

Frequently Asked Questions

1) What are the claim procedures for submission of medical claim ?

(I) Outpatient Claim

Complete and sign the Outpatient Claim Form. Submit within 90 days from date of consultation with the following documents:

- i. Original doctor receipt(s) : Ensure the receipts bear doctor's signature and chop and necessary information such as Date of Consultation, Patient Name, Diagnosis (illness) and charges breakdown.
- ii. Attached doctor's referral letter for Specialist / Physiotherapist claims and X-ray / Diagnostic tests etc.

(II) Hospitalization Claim

Bring along the Hospitalization Claim Form prior to admission and ask the Attending Physician to complete Part II of the form. Sign and complete Part I of the form and submit within 90 days from Date of Admission to the hospital with the following documents:

- i. Original receipt(s) and bill(s)
- ii Any related supporting documents. e.g. Discharge Summary, histopathology, endoscopic, diagnostic/laboratory tests report etc

2) Where can I obtain the Outpatient / Hospitalization Claim Form ?

- You can registered as our Liberty Health Club member and obtain your personalized medical claim form as a member's privilege OR
- You can go to our download the forms from our company's website OR
- You can contact your HR department for a copy of the form

3) How do I know if my claims are paid ?

- You can activate your e-Claims Enquiry service by submitting your email address online under the Claims section in our company's website. Member's can view their claims visits and claims status after login.
- Member would also receive the individual Claims Payment Advice when the submitted claims are settled.
- If e-Advice service is selected, member shall receive the e-payment advice via their email on the day of autopay.

4) How do I know if my sickness/treatment is under coverage?

Please refer to the policy term, conditions & exclusions of your medical plan.

5) If I have queries on my coverage or on the claims settlement, where can I get assistance ?

-Your HR department or insurance consultant can be of assistance for queries on your coverage.

-You may also contact our Claims Hotline at 2892 3809.

6) What are the common reasons for claims reject or pending ?

-Outstanding information such as treatment date, diagnosis & amount paid by patients.

- Submitted receipt(s) are not original

- Medical exclusions such as congenital conditions

- Pre-existing conditions check

- More than one doctor consultation per day

7) If I lost the Member's Certificate or Liberty Panel Card, what shall I do ?

You shall make a report to your HR and file a lost card declaration. An administration fee will be charged for the re-issue card.

8) If I want to visit the panel network doctor, how do I make the appointment ?

Please refer to the network doctor booklet for the clinic(s) you want to visit. You are advised to re-confirm if the doctor on list is still in the network prior to your visit.

9) Is medical examination a pre-requisite underwriting requirement for Group Life Insurance coverage?

The following factors shall be referred :

i. Age of the applicant,

ii. The proposed Sum Assured

iii. The health status of the applicant

The primary requirement is the completion of a Health Declaration Form. Further information or tests and examination may be required after the initial underwriting assessment on the Health Declaration.

10) If I want to have a copy of my medical examination report, what shall I do ?

Please file in your written request or complete our Examination Report Request Form and return to us. An administration fee shall be charged for the examination report copy.