



Supplier Response Sheet

- 1. Have your company worked with any of UN agencies or INGOs? If yes, please state them below mentioning the name of the organization, contact person name, email and phone number:**

- 2. Please list describe below your payment terms:**

- 3. Please describe below your claim process:**

- 4. What is the refund policy when the beneficiary uses doctors or facilities outside the network?**

- 5. Please describe coverage for chronic disease:**

- 6. Medical network size**

****Include a list of number of doctors, hospitals, laboratories...etc.**
