

#AmbilTau **BarulahTau**

An initiative by:



Let's get started to know your coverage, be informed and be responsible for your Medical and Health Insurance/Takaful (MHIT) policy/certificate.

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1. Types of claims:

Cashless Admission

No payments are needed. A value-added service provided by insurers/takaful operators' panel of hospitals.

Reimbursement of Medical Cost

Customer pays off medical bills upfront but reimbursed later by insurer/takaful operator.



2. How do you make a cashless claim?



Patient consults with doctor

Admission Journey

Present your medical card prior to admission to the hospital admin staff

Hospital submits documents for Initial Guarantee Letter (IGL) request

Insurer/takaful operator notifies hospital about the IGL request status

Insurer/takaful operator reviews the IGL request

Approve

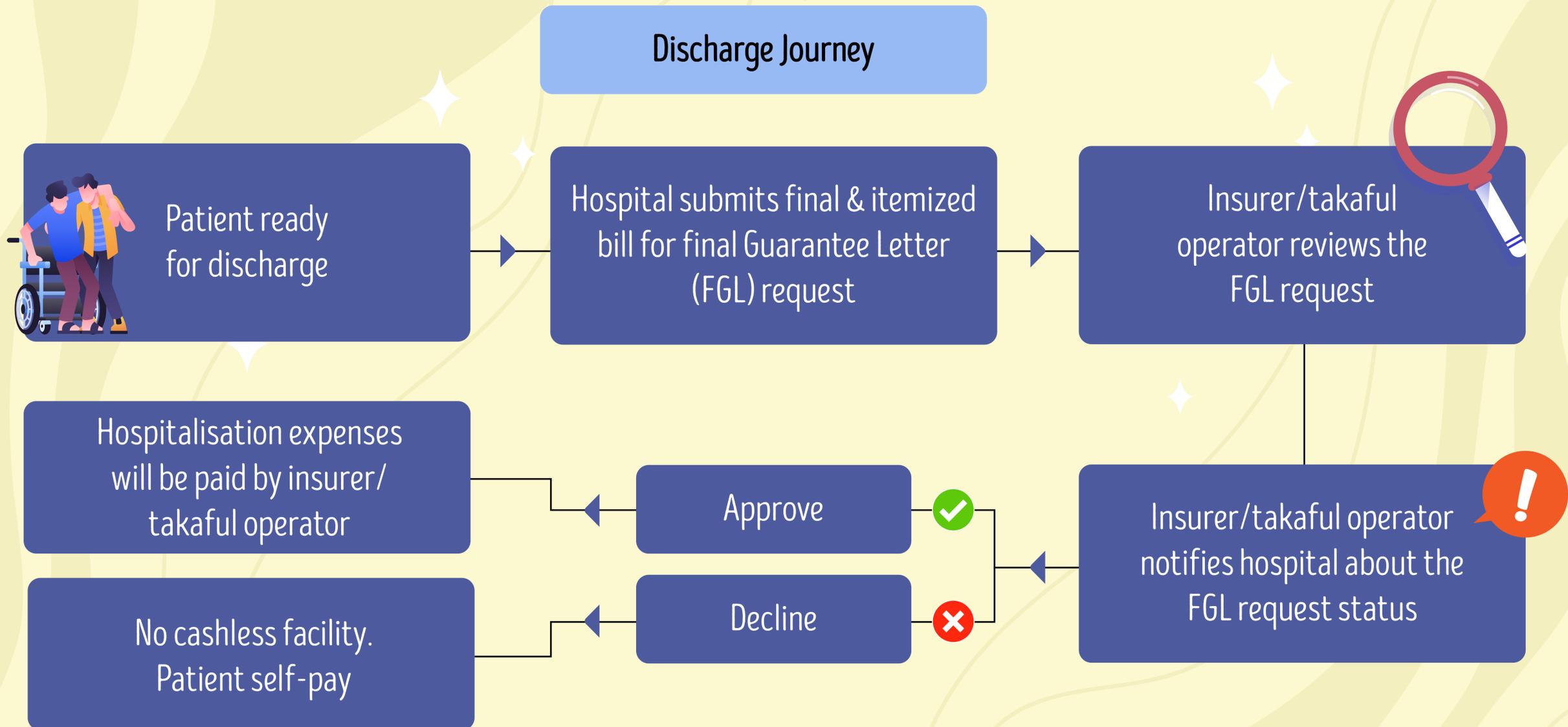
Decline

Patient gets admitted for treatment

No cashless facility. Patient self-pay



3. How do you make a claim?



4. General tips when making a claim to minimize any unnecessary delay in claims process:



1 Avoid buffet syndrome (claim excessively) that could affect your annual and lifetime limit. Claim wisely and necessarily. Check your medical bills to ensure that you are correctly billed.



2 Notify your insurer/takaful operator and agent when you plan to obtain treatment or if hospitalisation is imminent to prevent delays.



3 Ensure bills are itemised, signed off and dated.



4 Keep receipts 30 days before and 90 days after hospitalisation for reimbursement.



5 Request your doctor to fill in and sign your claim form.



6 Do send all claims documents - original bills and receipts, full doctor's reports, cost summary of treatment and referral letter, if any.



7 Ask a friend or family member to accompany you if you are about to be hospitalised.



8 Be responsible by disclosing your health conditions truthfully before the purchase of a medical plan to avoid any claim disputes



5. Why was my medical claim declined?



ASK and **READ** the Product Disclosure (PDS) thoroughly to understand and before you purchase your policy/certificate. Raise any question if you are not clear to your agent.

1

The claim occurred during the waiting period (average of 30 days) of cover as specified in your policy/certificate.



2

Pre-existing conditions. Illness or conditions that existed prior to getting coverage are considered pre-existing.



3

The claim is for a “specified illness”, which is excluded within the specified period as defined in your policy/certificate.



4

The medical procedure or treatment is commonly expected to be done without having to be admitted.



5

Cost of treatment and procedure are not insured/covered under the insurance/takaful plan.

