Pay and Claim For Outpatient / Hospitalisation / Outpatient Surgery

In cases where the Outpatient Direct Settlement service has not been utilized or there are charges that are not covered under our Outpatient Direct Settlement arrangement, you are required to settle the medical or hospital charges with the providers first and then submit a claim for reimbursement.

You can submit your claims online or via mail.

Online Claim Submission

Please go to www.henner.com/aig/apac and upload a copy of these scanned documents:

- Completed claim form (including Section C)
- Itemized paid invoices and receipts
- Letter of prescription (for prescribed drugs)
- Referral letter (if applicable)
- If you have lodged a claim from any other insurers, please include a copy of the settlement letter

Please keep all the original claims documents for two years from the date of submission of the claim, as we may require them for verification.

Mail

Please download the PROHealth Claim Form and mail it to PROHealth Claims Team at Henner-GMC Services Asia Pacific Pte Ltd, together with these documents:

- Completed claim form (including Section C)
- Original itemized paid invoices and receipts
- Letter of prescription (for prescribed drugs)
- Referral letter (if applicable)
- If you have lodged a claim from any other insurers, please include a copy of the settlement letter

Please take note that the **diagnosis and ICD 10 code (Section B, Item 1b and Section C, Item 5b) of the Claim Form must always be completed by your physician** and for complicated outpatient treatments or where treatments are expected to continue over a period of time, your physician is also required to complete Section C of the Claim Form. Some examples of outpatient claims which would require your physician to complete a portion of the Claim Form include, but are not limited to:

- special diagnostic tests such as CT scans, MRI, stress testing, endoscopy, allergy testing, etc.
- situations where surgery or hospitalization is involved or anticipated
- multiple outpatient visits or when physiotherapy/chiropractor/acupuncture treatments will be required
- cases involving accidental injury (see below for further instructions).

To ensure there is no delay in processing your claim, please ensure that all itemized paid invoices and receipts contain sufficient information filled in by 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, professional qualifications and clinic address
- the amount paid by the patient
- an explanation of the service(s) rendered and the itemized charge(s)
- the diagnosis, ICD 10 code and the reason for the visit

In Cases of Accident or Injury

In cases of Accident or Injury, you should provide us with a written statement giving full details of how the accident occurred (including date, time and place). We may also require other relevant documentation, such as a police report.

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Emergencies

In case of a medical emergency, please contact Henner-GMC at +65 6751 5271.

Notification of Claim

Please ensure that claims are submitted within 90 days of the date of service unless it is shown that it was not reasonably possible to file all claim documents within such time. In any event, the claims should be submitted no more than 180 days after the date of service.

Reimbursement Method

Please note that reimbursement methods vary from country to country and depends on the type of policy that you have. For further details, please contact Henner-GMC at +65 6751 5271.

Bank Transfer: Reimbursement can be made directly to your chosen bank account. We will absorb payor (sending) bank charges, but are unable to reimburse you for any charges levied by the payee's (receiving) bank.

Important Notes

1. The PROHealth Medical Card must be returned upon the termination of coverage. Medical Card must be returned and termination of coverage will take effect from the day the card is returned.
2. Information about claims requirements, other insurance provisions and potential subrogation or indemnity issues is given for general guidance only. The member should refer to the PROHealth policy wording for a more detailed explanation. If there is any ambiguity between this document and the PROHealth policy wording then the latter shall prevail.
3. Reimbursement for admissible claims shall be made within 9 business days of receipt of all required information and documentation.

How to Contact Us

Should you have any claims queries, kindly contact us at:

Henner-GMC Services Asia Pacific Pte Ltd
137 Telok Ayer Street #07-01/02/03 Singapore 068602

Hotline: +65 6751 5271
Fax: +65 6751 5047
Email: aig.apac@henner.com
Administrator Website: www.henner.com/aig/apac

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