

CLAIM INSTRUCTIONS

PRE-AUTHORISATION

The following services on the Benefits Schedule require pre-authorization from us:

- *Hospital benefits*
- *Surgery performed while a day-patient in a clinic or in a physician's office*
- *Rehabilitation treatment*

Services not pre-authorized by us will be subject to a 20% co-payment.

The co-payment for non-pre-authorized services will not apply where you can show the service was medically necessary due to an emergency and you contacted us within 24 hours after admission.

To obtain pre-authorization, you must submit your request at least 5 working days in advance (for members under MyHEALTH Hospital & Surgery Extensive and Elite) or 15 working days in advance (for members under MyHEALTH Hospital & Surgery Essential) before admission or treatment. Please send your pre-authorization via your Easy Claim app or by completing an Advance Request Form.

For details on pre-authorization, please refer to your Policy Terms and Conditions

LETTER OF GUARANTEE (LOG)

Hospital and Surgery benefits are subject to pre-approval. Please submit a request via our Easy Claim app or by emailing an Advance Request Form to us **at least 5 working days in advance (for members under MyHEALTH Hospital & Surgery Extensive and Elite) or 15 working days in advance (for members under MyHEALTH Hospital & Surgery Essential) before your admission.**

If your treatment is covered, we will issue a **Letter of Guarantee (LOG)** to the healthcare practitioner. An LOG guarantees the healthcare practitioner that we will pay your medical expenses (procedure, hospital stay). You will be responsible for the items not covered by your policy at the time of discharge.

OUTPATIENT DIRECT BILLING

Members can enjoy cashless service for eligible expenses in medical facilities that are part of our network. Download the full listing of medical providers at <http://healthbyapril.com/generalnetwork>

Visit a listed healthcare practitioner and present your **electronic insurance card**, available on your Easy Claim app.

If outpatient direct billing is used, we will pay the clinic directly for eligible services rendered.

If you are planning to receive any complex procedures such as outpatient surgery, scans, MRIs, lab tests, please contact us at least 5 working days in advance before your visit to enable us to undertake the necessary verification and approval process (so we can provide the provider with the necessary verification and approval) before your visit.

Please note that direct billing services are not available for medical check-ups, dental treatments, medication and treatments excluded by your policy. Please refer to your Policy Terms and Conditions for the full list of exclusions.

For treatments above USD250, your medical provider will request pre-authorization from us.

To verify your eligibility for direct billing, please check your electronic insurance card:

- ✓ **If the code DB is displayed on it**, you may enjoy direct billing services within our **Asia outpatient direct billing network**
- ✓ **If the code PNW is displayed on it**, you may enjoy direct billing services within our **Panel Network**
- ✗ **If there is no DB code** displayed on your card, it means that direct billing is not available under your policy. You may refer to the outpatient pay and claim paragraph below.

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OUTPATIENT PAY AND CLAIM

If your healthcare practitioner is not part of our direct billing network or if your treatment is not eligible for direct billing, please follow these simple steps to submit your claims for medical expenses.

1. See your healthcare practitioner and pay for your medical expenses
2. Send your documents via our Easy Claim app. To ensure quick processing of your claims, please make sure your request contains the following:
 - Diagnosis or reason for consultation
 - The detailed invoice with an itemised list of the prescribed medicine
 - Proof of payment
 - Referral Letter from your general practitioner when needed as per Terms and Conditions

Please keep your original documents for a maximum period of one year. Note that we reserve the right to request your original documents or additional information via a Claim Form at any time.

3. **For claims exceeding THB10,000, please send your original documents by post to finalise the claims process.**
4. In 5 to 10 days, you will receive an email letting you know that your claim has been processed, with an Explanation of Benefits (EOB) showing the breakdown of your benefits paid and, in some cases, a request for additional information.

A claim form can be required for certain claims. We recommend you bring a claim form with you when you see the medical provider so the attending physician can complete their section.

All required claim documents must be received by us within 90 days from the date service was rendered. Where it is not reasonably possible to present the required claim documents to us within this period, they must be received by us within 365 days from the date you incurred the expense. Claims submitted over 12 months from the date of service will not be considered.

INPATIENT AND SURGERY PAY AND CLAIM

The procedure to pay and claim for inpatient services is similar to the procedure for outpatient claims. You will be required to complete the Claim Form fully to ensure prompt processing of your claim. You will also need to ensure the following information is provided.

- A fully completed and signed claim form
- The attending physician's contact information
- Name, contact details and location of the hospital
- Diagnosis or reason for the hospitalisation
- Admission date and length of stay
- Breakdown of the expenses incurred
- Proof of payment for the services rendered (e.g. receipt and statement of account from the hospital)
- Any supporting documents regarding the medical condition, including diagnosis, medical reports, admission letter

Please submit your claims within 90 days of service. Claims submitted over 12 months from the date of service will not be considered.

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Even if you wish to pay and claim for inpatient or surgical expenses, please contact us before the procedure to verify that your hospitalisation is eligible for coverage and to comply with the pre-authorization requirements of the policy:

- For members under MyHEALTH, Hospital & Surgery Extensive and Elite: please contact us at least **5 working days** before treatment
- For members under MyHEALTH, Hospital & Surgery Essential: please contact us at least **15 working days** before treatment

Non-pre-authorized treatments are subject to a 20% co-insurance.

HOW TO FILE CLAIMS

Via the Easy Claim app

EASY CLAIM IS THE MOST CONVENIENT AND FASTEST WAY TO SUBMIT YOUR CLAIMS!

1. Download the APRIL Easy Claim app on your smartphone
2. Launch the app and log in with the email address and password provided to you when you registered on your Online Portal. (If you haven't activated your account on the Online Portal, please go to <http://healthbyapril.com/portal> and click on "Register as a Member/Policyholder". Once your account has been activated, you will also be able to log in to the Easy Claim app with the same email address and password. Should you need a new PIN letter, just let us know by emailing us at contact.th@april.com)
3. Follow the instructions on your smartphone to send your claims to us.

Note: you may submit claims up to the value of THB10,000 via Easy Claim but please keep the original documents in case we need to request them. Above this amount, please send your original documents by post.

Online claims submission

Please make sure that you have activated your account on your Online Portal to be able to use this service.

1. Go to claims.april.asia
2. You have 2 options to log in:
 - a. Log in with your email address and password (same credentials as your Online Portal and Easy Claim app)
 - b. Log in with your Policy number and Member number *or* with your Search ID. This information can be found on your electronic insurance card.
3. Simply follow the instructions on the screen to submit your claim.

Note: you may submit claims up to the value of THB10,000 via Easy Claim but please keep the original documents in case we need to request them. Above this amount, please send your original documents by post.

By Email

1. Please email your claims to claims.th@april.com
2. In the email, please provide the following information in the subject line of the email. This information can be found on your member card.
 - a. First and Last name
 - b. Policy Number
 - c. Member Number
3. Contact information where the member can be reached

Note: you may submit claims up to the value of THB10,000 via Easy Claim but please keep the original documents in case we need to request them. Above this amount, please send your original documents by post.

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By Mail

Please mail your original documents to the address below and retain a copy for your records:

APRIL Assistance Thailand

Maneeya Center North, 10th Floor
518/3 Ploenchit Road, Lumpini, Pathumwan
Bangkok 10330

Claim Status

You can easily track the status of your claims once they are submitted.

- **From your Online Portal:** click on “Claims > Show All Claims” (If you haven’t activated your Online Portal, please find the instructions above).
- **From your Easy Claim app:** from the Homepage, simply click on “Claims History”.

Once your claim has been settled, you will receive an email advising you that your claim has been processed. Your EOB (Explanation of Benefits) will be attached to the email and you will also be able to find it on your Online Portal and Easy Claim. Once received, please read your EOB carefully to understand how your claim has been paid. **Claim reimbursement may be pending if some mandatory documents or information is missing.**

If you do not understand your EOB or have trouble accessing it, please send an email to claims.th@april.com for additional assistance.

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