

Direct Billing - Outpatient

Membership Card must be presented prior to consultation

Your membership card and one piece of photo identification must be presented to the receptionist prior to consultation.

Exclusions

All items under the Policy Exclusions and any Excluded item as specified by a Policy Endorsement is NOT eligible for coverage; please do not use the Member Card for ineligible treatments.

Maternity and Dental benefits with Benefit Sub-Limits

Direct billing for out-patient Maternity and dental benefits may also be arranged within our network, but only with ONE PROVIDER per pregnancy/per year in order to keep track of applicable sub-limits. Once you have decided upon your sole provider within the Network, please complete the correspondent "Option for Direct Billing Service" Form (included in your policy package) and return to AIG/GlobalHealth. We will then provide a Letter of Authorization with the benefit balance for you to present to the clinic for record keeping.

Direct Billing – Hospitalization / Out-patient Surgery

For both planned and emergency hospitalizations, in most cases it is possible to arrange for a Hospital Guarantee whereby the hospital is paid directly.

Where treatment is to be obtained within our Direct Billing Network, there is no minimum treatment cost required in order to arrange a guarantee of payment.

In cases where hospitalization or out-patient surgery occurs outside the Network, a hospital guarantee may only be arranged for treatments.

In cases of planned or expected hospitalization or out-patient surgery, where a hospital guarantee is desired, please contact AIG or GlobalHealth during normal business hours as soon as possible, at least three (3) working days prior to admission. Late or incomplete requests may affect our ability to provide this service.

Pay and Claim – Out-patient / Hospitalization / Out-patient Surgery

In cases where the Direct Billing Network has not been utilized, you are required to settle the medical or hospital charges with the providers first and then submit a claim for reimbursement.

Submitted claims must include **Original Bills and Receipts** and **Completed Claim Form** (included in your policy package)

Note: VAT invoice required if claim amount over VND\$200,000 of claims incurred in Vietnam as regulated by Vietnam Ministry of Finance.

Claims must be submitted within 90 days of the date of service unless it is shown that it was not reasonably possible to file all claims documents within this time.

In cases of Accident or Injury, the member should provide us with statement written by the member giving full details of how the accident occurred (Kindly complete **the 3 last questions pertaining to Accident on section A of Claim form**). We may also require other documentation, such as a police report.

Emergencies

In case of a medical emergency, please contact through Emergency Service Program provider, Travel Guard at (603) 2772 5689.

Other Insurance / Third Party Liability

If the member is (or may be) covered under another insurance policy for the same illness or injury, AIG will treat the other plan as the primary carrier if:

1. It is another medical plan, an accident or travel policy with medical benefits, or involves a third party's liability insurance policy,
2. The illness, injury, or accident conforms to the type of risks assured by that plan,
3. The policy does not have a higher deductible than the GlobalHealth plan, and
4. The policy compensations for losses incurred, and is not of a type which pays a lump sum under certain circumstances (such as a disability, hospital cash, or dread-disease policy)

If so, the bills should be submitted to the other insurance, who should pay up to its policy limits. If there are charges, which remain unpaid, the Insured should send AIG/GlobalHealth:

- a. Full set of the original invoices, statement of accounts and official payment receipts issued by the medical services providers.
- b. A complete and duly endorsed GlobalHealth Plan claim form by the insured.
- c. The original explanation of benefits or computation sheet or Settlement Statement from the other insurer.
- d. Any physician statements, test results, or claim forms as may be required for AIG/GlobalHealth to consider the claims.

In cases where another party is involved or at-fault, but indemnity can not be immediately proven or claimed, it may be possible to make advance payment in return for a subrogation agreement. In such cases, the insured should show what steps, if there is any, have been taken to claim for damages.

A Policyholder, Insured, or Insured Person should under no circumstances settle or waive any claim against a third party or other insurer. Doing so may jeopardize his or her right to claim under the GlobalHealth Medical Policy.

Important Notes

1. The GlobalHealth Card must be returned upon termination of coverage. Deletions from the groups will only become effective from the day the card is returned.
2. Information about claims requirements, other insurance provisions and potential subrogation or indemnity issues is given for general guidance only. The member should refer to the Medical Policy for a more detailed explanation. If there is any ambiguity between this document and the Medical Policy then the latter shall prevail.
3. Reimbursement for eligible claims for which the policyholder has paid, will be made within 10 business days of receipt of all required information.

How to Contact Us

Should you have any claims queries, kindly contact us at:

GlobalHealth Vietnam Company Limited

Suite 12A, 4th Floor, Saigon Center
65 Le Loi Street, District 1
Ho Chi Minh City, Vietnam
Tel: (84 8) 3827 0251 / (84 8) 3827 0228
Fax: (84 8) 3822 5454
Email: vietnamclaims@globalhealthasia.com
www.globalhealthasia.com

AIG Vietnam Insurance Company Limited

Customer Service Center
Ground Floor, Rosana Tower
60 Nguyen Dinh Chieu Street, District 1
Ho Chi Minh City, Vietnam
Hotline: 1800 6789
Fax: (84 8) 3824 6758
Email: vninfo@aig.com
www.aig.com.vn

