

HEALTHY GROUP CLAIM SUBMISSION PROCEDURE

1. INPATIENT CLAIM PROCEDURE

- a. 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.
- b. Claims must always be submitted along with a claim form in accordance with the provisions must be filled in by:
 - i. The person proposing the claim (the parent if the patient/ insured is a child);
 - ii. The treating doctor
 - iii. Hospital Administrator if required.

2. MATERNITY CLAIM PROCEDURE

- a. 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.
- b. Claims must always be submitted along with a claim form in accordance with the provisions that must be filled by:
 - i. The person proposing the claim or the spouse if the patient/insured is the wife;
 - ii. The treating doctor and/ or registered midwife;
 - iii. Hospital Administrator if required.
- c. The original maternity claim form must be enclosed with:
 - i. All complete invoices and original receipts from the Hospital/ Maternity Hospital related to maternity care at the Hospital/ Midwife, and;
 - ii. All complete bills and original receipts from Doctors, Specialists, and/ or Midwives, and
 - iii. A copy of all diagnostic test results and detailed prescriptions for drugs;
 - iv. A copy of certificate from the doctor or midwife regarding the condition and estimated starting date.

3. OUTPATIENT, DENTAL AND SPECIAL SERVICES CLAIM PROCEDURES

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