

CLAIM INSTRUCTIONS

Pre-authorisation

The following services in the benefits schedule require pre-authorisation:

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

To pre-authorise your treatment, you must submit your request to us at least 5 working days in advance before admission or treatment. Please complete an Advance Request Form to submit your pre-authorisation request.

For details on pre-authorisation, please refer the Policy Terms and Conditions.

Letter of Guarantee (LOG) for Hospitalisations

The Letter of Guarantee (LOG) is a letter issued by us to a medical provider. It guarantees the medical provider 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, such as guest meals, newspapers or other personal expenses.

When we receive your pre-authorisation request, and if your pre-authorisation request is approved, we will attempt to arrange an LOG with the provider. While we will do our best, there may be times that we are unsuccessful. In those instances, you may be required to pay all or part of your bill.

Inpatient and Surgery Pay and Claim

Even if you wish to pay and claim for inpatient or surgical expenses, you are required to follow the pre-authorisation requirements as stated in the policy. You and the physician are required to fully complete a claim form and submit all original bills and receipts to us. Please ensure the following information is provided when submitting your claim.

- 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, past treatments and investigations, admission notes and the discharge summary

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

Outpatient Direct Billing

For members with full medical underwritten policies and outpatient benefits, outpatient direct billing provides cashless service for eligible expenses at clinics that are part of the Outpatient Direct Billing Network. We will pay the medical provider directly for eligible services rendered. Please always refer to the current outpatient direct billing list at <http://healthbyapril.com/generalnetwork> as there are regular updates to our network.

You must present your valid member card upon arrival when visiting a clinic in our network. The clinic may require additional information from you, such as requesting you to complete a claim form.

Medical checkups, vaccinations, dental treatment, and services from physiotherapists or complementary medicine providers are not eligible for direct billing. Also, services excluded under your policy (or commonly excluded under our policies) are not eligible for direct billing. Please refer to your Policy Terms and Conditions and any endorsements for the full list of exclusions.

CLAIM INSTRUCTIONS

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 completed and signed claim form is required for reimbursement. 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.

- Fully completed and signed claim form
- 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)
- 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.

How to File your Claim

By Email

1. For outpatient claims with receipts less than US\$250, please email scans of original claims to claims.ph@april.com
2. In the email, please provide the following information.
 - a. Completed and signed claim form
 - b. Your first and last name
 - c. Your policy Number
 - d. Your member Number
 - e. Your email address
 - f. Other contact information where you can be reached.
3. Please retain the claim originals 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 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 your user ID and the password you chose when you signed up to your Customer zone. (If you haven't activated your account in the Customer Zone, please go on our extranet and click on "Activate my account". Once your account has been created, you will be able to log in the Easy Claim app with the same user ID and password. If you need a new PIN letter just let us know by emailing us at contact.ph@april.com.)
3. Then, simply follow the instructions on your smartphone screen to send us your medical bills and prescriptions.

Claim Status

When we receive your claim, we will send an email to the email address we have on file, informing you that we have received your claim.

Once your claim is settled, you will receive another email from us, letting you know your claim has been processed and to view your Explanation of Benefits (EOB) to understand how your claim was settled. Please review the remarks section of the EOB as there might be some follow up that is required of you. If you do not understand your EOB or have trouble accessing it, please send an email to claims.ph@april.com for additional assistance.