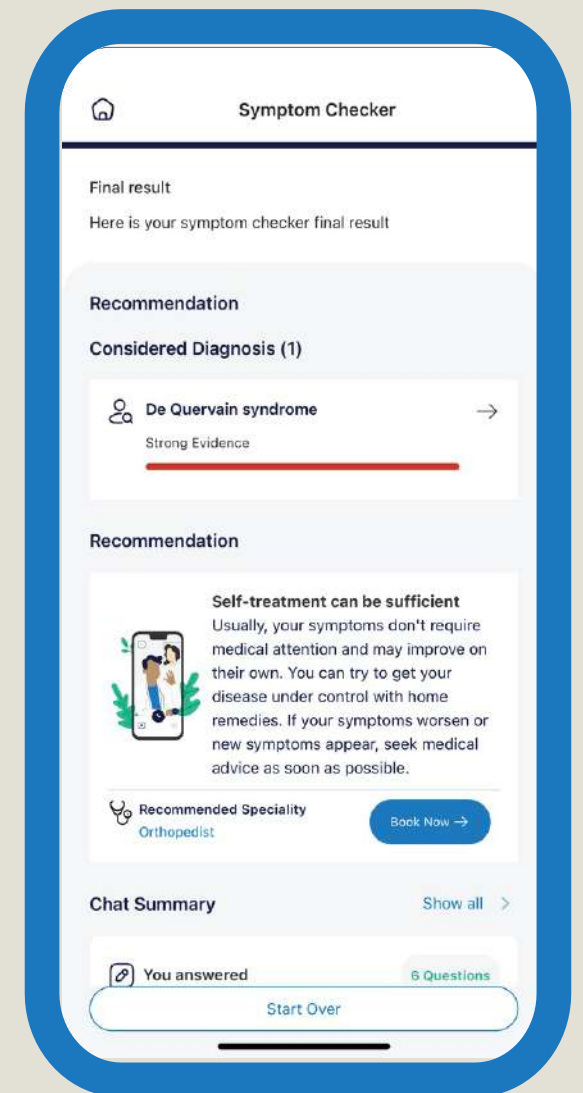
Choose your pain area



Select pain area



Answer the question very carefully to get the correct results



Recommendation appeared based on your answers

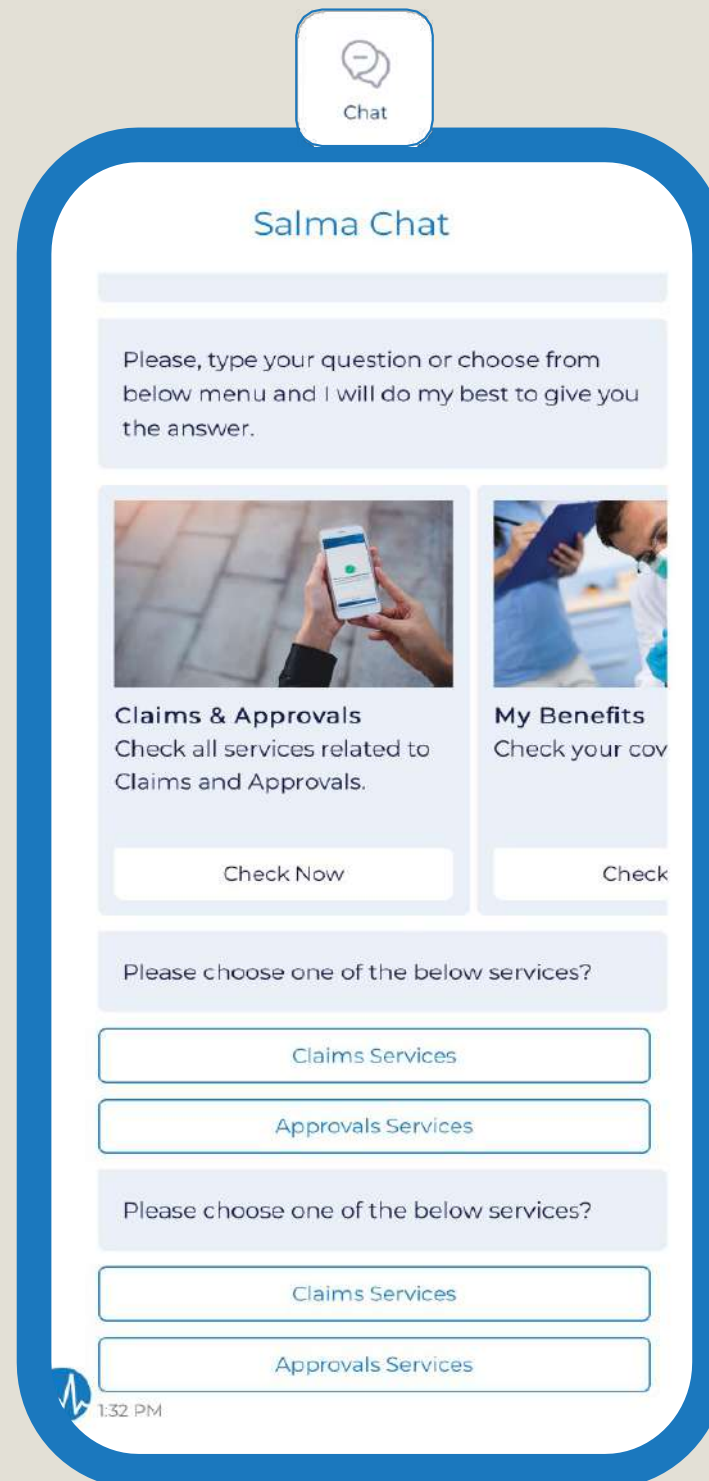




# Additional Features

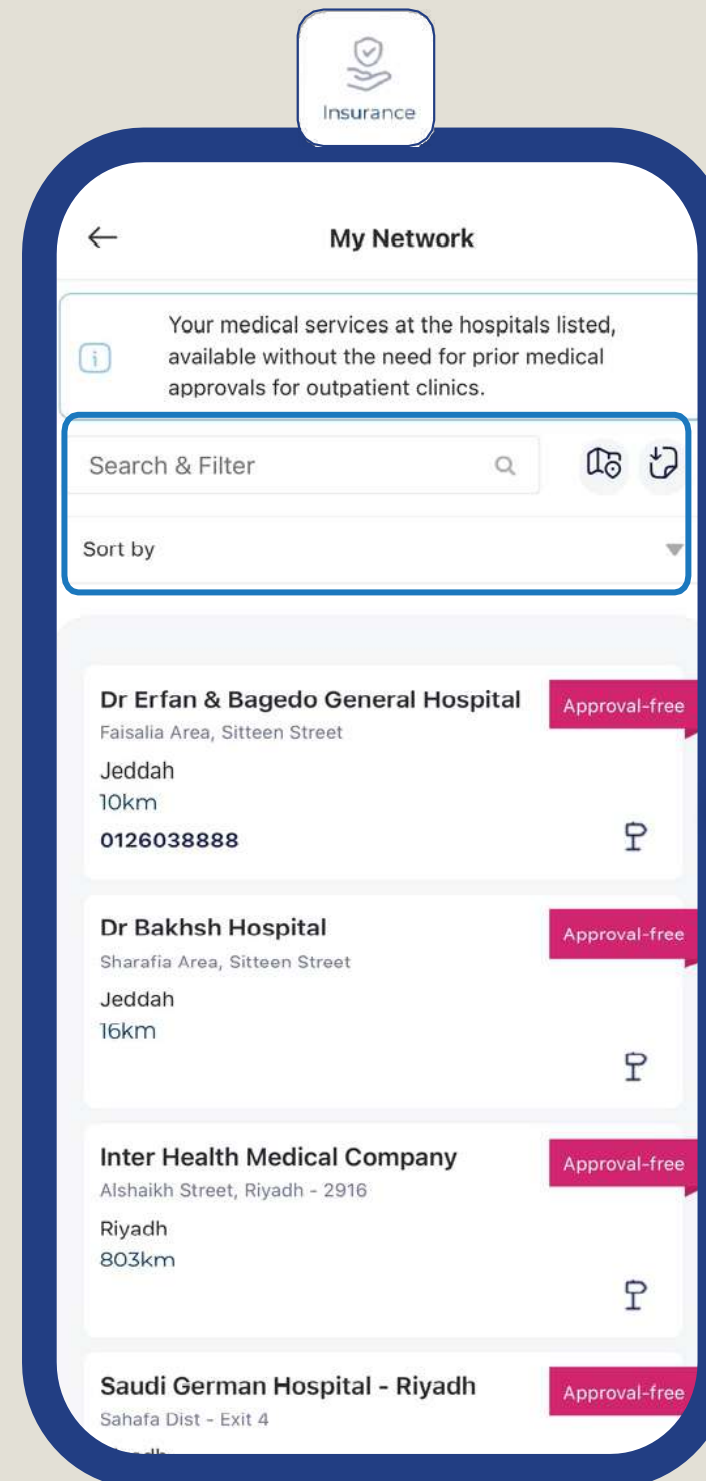


## Chatbot



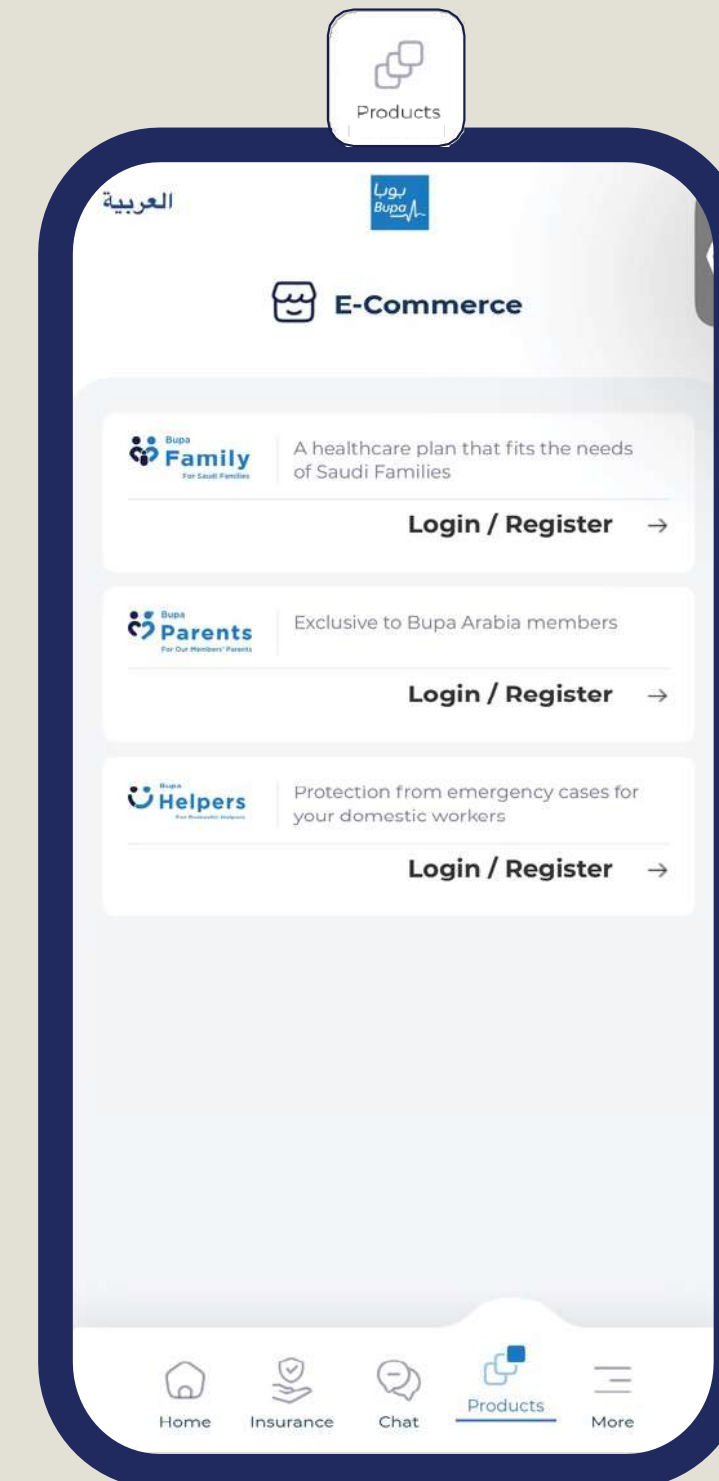
Chat with an agent who can address all your concerns

## No Approvals Network



Locate a hospital that doesn't require waiting for approval

## Products



Acquire products such as:

- Parents' insurance
- Helpers
- Family



## Update Member Data 08

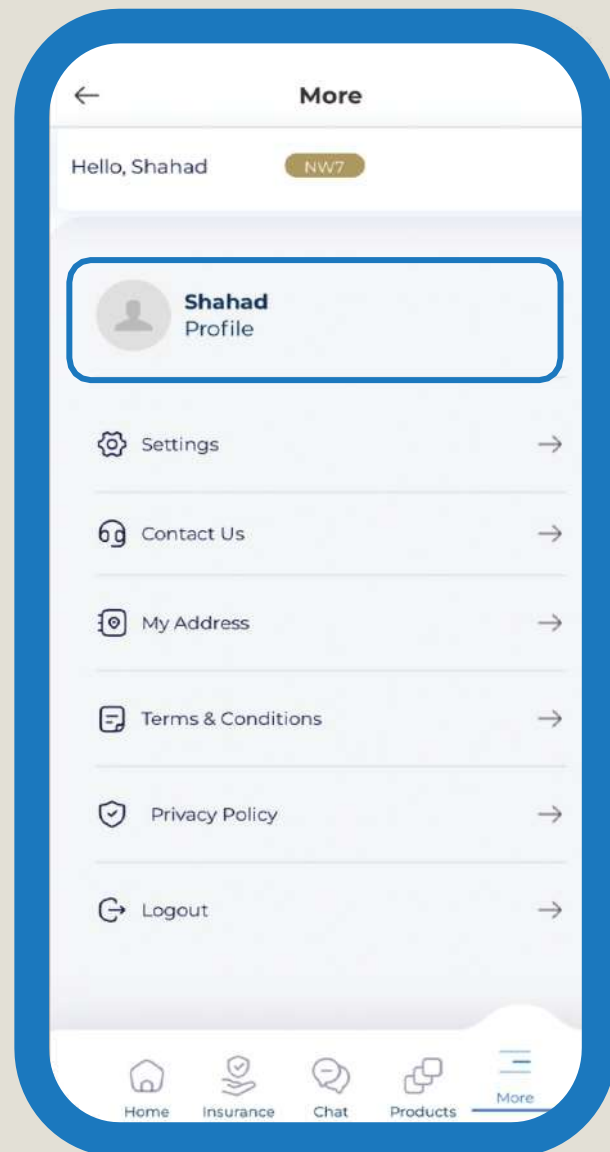




# Update Member Data

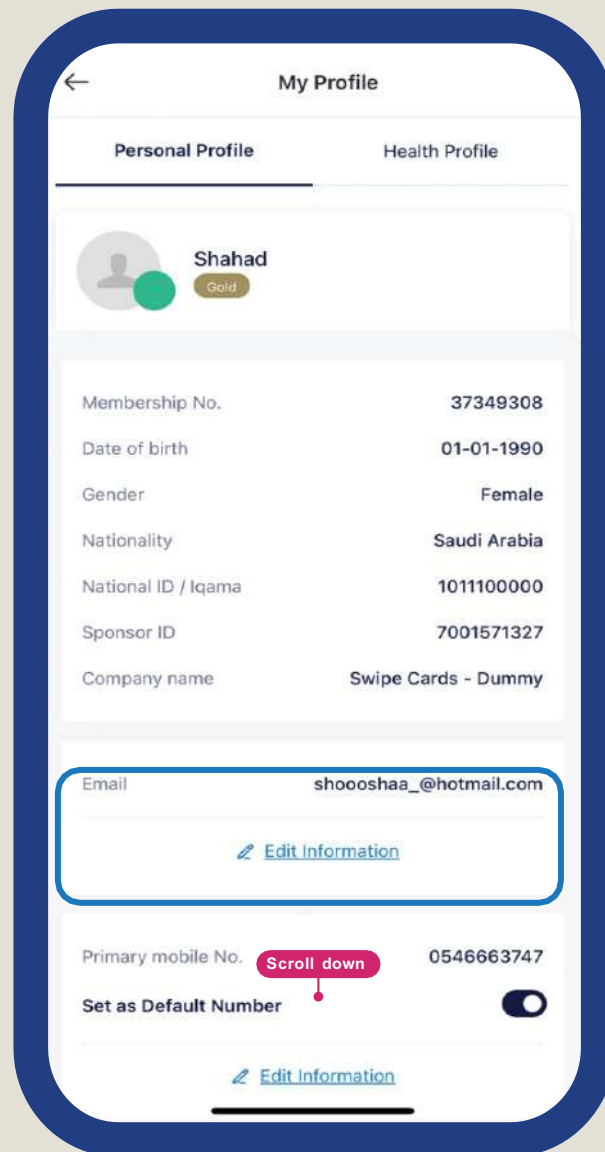


## More Option



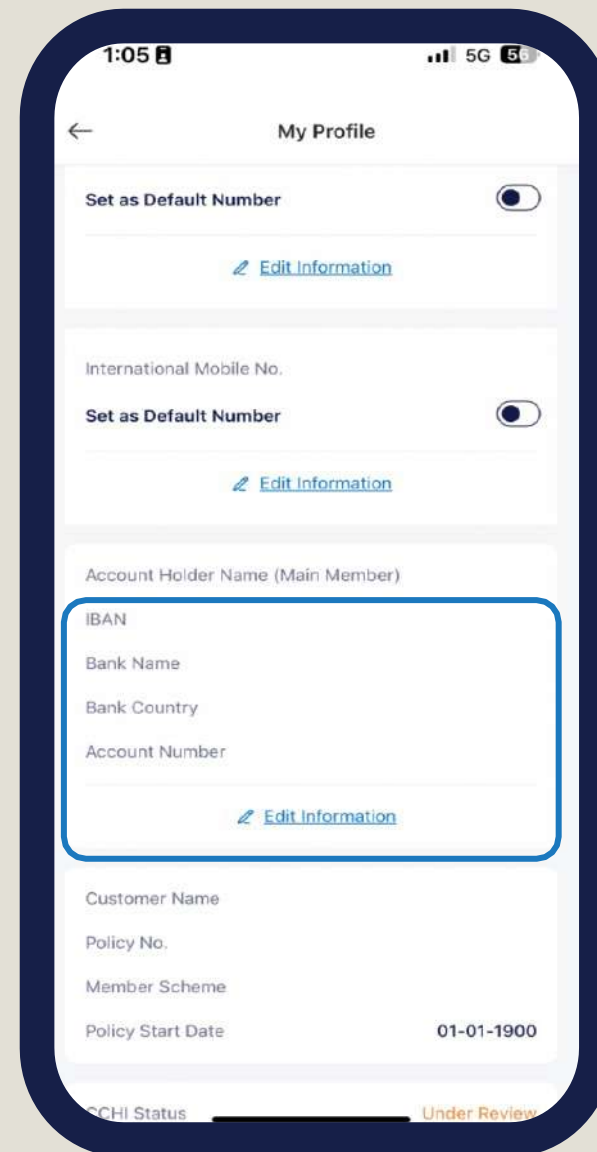
- Access your profile
- View health dashboard
- Update address
- Contact us

## Personal Profile



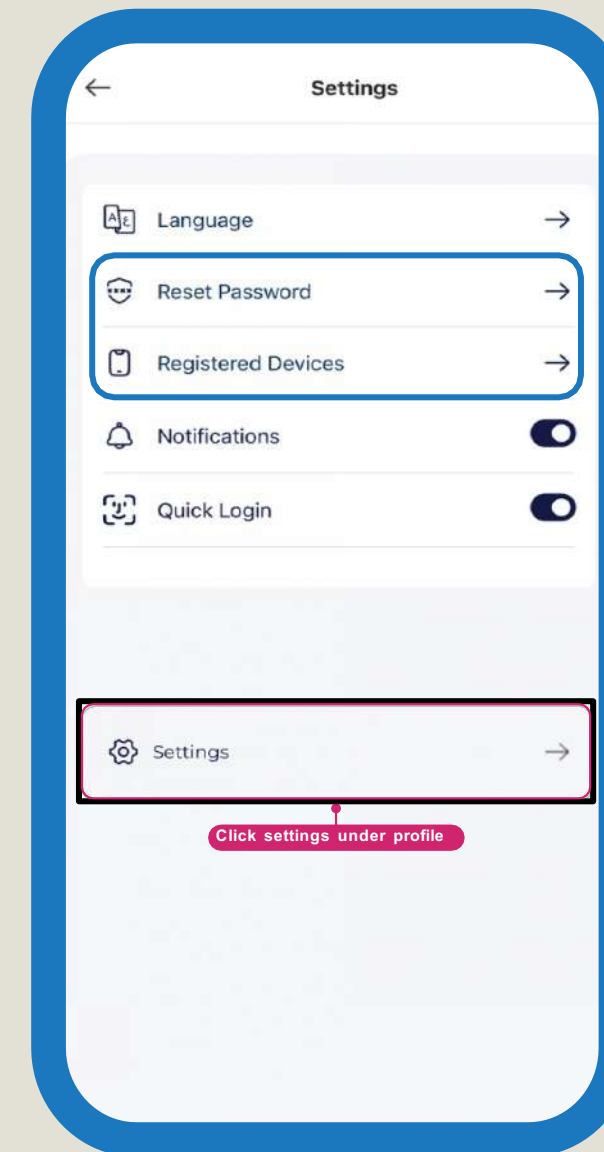
- Edit your email
- Update mobile number
- Add international number

## Financial Details



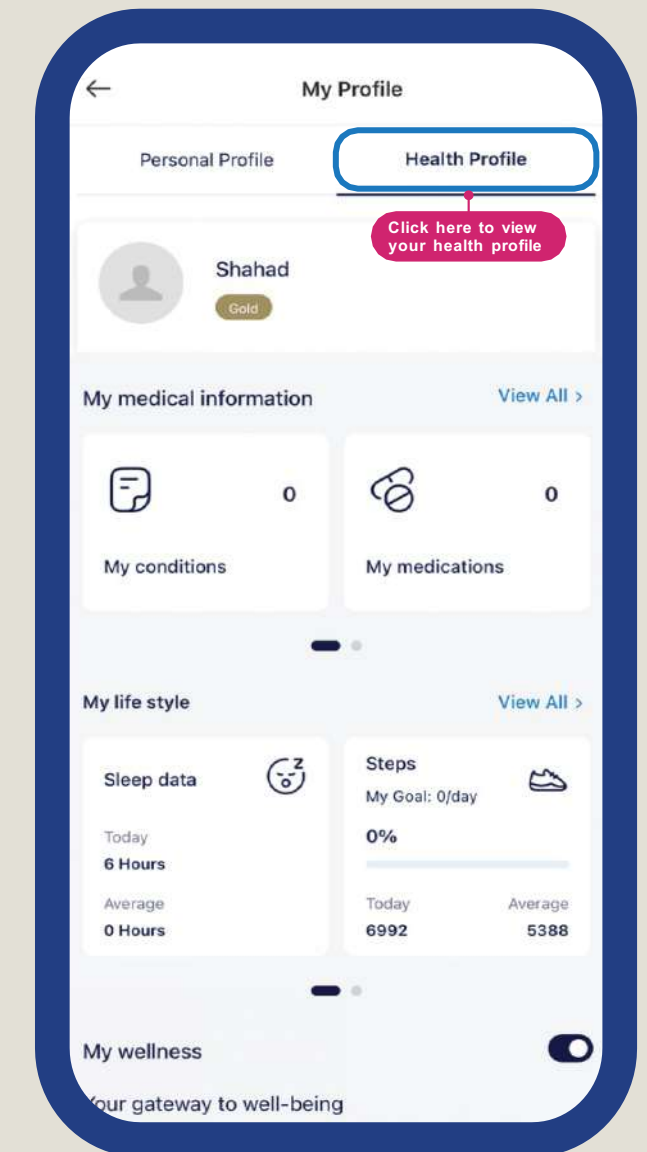
Edit your IBAN account

## Settings



- Reset your password
- Review registered devices

## Health Profile



- Update medical information
- Edit lifestyle details



**With You for Better Health**

**معكم لصحتكم**