

# CLAIM INSTRUCTIONS



## Pre-authorization

The following services on the benefits schedule require pre-authorization:

- *hospital* benefits
- *surgery* performed while a day-patient in a clinic or in a *physician's* office
- *rehabilitation treatment*

Co-payment for pre-authorization:

- 0% co-payment for services pre-authorized by us
- 20% co-payment for services not pre-authorized by us

The co-payment for non-preauthorized 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 before admission or treatment. Please complete an Advance Request Form to submit your pre-authorization request.

For details on pre-authorization, please refer to Section 16 of the Policy Terms and Conditions

## Outpatient Direct Billing (for members who have Outpatient Benefits)

Outpatient direct billing allows members in some locations in Asia to have the benefit of receiving covered medical services at clinics that are in the APRIL Asia Outpatient Direct Billing Network without having to pay for the services. Simply go to a listed clinic on the list and present your member card. 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 of your visit to enable us undertake the necessary verification and approval process (so we can provide the provider with the necessary verification and approval) prior to your visit.

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

## Outpatient Pay and Claim

Pay and claim means you receive treatment, settle payment at point of service and then file a claim for reimbursement.

A claim form is required for outpatient claims. Please complete the claim form fully to ensure prompt processing of your claim. We recommend that you bring a copy of the claim form with you when you see the medical provider so the attending physician can complete their section of the claim form. Please also ensure the following information is provided to us.

- Name of the person who received treatment. This must be indicated on the bills.
- Diagnosis and/or symptoms requiring treatment (must be provided by the attending physician)
- Itemised bill including breakdown of the expenses, e.g. name & cost of each medication, type and cost of tests performed
- Amount being claimed and the currency of the bills
- Date when service was rendered
- For claims where a series of treatments are rendered, please provide specific dates when each treatment was rendered
- Proof of payment for the services rendered (e.g. receipt from the doctor, credit card slip)
- Valid referral letter or prescription where applicable

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

## Letter of Guarantee (LOG)

The Letter of Guarantee (LOG) is a letter issued by us to a hospital. It guarantees the medical establishment that we will pay your medical expenses for a particular eligible procedure and hospital stay. You will be responsible for the items not covered by your policy at the time of discharge.

The LOG can be arranged for a hospital stay or surgery. Please submit an Advance Request Form when requesting a Letter of Guarantee at least 5 to 7 days in advance of the admission.

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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.

- 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 from the hospital)
- Any supporting documents regarding the medical condition, including diagnosis, medical reports, admission letter

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

## By Email

1. Please email scans of original claims to [claims.sg@april.com](mailto:claims.sg@april.com)
2. In the email, please provide the following information in the subject line of the email. This information can be found on the member card.
  - a. First and Last name
  - b. Policy Number
  - c. Member Number
3. Contact information where the member can be reached.
4. Please retain the claim originals (until we complete the final adjudication of the claim) for three years after settlement as we may request them if needed. Please note that we reserve the right to request originals as needed during this time.

## By Mail

Please mail your claim originals to the APRIL International address below and retain a copy for your records.

## Via the Easy Claim app

1. Download the APRIL Easy Claim app on your smartphone
2. Launch the app and log in with the email address and password you provided 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 the Easy Claim app with the same email address and password. If you need a new PIN letter just let us know by emailing us at [contact.sg@april.com](mailto:contact.sg@april.com).)
3. Then, simply follow the instructions on your smartphone screen to send us your medical bills and prescriptions.

If you submit claims by email or via the April Easy Claim smartphone app, you must retain a copy of the original documents for a minimum period of 1 year from when you submit the claim.

If you would like to find out the status of your claim, you can contact us directly or you can check the status of your claim on-line if you have already activated your online account. When you received your initial policy, you would have been given instructions and a PIN to activate your online account.

Once your claim has been settled, you will receive an email advising you that your claim has been processed. You can go on-line to view your Explanation of Benefits (EOB) to understand how your claim has been paid. Please review the remarks section of the EOB as there might be some follow up that is required.

If you do not understand your EOB or have trouble accessing it, please send an email to [claims.sg@april.com](mailto:claims.sg@april.com) for additional assistance.

Underwritten by:

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