

CLAIM PROCEDURE FOR HEALTH INSURANCE

Inpatient Claim Procedure

The claims must be submitted to the Insurance no later than 30 days for Jabodetabek area (the region comprising of Jakarta, Bogor, Depok, Tangerang and Bekasi) and 60 days outside Jabodetabek area after the receipt is made for the Insured. The claims submitted after the above-mentioned period without any logical reasons shall be rejected.

Claims must always be submitted along with a claim form in accordance with the provisions must be filled in by:

- a) The person proposing the claim (the parent if the patient/ insured is a child);
- b) The treating doctor
- c) Hospital Administrator if required.

Maternity Claim Procedure

The claims must be submitted to the Insurance no later than 30 days for Jabodetabek area (the region comprising of Jakarta, Bogor, Depok, Tangerang and Bekasi) and 60 days outside Jabodetabek area after the receipt is made for the Insured. The claims submitted after the above-mentioned period without any logical reasons shall be rejected.

Claims must always be submitted along with a claim form in accordance with the provisions that must be filled by:

- a) The person proposing the claim or the spouse if the patient/insured is the wife;
- b) The treating doctor and/ or registered midwife;
- c) Hospital Administrator if required.

The original maternity claim form must be enclosed with:

- a) All complete invoices and original receipts from the Hospital/ Maternity Hospital related to maternity care at the Hospital/ Midwife.
- b) All complete bills and original receipts from Doctors, Specialists, and/ or Midwives.
- c) A copy of all diagnostic test results and detailed prescriptions for drugs.
- d) A copy of certificate from the doctor or midwife regarding the condition and estimated starting date.

Outpatient, Dental and Special Services Claim Procedures

The claims must be submitted to the Insurance no later than 30 days for Jabodetabek area (the region comprising of Jakarta, Bogor, Depok, Tangerang and Bekasi) and 60 days outside Jabodetabek area after the receipt is made for the Insured. The claims submitted after the above-mentioned period without any logical reasons shall be rejected.

In all cases the Insured is required to pay the doctor or polyclinic for the cost of medical treatment.