



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: Hospitalization expenses

Assumed that the eligible hospitalization 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

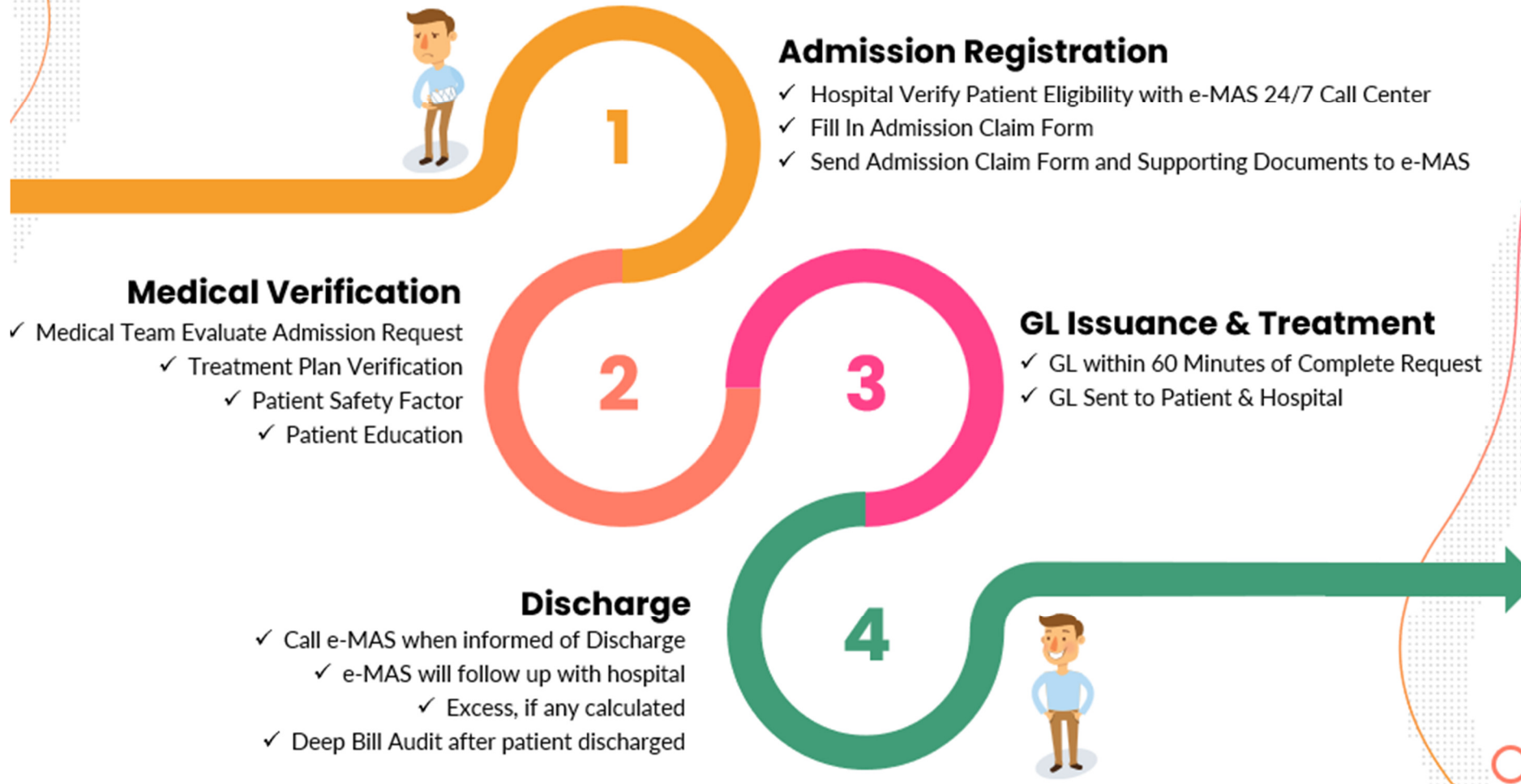
Amount to be paid by Insurer = RM75.00 (RM100.00 – RM25.00)



HOSPITALISATION PROCESS

For Hospital Admission

HOSPITALISATION PATIENT PROCESS



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 take 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 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)
Claim form (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
Original Tax Invoice <ul style="list-style-type: none"> Itemized bills Detail breakdown 	✓ ✓
Original Receipt	✓
Medical report / Sijil Discaj	✓
Bank Account information <ul style="list-style-type: none"> E-payment Authorisation form 	✓
Other supporting document as stipulated at policy level (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



PACIFIC INSURANCE
A member of the Fairfax Group

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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 Diinsuranskan/Pihak Menuntut (DALAM HURUF BESAR)

Name of Insured Nama Pihak Diinsuranskan		NRIC No. No. K.P.	Policy No. No. Polisi
Claimant (other than the Insured) Pihak Menuntut selain daripada Pihak Diinsuranskan		Claimant is: Pihak Menuntut ialah: <input type="checkbox"/> Self/Diri Sendiri <input type="checkbox"/> Spouse/Perempuan <input type="checkbox"/> Child/Anak	NRIC No. (if applicable) No. K.P. (jika diberikan polisi)
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/Perempuan	Race Bangsa
Religion Agama	Marital Status Status Perkahwinan	Occupation Pekerjaan	
Employer Majikan	Last of Employment Terakhir Mula Bekerja	Employer's Address Alamat Majikan	
Tel. No./No. Tel.			
Type of Claim Jenis Pertualan <input type="checkbox"/> Hospitalisation/Dwawancara ke hospital <input type="checkbox"/> Outpatient/Pesakit Luar <input type="checkbox"/> Accident/Kemalangan Circumstances of Accident/Kemungkinan Kemalangan			
Details of other insurance policies, Socco, Workman's Compensation and others Butiran tentang insurans lain, Perlesen, Insurans Pengangkutan 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 whom 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/ahliku/anggota saya untuk memberi maklumat/maklumat lengkap berkaitan dengan riwayat kesihatan saya/ahliku/anggota saya termasuk dalam/bahagi-gian perubatan saya/ahliku/anggota saya termasuk dimasukkan di hospital/mengalami pembedahan kepada syarikat insurans.

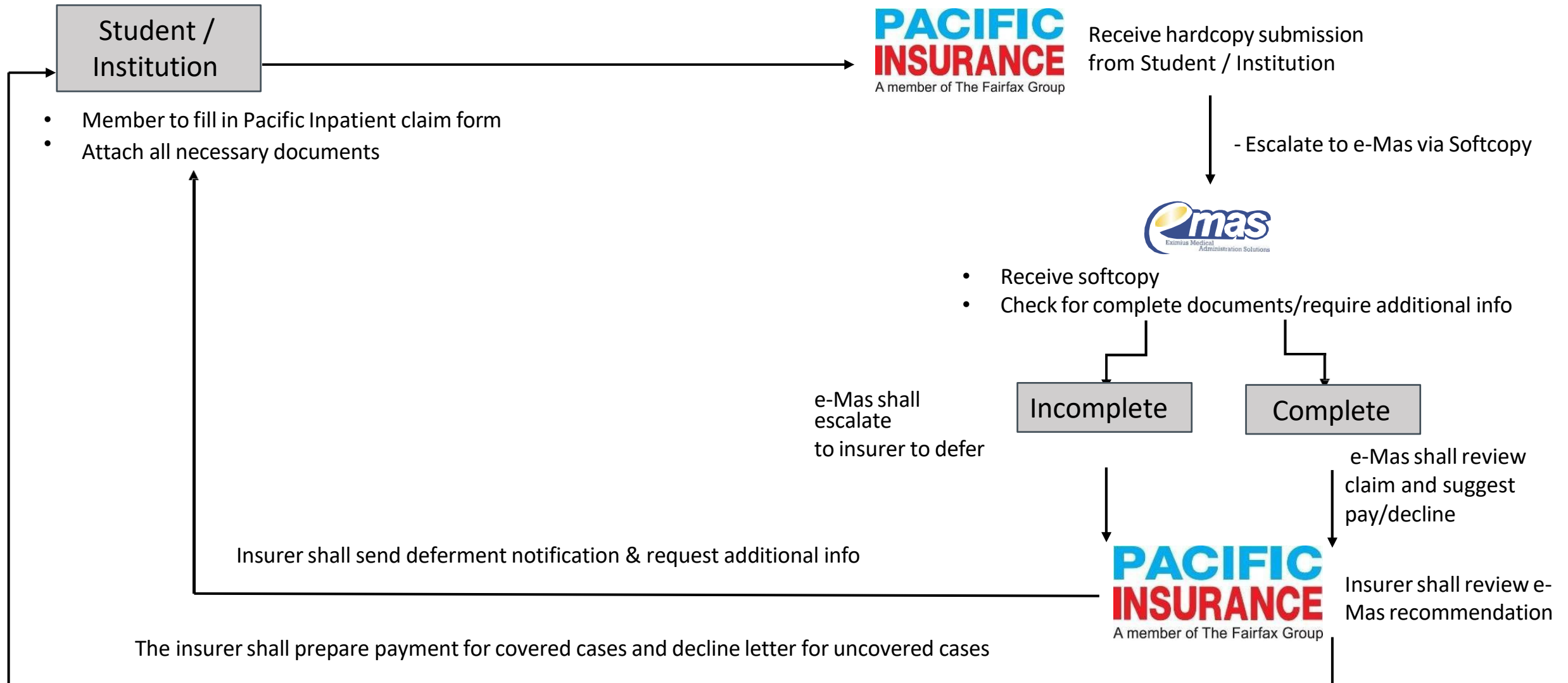
Signature of Patient Tandatangan Pesakit	Signature of Insured/Claimant Tandatangan Pihak Diinsuranskan/Pihak Menuntut (To Stamp where applicable/Tempat untuk tampal jika berkenaan)	Date Tarikh
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Personal Data Protection Act 2010 ("PDPA") Notification 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.

Akta Perlindungan Data Peribadi 2010 ("APDP") Pemberitahuan kepada pelanggan The Pacific Insurance Berhad ("TPIB")
Di bawah APDP, terdapat pelbagai syarat yang mengawal pemprosesan data peribadi. Sila rujuk di www.pacificinsurance.com.my untuk maklumat terperinci tentang privasi TPIB APDP.

- SECTION I
- E-Payment Authorization Form

INPATIENT REIMBURSEMENT PROCESS FLOW

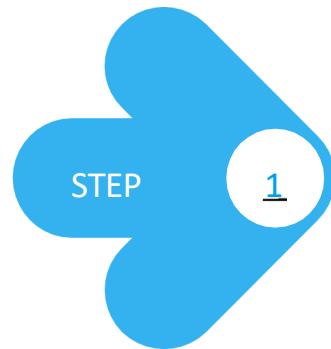


OUTPATIENT PROCESS FLOW

For GP Visitation

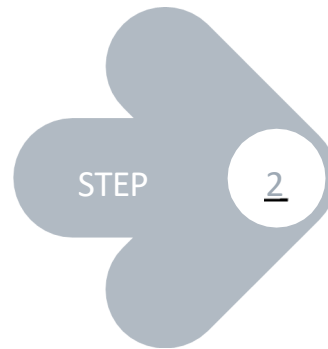
OUTPATIENT

Visiting Panel General Practitioner Clinic (GP)



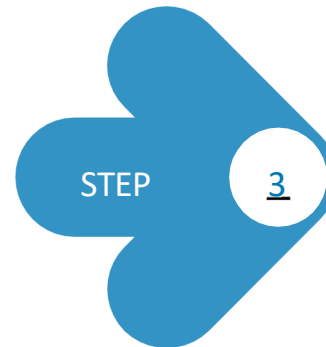
MEMBER

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



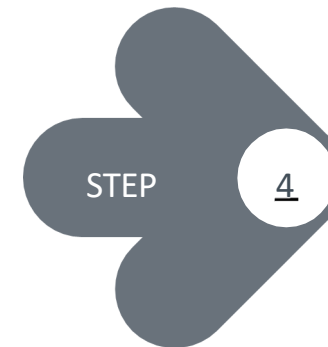
PANEL GP CLINIC

Clinic to verify/validate member details via online portal.



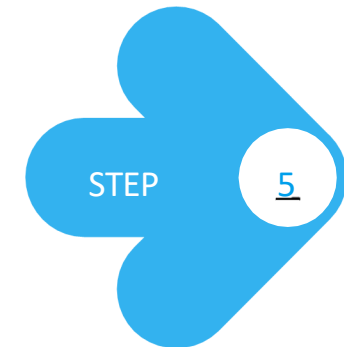
e-Mas

Fill in and sign the e-Mas form.



TREATMENT

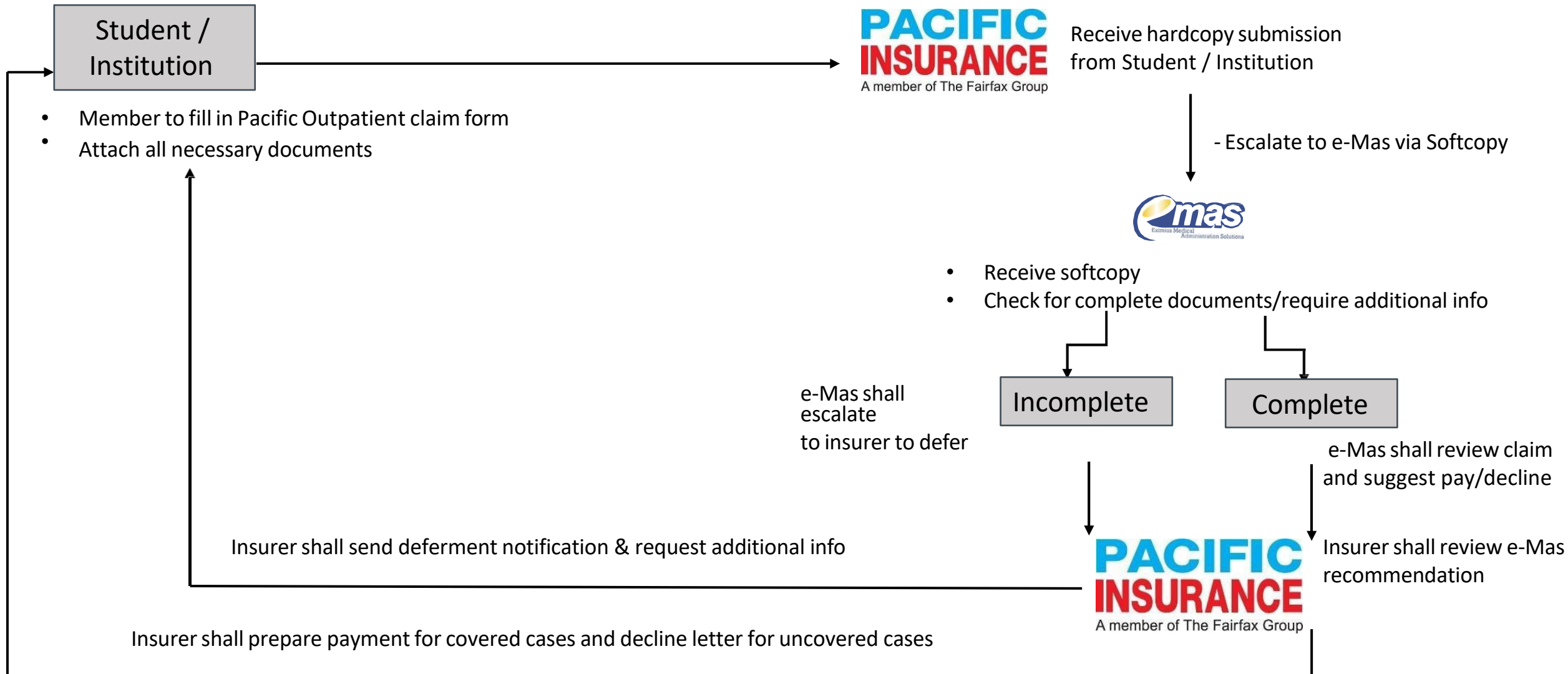
Member receives treatment & medication.



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)
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Tel: +603-2603 8999 Fax: +603-2603 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.

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NOC 14122915

- 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

- ❑ **24 Hours Call Centre & Text (WhatsApp): 03-9213 0104**
 - *For hospitalization assistance*
 - *For outpatient clinical assistance*
 - *Evacuation and Repatriation Services*



THANK YOU

