



GlobalHealth Medical Plan

Claims Instruction

Medical Outpatient Claims

In most circumstances, clients will settle the charges for consultation, laboratory, or pharmacy with the providers and submit claims to American Home Assurance Company, Singapore (AHA) for reimbursement.

Patients should ensure that bills include required information from the doctor's office, laboratory, or pharmacy for the claim to be considered. Here is a summary of the basic details required:

- name of the patient
- date of treatment
- doctor's name and professional qualifications
- country where treatment took place
- the amount (segregated into consultation, medication and/or treatment as applicable) paid by the patient
- names of the drugs prescribed
- an explanation of the services rendered and the charge for each
- the diagnosis or other reason for the visit

A laboratory and pharmacy bill should normally be submitted with the bill from the doctor who prescribed/ordered it. If not, the client should submit a copy of the prescription, a doctor's report or a fully completed claim form (Sections A & B), showing the diagnosis and date(s) of treatment.

For simple outpatient treatments, the client only needs to fill in Section A (front) of the claim form. Where the claim is more complicated or where treatments are expected to continue, the client should ask his or her physician to complete Section B (back) as well. It is difficult to list all outpatient claims which may fall into this category, but some examples are:

- Maternity (For the first submission of claim only)
- Day surgery
- Any diagnostic tests
- Specialist referral of any kind
- if multiple outpatient visits, or physiotherapy/chiropractor/acupuncture treatments will be required
- in cases involving accidental injury (see below for further instructions)

Hospital/Surgical Claims

Claims for surgery, or for treatment in a hospital, casualty ward or emergency room, must be accompanied by a fully completed Claim Form (Sections A & B) and complete medical reports.

In case of hospitalization or surgery which is expected to result in bills exceeding US\$2,500 AHA may be able to assist you in settling hospital bills directly. Contact should be made directly to GlobalHealth Asia Pte Ltd, or via International SOS Assistance.

Clients requiring hospital guarantee should contact GlobalHealth Asia Pte Ltd as soon as the need for hospitalization/surgery arises. Both sufficient information and clear instructions as to what the client requires should be given to expedite handling of the request. In general, at least three (3) working days are required to arrange non-emergency hospital guarantee, particularly outside of Asia. Late or incomplete requests may affect our ability to provide service.

In cases of medical emergency, guarantee or prepayment of hospital deposits may be available from International SOS Assistance. Please refer to the International SOS Assistance Service Program rules for details.

Dental Claims (where applicable)

Dental Benefits are subject to First Dental Examination and dental conditions or treatment(s) identified during this First Dental Examination are considered as pre-existing dental conditions and the insured is responsible for the cost of treatment at this first instance. However once this tooth/condition is fully treated as advised by the dentist, the tooth/condition will thereafter be



covered by the Policy. Please arrange to undergo the First Dental Examination as soon as possible after the 30-day Free Look Period and return the Examination Form to AHA for record. AHA will reimburse the cost of the First Dental Examination.

In case of Accident or Injury

The member should provide GlobalHealth with a written statement giving full details of how the accident occurred (including date, time, and place). GlobalHealth may also require other documentation, such as a police report.

Filing Period

Claims must be submitted within 90 days of the date of service unless it is shown that it was not reasonably possible to file within this time. Claims not submitted within 12 months of the date of service will not be entertained under any circumstance.

Other Insurance / Third Party Liability

If the member is covered under another insurance policy for the same illness or injury, AHA will treat the other plan as the primary carrier if:

1. It is another medical plan, an accident or travel policy with medical benefits, or involves a third party's liability insurance policy,
2. The illness, injury, or accident conforms to the type of risks assured by that plan,
3. The policy does not have a higher deductible than the GlobalHealth plan, and
4. The policy compensates for losses incurred, and is not of a type which pays a lump sum under certain circumstances (such as a disability, hospital cash, or dread-disease policy).

If so, the bills should be submitted to the other insurer, who should pay up to its policy limits. If there are charges, or portions of charges, which remain unpaid, the Insured should send to AHA the following documents for processing:

1. Certified true copies of all bills paid in full or in part by the other insurer
2. Original bills denied by the other insurer
3. The original explanation of benefits or computation sheet from the other insurer
4. Any physician statements, reports, test results, or claim forms as may be required for AHA to consider the claim.

In cases where another party is involved or at fault, but indemnity cannot be immediately proven or claimed, it may be possible to make advance payment in return for a subrogation agreement. In such cases, the Insured should show what steps, if there are any, have been taken to claim for damages. A Policyholder, Insured, or Insured Person should under no circumstances settle or waive any claim against a third party or other insurer. Doing so may jeopardize his or her right to claim under the GlobalHealth Plan.

Important Note

Information contained in this printout is given for general guidance in administration only. Please refer to Policy documents for full details and terms and conditions of your policy.