

INTERNATIONAL ADMINISTRATORS LIMITED

HOW TO FILE A CLAIM

Outpatient Claims: -

Please submit all original bills together with official receipts and make sure the following information/ documents is/are included:

- a) "Claim Submission Slip" with Name of patient, Member No. and Policy No.
- b) Doctor/Service provider name and address including the country where service was rendered
- c) Date of treatment/visit with diagnosis or name of injury
- d) Detailed breakdown of charges/services with actual charges paid with official receipts.

Note: Photocopies or computer printouts furnished by your service provider will not be accepted. For U.S.A. service provider, HCFA-1500 Forms with doctor's signature will be accepted

Hospital Claims: -

Please submit all original bills together with official receipts and make sure the following information document is/are included:

- a) A completely filled in "Notification of Claim Form"
- b) Name of patient, Member No. and Policy No.
- c) Date of hospital admission and discharge
- d) Diagnosis of disability requiring the hospitalization and name of surgical procedures performed (if any)
- e) Itemized charges/detailed breakdown of charges.

Claims for Optional Benefits:

Dental Claims: -

Please submit:

- a) Original bills and official receipts
- b) A completely filled in "Dental Claim Form". The dentist is required to mark the area of oral treatment on the dental chart
- c) Itemized charges
- d) A completed oral examination report is required for submission of the first dental claim.

Personal Accident Claims: -

Please submit:

- a) Original bills and official receipts
- b) Hospital/Physician's reports giving details on the nature of the injury and the extent and period of disability, police report where relevant and if death shall have resulted, a completed "Claim Form - Death", "Attending Physician's Statement for Death Claim", a copy of the death certificate and the relevant coroner's report.

IMPORTANT NOTES:

If the claim documents are not sufficient for claim adjudication, **Pacific Cross Insurance Company Limited** or **its Third Party Administrator** reserves the rights to request further information or a "Notification of Claim Form" from the claimant to facilitate the claim assessment process.

All claims must be submitted to us within 90 days from the date of services rendered. Any claims submitted more than 365 days after the date of service are not payable.

As our computer system operates in English, you will receive reimbursement quicker if the claim documents are in English.