# Why has my medical claim been declined by my insurer/takaful operator?

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

## #02



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

## #03



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

## #04



Your claim could be declined or even your policy/certificate rescinded if it is discovered that your condition predates your policy/certificate effective date without disclosing it.

#### #05



Your hospitalisation claim could be declined if the procedure or treatment is commonly expected to be done without being admitted.

### #06



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







# How to ensure your medical claims get approved?



1. Get pre-authorisation several days before an expected non-emergency hospital admission.

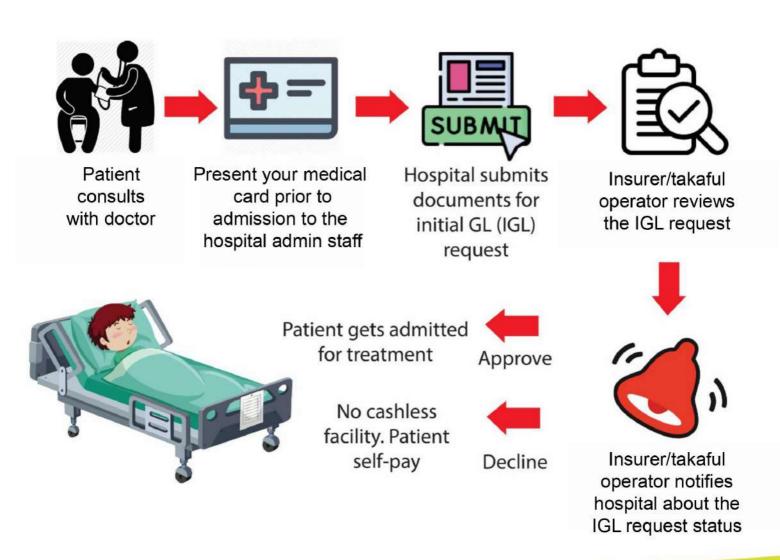


2. Confirm with your doctor if a hospital stay is needed and ask if there are outpatient or day care surgery alternatives.



3. Understand what procedures your doctor is recommending and that they are medically necessary.

# Hospital Admission Journey for Policy/Certificate Holders



# Hospital Discharge Process for Policy/Certificate Holders



Patient ready for discharge



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Hospital submits final & itemised bill for final GL (FGL) request



Insurer/takaful operator reviews the IGL request



Hospitalisation expenses will be paid by insurer/takaful operator



No cashless facility. Patient self-pay



Decline



Insurer/takaful operator notifies hospital about the IGL request status