



## YOUR GUIDE TO MAKING A CLAIM - Indonesia

Please refer to your Insurance Certificate for full details of Eligible Benefits, Benefit Limits and Excesses which apply to your Specific Policy. Please refer to your Membership Guide for Definitions and Terms and Conditions.

### Claims Administrator: Fullerton Health Indonesia Group

T: +62 21 2997 6300  
F: +62 21 2997 6320  
E: expacare@fullertonhealth.com (for reimbursement claims)  
E: case.managers@fullertonhealth.com (cashless and emergency)

### Address to send Claim Forms to:

Fullerton Health Indonesia Group  
CIBIS Nine (CIBIS Business Park) Building 5th Floor  
Jl. TB Simatupang No. 2 Rt.001 Rw. 05  
Kelurahan Cilandak Timur  
Kecamatan Pasar Minggu  
Jakarta Selatan 12560

### Emergency Assistance:

#### Global Assistance & Healthcare

For 24 hour emergency medical advice and assistance worldwide, please call Global Assistance & Healthcare on:

T: +62 21 2997 6300

### What to do in an Emergency

In an emergency you (or someone acting on your behalf) must contact us on the above emergency telephone numbers within 24 hours of hospital admission and before an emergency evacuation.

### Claim Forms

Additional Claim Forms are available from Expacare, Fullerton Health and from the Expacare website [www.expacare.com](http://www.expacare.com). One claim form per medical condition must be submitted. If you are claiming for more than one medical condition, a separate claim form must be completed annually for each condition.

### Timeframe for Claims Submission

Please send us your claim as quickly as you can, but no later than six months after the start date of your treatment. Claims submitted later than six months following the start date of your treatment will not be paid.

It is important for you to know that we are only able to reimburse medical expenses when we have received the claim form, all the original invoices and any additional information within 6 months of the treatment date. If claims have been paid by you, we will also require proof of payment.

If your course of treatment exceeds 6 months, please ensure you obtain and submit an interim invoice. We strongly recommend that you keep copies of all documents in case originals are lost in transit.

### Electronic Claims Submission

Claims documentation can be submitted to us via email to [expacare@fullertonhealth.com](mailto:expacare@fullertonhealth.com). If the claim is for treatment as an in-patient or day-patient, we will require original documentation before any eligible amounts will be paid.

It is important to note that you should retain all original copies of forms and invoices as Expacare reserves the right to request these documents for audit purposes.

### Reasonable and Customary Costs

Your policy allows for reasonable and customary eligible costs, as determined by us, to be reimbursed or paid directly to a medical facility. You have the flexibility to choose the facility at which treatment takes place. However, you should be aware that, in the event of the costs being charged exceeding what we consider to be reasonable and customary, you may not receive a full refund of your expenses or you may need to pay additional fees to the medical facility. If you are concerned about this, please call the above telephone number where you will be able to obtain advice on facilities where we know costs charged are reasonable and customary.

## Pre-authorising your claim in advance of receiving treatment – includes all in-patient treatment

All in-patient treatment and certain procedures/treatment (see below) must be pre-authorised by you or someone acting on your behalf and you must be in receipt of confirmation from us in writing before treatment takes place. You should inform us at least 5 days before admission or any treatment. Upon contacting us, you will be advised which documents we require in order to authorise your claim.

You can pre-authorise treatment by phone

+62 21 2997 6300

or by email

**case.managers@fullertonhealth.com**

## Specific Procedures/Treatment Requiring Pre-Authorisation

- Emergency Medical Evacuation
- Repatriation of mortal remains or local burial costs
- Hospital admission (in-patient treatment)
- Cancer treatment
- Psychiatric treatment
- Treatment for alcohol and drug addiction
- Over 7 sessions of physiotherapy
- Rehabilitation treatment as an alternative to acute care
- Maternity care
- Hospice care
- Over 7 sessions of Complementary Therapy
- Out of geographic area cover for emergency treatment

**Important Note:** If pre-authorisation is required but not sought, we will only pay up to 80% of what we consider to be reasonable and customary towards your claim. Please note that you are not covered for ANY costs for emergency evacuations or repatriation of your body or physiotherapy over 7 sessions, that we did not pre-authorise and arrange.

## Claims for in-patient treatment

All in-patient treatment must be pre-authorised. Please refer to Pre-authorisation section above.

We can settle in-patient treatment costs directly with the hospital. This would normally involve us providing a 'guarantee of payment' (GOP) to the hospital which they need to accept.

GOPs can only be placed where treatment is due to take place within 30 days of notification. GOPs will not be placed where treatment is due to take place after the expiry of the policy.

Any costs not covered (including excesses which are not paid by the member), which remain unpaid, will result in future GOPs being declined.

In situations where a hospital does not accept our GOP, treatment can either be sought at an alternative hospital or you would need to pay for the treatment and submit a reimbursement claim to us for these costs.

## Reimbursement claims including claims for out-patient treatment

Where direct settlement with a provider has not been possible, it will be necessary for you to pay the treatment costs and for you to claim reimbursement of these costs.

To ensure that your claim is processed as quickly as possible, you must:

- Complete an Expacare Claim Form in full.
- Ensure that the form is signed by the person providing the service or treatment (Section B).
- If the claim is in respect of prescription drugs (including repeat prescriptions), please ensure that either a copy of the prescription and pharmacy receipt is attached to the claim form OR that the doctor completes the details of the medication prescribed on the claim form and a pharmacy receipt is provided.
- Ensure that you have signed the claim form (Section A). If the claimant is a child, the form must be signed by the policyholder.
- Submit the claim form, together with original invoices and proof of payment if the claim is made by you, to Fullerton Health at the address shown on the claim form on the front page of this guide or by email to **expacare@fullertonhealth.com**. In the subject field of the email, please state Expacare\_Patient Name\_Date
- Claim payments are made by bank transfer. Please ensure that this section is fully completed (including IBAN or SWIFT numbers which are available from your bank).
- If you are claiming Hospital cash benefit a certificate confirming the in-patient treatment, the diagnosis, the date of admission and discharge will be required.

Further details regarding the settlement of claims on a reimbursement basis can be found in your Membership Guide and on the Expacare website **www.expacare.com**.