

GlobalHealth's Outpatient Direct Billing Network lists, Claim Forms and Advance Request Forms can be found online at www.globalhealthasia.com in the Forms & Downloads section of the relevant product.

Outpatient Direct Billing

Outpatient direct billing allows members to enjoy cashless service for eligible expenses at clinics that are part of GlobalHealth's Outpatient Direct Billing Network. This service is available to members with outpatient benefits and nil deductible.

You must present your valid member card upon arrival when visiting a clinic in our network. If outpatient direct billing is used, we will pay the medical provider directly for eligible services rendered. Please always refer to the current outpatient direct billing list at www.globalhealthasia.com as there are regular updates to our network.

The provider may require additional information from you, and the clinic may ask you to complete a claim form. If you are planning to receive any complex or high-cost procedures such as outpatient surgery, scans, MRIs, lab tests, please contact GlobalHealth at least 3 working days in advance of your visit so we can provide the clinic with the necessary verification and approval prior to your visit. If you do not seek advance approval, the provider may contact us for authorisation to bill services at the time of your visit, but this may lead to delays and if they cannot get pre-authorization, you may be required to pay and claim.

Please note that medical check-ups, vaccinations, dental treatment, and services from physiotherapists or complementary medicine providers are not eligible for direct billing. Also, services excluded under your policy (or commonly excluded under GlobalHealth policies) are not eligible for direct billing unless prior arrangements are made. Please refer to your Policy Terms and Conditions and any endorsements for the full list of exclusions.

Outpatient Pay and Claim (for members with outpatient benefits)

No pre-authorization is required to claim for most services. You can obtain treatment, settle your bill at the clinic or other provider and then file a claim for reimbursement.

Please also ensure the following information is provided to GlobalHealth when submitting your claim. Failure to provide complete information will result in delays in processing your claims and/or claim denial.

Information which must be included by the provider on the bill or furnished on a claim form signed by the physician

- Diagnosis and/or symptoms requiring treatment
- Name of the person who received treatment
- Breakdown of the expenses incurred, e.g. name & cost of each medication, name and cost of each test performed
- Amount being claimed and the currency of the bills
- Date service was rendered¹
- Proof of payment for the services rendered (e.g. paid receipt from the doctor or dentist, signed credit card slip)

Other information to be provided by you

- Claim form Section A and B with all sections completed
- Valid referral letter where required under the policy

A claim form is required for all claims, although it is sometimes possible for us to process claims based on the information appearing on the face of the bill (see notes above). We recommend you bring a claim form with you when you see the medical provider so the attending physician can complete their section.

All required claim documents must be received by us within 90 days from the date service was rendered. Where it is not reasonably possible to present the required claim documents to us within this period, they must be received by us within 365 days from the date you incurred the expense. Claims submitted over 12 months from the date of service will not be considered.

¹ For claims where a series of treatments are rendered over a period of time, please provide date for each session that occurred. We will not reimburse you for services that have not yet taken place, or for services that are paid for but not used.

Inpatient and Surgical Claims

Pay and Claim

The procedure to pay and claim for inpatient services is similar to the procedure for outpatient claims. You and the physician are required to fully complete a claim form. Please ensure the following information is provided.

- The attending physician's contact information
- Name, contact details and location of the hospital
- Diagnosis or reason for the hospitalisation
- Admission date and length of stay
- Breakdown of the expenses incurred
- Proof of payment for the services rendered (e.g. receipt from the hospital)
- Any supporting documents regarding the medical condition, including diagnosis, medical reports, past treatments and investigations and discharge summary

Even if you wish to pay and claim for inpatient or surgical expenses, you are welcome to contact GlobalHealth to verify that your hospitalisation is eligible for coverage.

Letter of Guarantee (LOG)

A Letter of Guarantee (LOG) is a document issued in advance of a hospitalisation whereby GlobalHealth confirms to the medical facility that the insurer will pay for your medical expenses for a particular eligible procedure and hospital stay. You will be responsible for the items not covered by your policy at the time of discharge.

An LOG can be arranged for a hospital stay or surgery, subject to agreement by the medical provider. In order to facilitate an LOG, GlobalHealth needs to be informed at least 3 working days in advance. Please complete an Advanced Request Form when requesting a Letter of Guarantee and ensure that your submission includes:

- Your attending physician's contact information
- The name, contact details and address of the hospital
- The diagnosis or reason for the hospitalization along with a summary of relevant medical history
- Planned admission date
- Estimated length of stay
- Estimated costs for the hospitalization and professional fees
- Any supporting documents regarding the medical condition, including diagnosis, medical reports, or admission instructions

Please note that we are unable to guarantee expenses not covered by your policy, such as guest meals, newspapers, or other personal expenses.

There is no guarantee that we will be able to issue an LOG for any hospitalisation. If an LOG has not been placed, you may be required to pay all or part of your bill. No preauthorization is required for most services and you should not delay treatment while waiting for us to process your request.

How to File Claims

Email

You may send your claim submission via email. Please note that we reserve the right to request originals for any claim.

1. Please email scans of original claims to pallasclaims@globalhealthasia.com
2. In the email, please provide the following claimant's information in the subject line of the email. This information can be found on the member card.
 - a. First and Last name
 - b. Policy Number
 - c. Member Number
3. Contact information where the member can be reached
4. Please retain the originals as we may request them if needed.

Mail

Please mail your claim originals to us and retain a copy for your records.

GlobalHealth Asia
 9th Floor Chinachem Hollywood Centre,
 1-13 Hollywood Road, Central
 Hong Kong, SAR.
 Telephone (852) 2526-0918 Facsimile (852) 2526-0769

Claim Status

When you submit claims to GlobalHealth, you will receive an email notifying you that your claim has been received. We will use the email address that you used to activate your online GlobalHealth Account. Information on activating your account is available in your member pack.

When your claim is settled, you will receive an email advising you that your claim has been processed and to go on-line to view your Explanation of Benefits (EOB). You can click on the reference number on the right to view your EOB, which will explain how your claim has been paid. Please review the remarks section of the EOB as there may be some additional information that is required to finalise your claim or additional requirements for future claims.

If you do not understand your EOB or have trouble accessing it, please send an email to pallasclaims@globalhealthasia.com for additional assistance.

Claims Back to Policy

|| Show All || Show claims with payment status: Received | Processing | Settled | 🔍

Show Advanced Search

1 - 8 of 8 Records

Date Received	Member	Submission Ref	Date of Service	Currency	Claim Amount	Benefit Category Description	Explanation of Benefits
30/01/2014	6601A	AHA-043079	17/12/2013	HKD	\$340.00	Outpatient Consultations	AHA-E55450
30/01/2014	6601D2	AHA-043078	16/12/2013	HKD	\$360.00	Outpatient Consultations	AHA-E55449
30/01/2014	6601D1	AHA-043077	16/12/2013	HKD	\$360.00	Outpatient Consultations	AHA-E55448
29/11/2013	6601B	AHA-042607	02/10/2013	HKD	\$330.00	Outpatient Consultations	AHA-E54783
29/11/2013	6601D2	AHA-042606	02/10/2013	HKD	\$160.00	Outpatient Consultations	AHA-E54781
02/04/2013	6601D2	AHA-040293	25/02/2013	HKD	\$230.00	Outpatient Consultations	AHA-E51690
25/02/2013	6601A	AHA-039895	22/02/2013	HKD	\$260.00	Outpatient Consultations	AHA-E51284
04/02/2013	6601D2	AHA-039676	02/02/2013	HKD	\$280.00	Outpatient Consultations	AHA-E50935

1 - 8 of 8 Records