

**PACIFIC  
INSURANCE**  
A member of The Fairfax Group



International Student Medical Insurance  
via Education Malaysia Global Services (EMGS)



## IMPORTANT NOTES

- ❑ Eximius Medical Administration Solutions (e-MAS) is the third-party administrator of The Pacific Insurance Berhad (Insurer)
- ❑ For scheduled appointments, kindly arrange for a Letter of Guarantee 1 or 2 day(s) in advance by requesting Hospital to fax Pre-Authorisation Form (PAF) i.e. Hospital Admission Form to (e-MAS)
- ❑ Claims must be submitted to the Insurer within 30 days from the date of consultation or service
- ❑ Any medical expenses exceeding the limit of benefits stated in the Schedule of Benefits will be borne by the student / member
- ❑ Chronic Illness such as Diabetes, High Blood Pressure, Asthma, Hepatitis B and C carries, Nerve Disorders or Degenerative Disease, Endometriosis, Transverse Myelitis and conditions arising therefrom or associated therewith is not covered
- ❑ Excluded Hospitals (Please refer to the List of Excluded Hospitals)
- ❑ Policy Exclusions (Please refer to the List of Exclusions)

# MEDICAL CARD

- ❑ Facilitate the verification process and does not act as a charge card
- ❑ Covers for medical treatment costs within your medical insurance
- ❑ Allow “cashless” facility at Panel Private Hospital / GP Clinic
- ❑ Applicable for Panel Private Hospital / GP Clinic across Malaysia
- ❑ Non-transferable



## HOW DEDUCTIBLE WORKS?

If you participate in Plan EMGS200 with RM25.00 deductible, how it works?

You are required to pay RM25.00 of the eligible medical expenses incurred for each disability / outpatient visit. Insurer will pay the balance of the eligible expenses after deducting the first RM25.00

Example 1: Hospitalisation expenses

Assumed that the eligible hospitalisation expenses = RM8,500.00

Deductible amount per disability = RM25.00

Amount to be paid by you = RM25.00

Amount to be paid by Insurer = RM8,475.00 (RM8,500.00 – RM25.00)

Example 2: Outpatient expenses

Assumed that the eligible outpatient expenses = RM100.00

Deductible amount per outpatient visit = RM25.00

Amount to be paid by you = RM25.00

Amount to be paid by Insurer = RM75.00 (RM100.00 – RM25.00)

# ***HOSPITALISATION PROCESS***

***For Hospital Admission***

***(Pre-planned & Emergency)***

# HOSPITALISATION PROCESS



## PATIENT VISIT e-MAS HOSPITAL

- Nationwide panel hospital.
- Referral letter for non Emergency.
- Direct access for Emergency & Accident condition.
- 24/7 Hotline 03-9213 0104

### Tips

- Δ Know Your Doctor.
- Δ Always ask your Doctor if surgery can be avoided.



## HOSPITAL REGISTER PATIENT

1. Registration counter will request for your MyKad / e-MAS card.
2. Hospital to contact e-MAS to verify patient, eligibility and entitlement.
3. You may call e-MAS if facing any delay.

### Note:

- Hospital Response Time Subject to number of patients waiting for admission.
- e-MAS Response Time Immediately upon receipt of phone call.



## HOSPITAL FILL ADMISSIONS CLAIM FORM

- Verification completed.
- Admission claim form to be filled by hospital and treating doctor.
- Patient to provide consent by signing form.
- Completed form to be sent to e-MAS by hospital via email.
- Patient may call e-MAS if facing any delay.

### Note:

Hospital Response Time: Subject to number of patient waiting for admission.

e-MAS Response Time: 30-45 minutes from receipt of complete documentation.

Caution: Make sure to know the treatment plan prior to providing the consent. Hospital may request for Deposit as per Hospital Policy.



## e-MAS GUARANTEE LETTER

- MRT approval for Admission
- Patient Administration Team Issue GL
- GL Sent to Hospital Admission Counter
- Patient can proceed for Admission with their known and trusted Doctor



## PATIENT RECOVERY

Treating Doctor will provide appropriate treatment.

With the GL Issued, the hospital will provide you the necessary treatments as per your policy terms and conditions



## PATIENT READY FOR DISCHARGE

- Patient has recovered
- Doctor Approved Discharge
- You, patient notify e-MAS via WhatsApp at: 018-788 3627

Provide: Patient Name  
NRIC / Passport No  
Hospital Name  
Mention: Ready for Discharge



## e-MAS BILL REVIEW

- Complete Discharge Documentation received
- Excess Amount Calculated
- Excess notice sent to Hospital
- You, Patient Pay Excess at hospital before going home

Response Time: 30 - 60 Min

## e-MAS BILL REVIEW & FINAL GUARANTEE LETTER ISSUANCE

- Hospital bill reviewed by Medical Review Team
- Investigation completed (if any)
- Bill verified, no double billing or unnecessary charges
- Final GL Issued to Hospital

### Response time:

Subject to response time from hospital and case complexity. Within 1-3 working days

## HOSPITAL PATIENT DISCHARGE PROCESS

- Doctor approves discharge after patient review
- Hospital prepares Itemized bill
- Doctor signs discharge claim form
- Hospital to send final bill and all reports and documentation for verification purpose to e-MAS to request for Final Guarantee Letter (FGL)



## Key Contact Points

Phone : 03-9213 0104  
Email : [emas.patgl@crm.emastpa.com.my](mailto:emas.patgl@crm.emastpa.com.my)  
WhatsApp : 018-788 3627



# EMERGENCY ADMISSION

- Family member to notify 24hr Alarm Centre
- To provide member's name & Passport number

## Note:

- Emergency:  
"Condition where as a result of an unforeseen illness or injury, urgent medical treatment is required in order to prevent immediate and/or serious deterioration of an Insured Person's health and the receipt of medical treatment cannot be reasonably delayed"
- To date, the application of this definition is still subjective and we normally place special emphasis on diagnosis like heart related conditions, fracture/accidents, and admissions involving kids to be deemed as emergency.
- In an emergency, the hospital's emergency procedures takes over any other procedures. Patient MUST BE stabilized prior to any financial arrangements.



# AT THE ADMISSION COUNTER

- Present Medical Card and Passport
- Patient and Attending Physician to complete & sign the PAF





## EXAMPLE OF NON-COVERED ITEMS



- Admission kit
- Excess of Room & Board
- Telephone cost
- Magazine / Newspaper
- Extra Meals
- Non-medical items
- Excess of policy limit
- Deductible



# ***REIMBURSEMENT PROCESS FLOW***

## ***INPATIENT***

# REIMBURSEMENT DOCUMENTS

Type of Documents	Inpatient (Inclusive of pre/post follow up treatment)
<b>Claim form</b> (Discharge Medical Report Claims Form(Section I – to be completed by Insured/Claimant, Section II-to be completed by the Attending Doctor)	Inpatient claim form
<b>Original Tax Invoice</b> <ul style="list-style-type: none"> <li>• Itemized bills</li> <li>• Detail breakdown</li> </ul>	✓ ✓
<b>Original Receipt</b>	✓
<b>Medical report / Sijil Discaj</b>	✓
<b>Bank Account information</b> <ul style="list-style-type: none"> <li>• E-payment Authorisation form</li> </ul>	✓
<b>Other supporting document as stipulated at policy level</b> (E.g: Referral letter from the General Practitioner (GP), (if any), Police report if involves in accident.	As per advised by insurer

# INPATIENT – PRE/POST DOCUMENT



The Pacific Insurance Berhad (1990-0)  
 08001, 8, Street 18, Aduka Street, Section 8,  
 Kuala Lumpur Sentral, 50478 Kuala Lumpur, Malaysia,  
 P.O. Box 12438, 50748 Kuala Lumpur, Malaysia  
 Tel: +603-2033 8888 Fax: +603-2033 8888  
 Website: www.pacificinsurance.com.my

**DISCHARGE MEDICAL REPORT CLAIMS**

**SECTION I - To be completed by the Insured / Claimant (IN BLOCK LETTERS)**  
**SEKSYEN I - Untuk diisi oleh Pihak Dikuasakan/Pihak Menuntut (DALAM HURUF BESAR)**

Name of Insured Nama Pihak Dikuasakan		NRIC No. No. K.P.	Policy No. No. Polisi
Claimant (other than the Insured) Pihak Menuntut (lain daripada Pihak Dikuasakan)		Claimant is: Pihak Menuntut ialah: <input type="checkbox"/> Self/Diri Sendiri <input type="checkbox"/> Spouse/Spouse <input type="checkbox"/> Child/Anak	NRIC No. (if applicable) No. K.P. (jika diberikan pihak)
Birth Date Tarikh Lahir <input type="checkbox"/> (dd) <input type="checkbox"/> (mm) <input type="checkbox"/> (yy) Hari/Bulan/Tahun	Age Umur	Sex Jantina <input type="checkbox"/> Male/Lelaki <input type="checkbox"/> Female/Pemempuan	Race Pangsa
Religion Agama	Marital Status Status Perkahwinan	Occupation Pekerjaan	
Employer Majikan	Unit of Employment Unit Maleh Bekerja	Employer's Address Alamat Majikan	
Tel. No./No. Tel.			
Type of Claim Jenis Pertualan <input type="checkbox"/> Hospitalisation/Dewarukhan ke Hospital <input type="checkbox"/> Outpatient/Pesakit Luar <input type="checkbox"/> Accident/Kemalangan Circumstances of Accident/Kemalangan			
Details of other insurance policies, Socco, Workman's Compensation and others Butiran tentang insurans lain, Perlesen, Insurans Pengampun Pekerja dan lain-lain			
Policy Type Jenis Polisi	Insurance Company Syarikat Insurans	Policy No. No. Polisi	

**AUTHORIZATION TO PHYSICIAN, HOSPITAL, CLINIC OR INSURANCE COMPANY TO RELEASE INFORMATION**  
**MEMBERI KEBENARAN KEPADA DOKTOR PERUBATAN, HOSPITAL, KLINIK ATAU SYARIKAT INSURANS UNTUK MEMBERI MAKLUMAT**

I hereby authorize any physician, medical practitioner, hospital, clinic or insurance company by whom or where I have/my ward has been observed or treated to give full particulars about my/ward's health including my/ward's whole medical history in respect of this hospitalization/surgery, to the above insurance company.

Saya dengan ini memberi kebenaran kepada doktor perubatan, pengamal perubatan, Hospital, Klinik atau syarikat Insurans yang merawat saya/terangannya saya untuk memberi maklumat-maklumat lengkap berhubung dengan riwayat kesihatan saya/terangannya saya termasuk keseluruhan sejarah perubatan saya/terangannya saya semasa di hospital/kejadian perubatan kepada syarikat insurans.

Signature of Patient  
Tandatangan Pesakit

Signature of Insured/Claimant  
Tandatangan Pihak Dikuasakan/Pihak Menuntut  
(To Stamp when applicable/For signature stamp only)

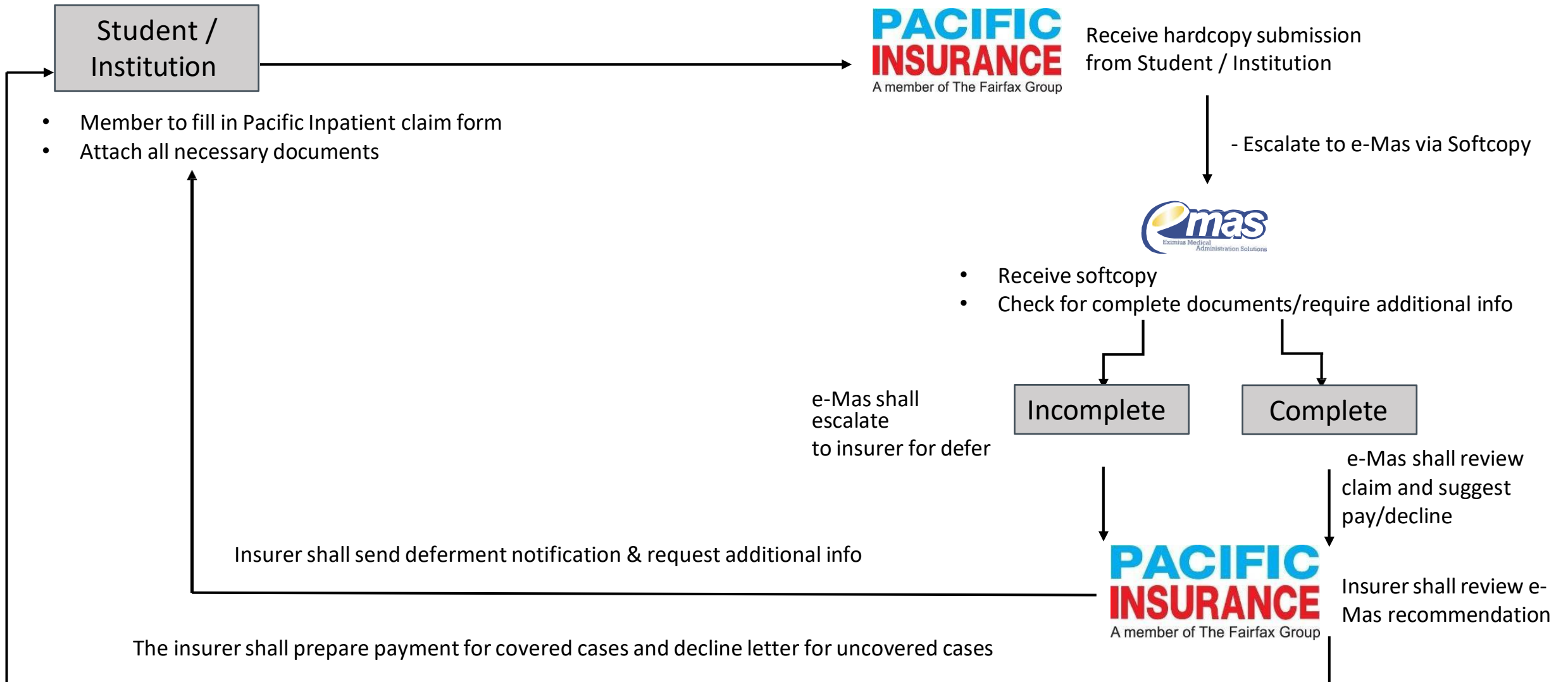
Date  
Tarikh

Personal Data Protection Act 2010 ("PDPA") Notification to customers of The Pacific Insurance Berhad ("TPIB")  
 Under the PDPA, there are various requirements that regulate the processing of your personal data. Please refer to www.pacificinsurance.com.my for details of TPIB PDPA privacy notice.  
 Notifikasi Akta Perlindungan Data Peribadi 2010 ("APDP") Pemberitahuan kepada pelanggan The Pacific Insurance Berhad ("TPIB")  
 Di bawah APDP, terdapat pelbagai syarat yang mengawal pemrosesan data peribadi. Sila rujuk di www.pacificinsurance.com.my untuk maklumat terperinci tentang peribadi TPIB APDP.

➤ SECTION I

➤ E-Payment Authorization Form

# INPATIENT REIMBURSEMENT PROCESS FLOW



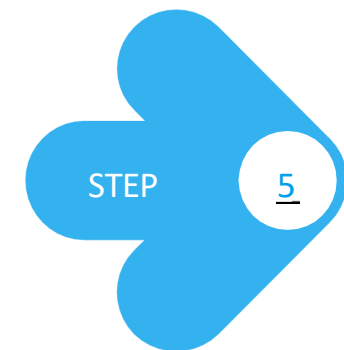
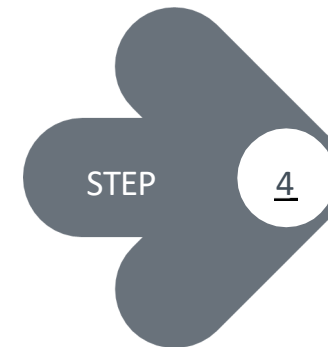
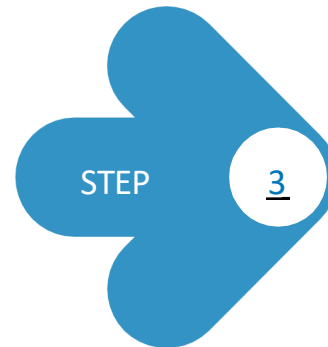
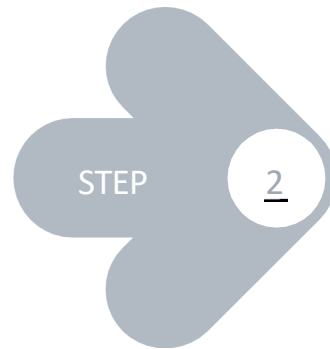
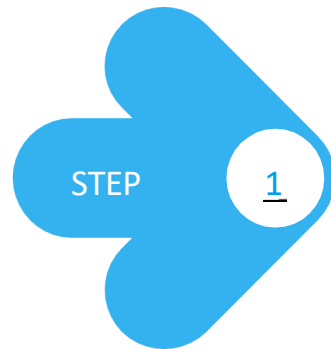


# ***OUTPATIENT PROCESS FLOW***

***For GP Visitation***

# OUTPATIENT

## Visiting Panel General Practitioner Clinic (GP)



### MEMBER

Member to present Medical Card/Digital ID and Passport to the panel clinic.

### PANEL GP CLINIC

Clinic to verify/validate member details via online portal.

### e-Mas

Fill in and sign the e-Mas form.

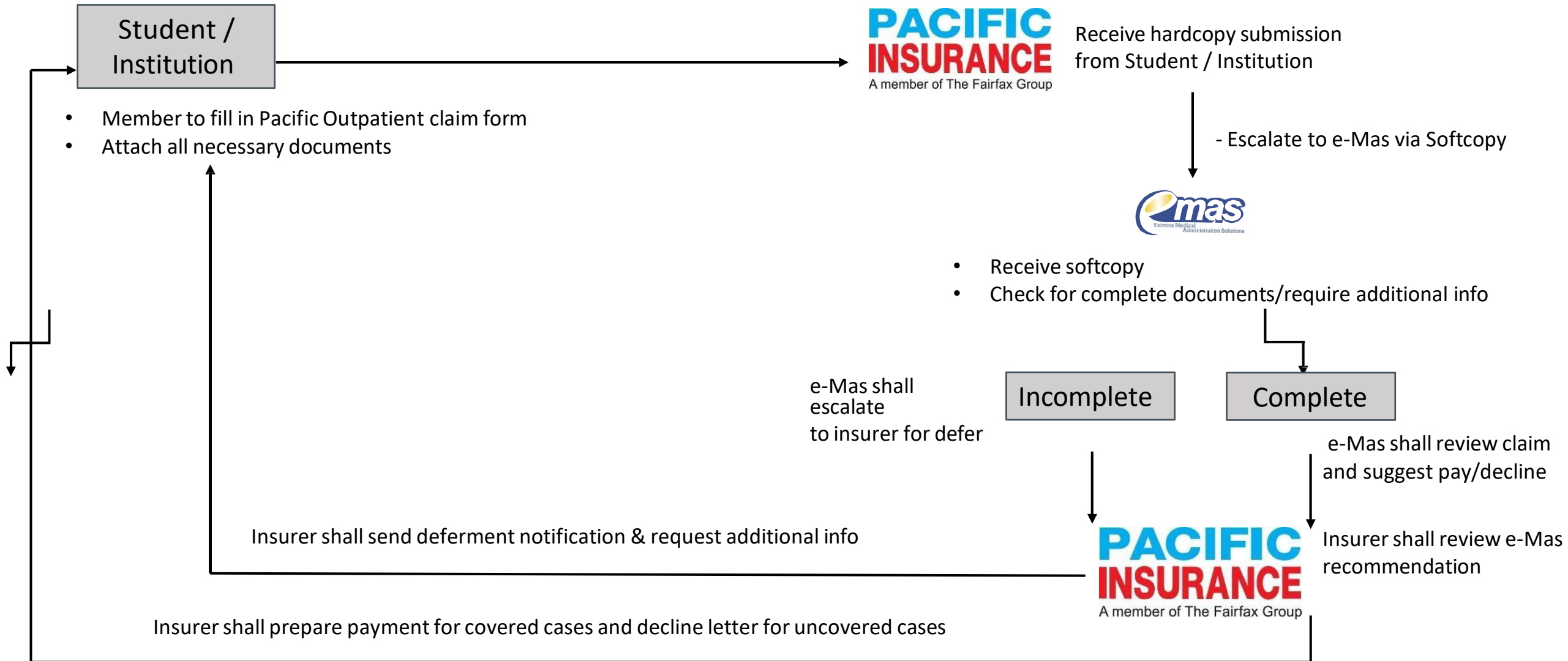
### TREATMENT

Member receives treatment & medication.

### BILLING

Clinic will compile and send the bills to e-Mas. Member to pay for Deductible and excess (if any) subject to benefits limit and policy conditions

# OUTPATIENT REIMBURSEMENT PROCESS FLOW





# OUTPATIENT CLAIM FORM (GP) - Non-Panel Visits Document



The Pacific Insurance Berhad (91603-K)  
太平洋保險有限公司  
40-01, Q Sentral, 2A Jalan Seksyen Sentral 2,  
Kuala Lumpur Sentral, 50470 Kuala Lumpur, Malaysia.  
(P.O. Box 12490, 50750 Kuala Lumpur, Malaysia.)  
Tel: +603-2633 8999 Fax: +603-2633 8998  
Website: www.pacificinsurance.com.my

## NOTIFICATION OF OUT-PATIENT CLAIM

### A. PARTICULARS OF CLAIMANT

Patient's Name: \_\_\_\_\_ Sex/Age: \_\_\_\_\_  
Policyholder: \_\_\_\_\_ Policy No.: \_\_\_\_\_  
Insured's Name if Patient is a dependant: \_\_\_\_\_

### B. AUTHORISATION TO RELEASE INFORMATION. I hereby authorize any hospital, clinic or physician to release any information acquired in the course of my examination or treatment.

\_\_\_\_\_ Date \_\_\_\_\_ Signed (Patient; or Parent if a minor)

### C. ATTENDING PHYSICIAN'S REPORT:

Diagnosis of Condition(s): \_\_\_\_\_  
(Please Print)

Date of Consultation: \_\_\_\_\_

\_\_\_\_\_  
Signature of Attending Physician

NOTE: Please attach the original medical bills or receipts together with this form and send them to the Medical Insurance Department of The Pacific Insurance Berhad.

Personal Data Protection Act 2010 ("PDPA") to customers of The Pacific Insurance Berhad ("TPIB")  
Under the PDPA, there are various requirements that regulate the processing of your personal data.  
Please refer to [www.pacificinsurance.com.my](http://www.pacificinsurance.com.my) for details of TPIB PDPA privacy notice.

NOC 14122015

- Outpatient Claim Form
- E-Payment Authorization Form
- Ideally to have the outpatient claim form completed.
- Alternatively, to have the **treating doctor write the diagnosis, sign and rubber stamp on the receipt** (for outpatient clinical claims)
- During claim submission, Insured is required to complete Section A & B

## CONTACT LIST

- ❑ **Phone: 03-9213 0104**
  - *For hospitalization assistance*
  - *For Outpatient*
- ❑ **Email : [emas.patgl@crm.emastpa.com.my](mailto:emas.patgl@crm.emastpa.com.my)**
- ❑ **WhatsApp: 018-788 3627**
- ❑ **e-MAS Sihatku : [emas.support@crm.emastpa.com.my](mailto:emas.support@crm.emastpa.com.my)**

THANK YOU