



Claims procedures

Japan

2017

Claims procedures

Before **you** make a **claim** please read **your Plan** guide and Table of **benefits** to check that **your plan** covers the **treatment you** need. If **you** have a question, please contact **us** using the contact details shown on page 3.

Some words and phrases used in this guide have specific meanings that are relevant to **your plan**. **We** have highlighted them in bold print and defined them in the 'Definitions' section of **your Plan** guide.

You or **your** personal representative must request **pre-authorization** for any **in-patient treatment, daycare treatment, medical evacuation, compassionate emergency visit, or preparation or transportation of your body or mortal remains**, before it takes place.

In **emergency** cases **we** would reasonably expect to be notified within the first 24 hours. Follow the **pre-authorization** procedure outlined in Section 1 below.

Section 1. How to pre-authorise in-patient treatment, daycare treatment, medical evacuation, compassionate emergency visit, or preparation or transportation of body or mortal remains

Call the international helpline on the numbers below:

From Australia, call free on 1800 147 528

From China, call free on 400 120 0542

From Greece, call free on 00 800 1809 204 3805

From Hong Kong, call free on 800 905 391

From Japan, call free on 00 66 338 015 40

From Malaysia, call free on 180 080 2157

From the Philippines, call free on 1800 8739 5246

From Singapore, call free on 800 641 1123

From South Africa, call free on 0 800 980 821

From Thailand, call free on 001 800 647 355

From the UAE, call free on 800 0640 1957

From the UK, call free on 0800 0327 921

From the USA, call free on 1 866 895 7795

If **you** are calling from a country not shown above, call collect or direct on: +44 (0)1252 351200.

To make a collect call **you** must first contact the telephone operator in the country **you** are calling from. **You** must then say that **you** would like to make a collect call and give the number shown above. The operator should then connect **you** to the international helpline at no charge to **you**.

You can also call this number in the normal way. If **you** call direct, **you** may be charged the local international rate.

If **you** are not able to call collect on the above number from the country where **you** are, **we** will be happy to call **you**. Please advise **your** number with a quick paid call to **our** number above.

All incoming and outgoing calls to and from the international helpline will be recorded for monitoring and training purposes.

Make sure **you** have **your member** number at hand when calling the international helpline. The helpline also might ask **you** of **your medical practitioner's** name and the name and telephone number of the **treatment** provider when **you** need to **pre-authorise in-patient treatment or daycare treatment**.

You can also fax **your pre-authorization** request to +44 (0)1252 351202 or email it to IGUKAssistance@aetna.com.

Section 2. How to make a claim for treatment under a direct billing facility

Where direct billing arrangements are in place:

- Check that **your treatment** is covered under the **plan** – if **you** are unsure, contact **us**.
- Visit the **treatment** providers on the list for **out-patient treatment**.
- Show **your** membership card.
- The **treatment** provider will then deal with **your claim** administration.
- Receive **your treatment**.
- You** must pay any **excess** or **co-insurance** that applies to **your plan**. This **excess** or **co-insurance** will be shown on **your** membership card.

If after **we** have paid a **claim** it is subsequently found to be ineligible under the terms and conditions of the **plan**, **we** have the right to recover the payment from **you** or the **planholder**. Payment of any such **claim** is not an indication of **our** acceptance of liability for the **claim** or confirmation that further costs for **treatment** for the same or any **related medical condition(s)** will be met. If **we** refuse to pay a direct billing **claim** under the terms and conditions of the **plan**, **you** will have to pay the cost of the **claim** within the period specified by the **treatment** provider upon receiving notice from them.

Section 3. How to make a claim for out-patient treatment on a pay and claim basis

If **you** need any help or advice, please contact the **claims** team using the contact details shown on page 3.

- See **your medical practitioner, therapist or specialist** in the usual way. Complementary **treatment** received from a **therapist** must always be on referral from **your medical practitioner or specialist**. For more details on complementary **treatment**, refer to the section 'Physiotherapy and complementary medicine for acute and chronic medical conditions' of **your** Table of **benefits**.
- Pay **your** bill for the **treatment** you have received.
- Make sure **you** get an original itemised invoice and original receipt as **you** will need to send these to **us** with **your** completed **Claim** form.
- Make sure that **you** complete one **Claim** form for each **medical condition**.
- Complete all sections of the medical **Claim** form and the maternity **Claim** form. You can get a **Claim** form by contacting the **claims** team. **You** can also download a **Claim** form by visiting our website www.interglobalpmi.com
- You** must ask **your dental practitioner** to complete section E on the **dental treatment reimbursement Claim** form and **your medical practitioner** to complete section C on the travel **Claim** form.
- Send **your claim** to the **claims** team at the address shown on page 3. **You** must send the following items to make sure that **we** can process **your claim**:
 - the original itemised bill;
 - the original receipt;
 - the fully completed **Claim** form;
 - a copy of the prescribed medication's description and instruction sheet; and
 - a copy of the investigative test results where relevant (e.g. blood tests, x-rays, ultrasound, etc).

Alternatively, **you** can scan and email a copy of these items to the email address shown on page 3.

Send the above items as soon as possible from the first date of **treatment**. We recommend that you send these within six (6) months of the first **treatment** date.

Section 4. How to make a claim under your add-on plan

Claim forms for maternity, travel and personal accident **claims** are available to download from our website.

Maternity add-on plan

For a medical **emergency** or planned **in-patient** or **daycare treatment**, follow the procedures outlined in section 1.

For **out-patient treatment**, follow the procedures outlined in section 3.

Travel add-on plan – section A

For a medical **emergency**, follow the procedures outlined in section 1.

For **out-patient treatment**, follow the procedures outlined in section 3.

Travel add-on plan – sections B to I

If you need to make a **claim**, contact the **claims** team using the contact details shown on page 3.

Personal accident add-on plan

If you need to make a **claim**, contact the **claims** team using the contact details shown on page 3.

General claims information

- Make sure you carry your membership card at all times;
- quote your plan number and member number in all correspondence; and
- keep copies of information about your claim for your own records.

Membership cards

We will send you a membership card with your plan documents. You should carry this card with you at all times and show it to the treatment provider when you go for **pre-authorized in-patient** or **daycare treatment**. If you are entitled to direct billing you must show this card when getting **out-patient treatment** at a direct billing facility.

Payment of eligible claims

Eligible claim payments we pay direct to the treatment providers

We will pay all eligible **claims** in line with the payment instructions of the **treatment** providers shown on the invoice.

Eligible claim payments we pay direct to you

We will pay all eligible **claims** in line with the information you give in the payment section of the **Claim** form.

Exchange rates

If we need to convert from one currency to another, we will use an exchange rate that applies on the date we assess the **claim**. We will not be responsible for any loss you may suffer due to changes in the exchange rate.

Payment methods

We can make eligible **claims** payments by:

- bank transfer in most currencies (this is the method we would recommend); or
- foreign draft in most currencies.

We will not pay any charges for cashing foreign drafts.

Scanned claims

If you choose to scan your **claims** to us, rather than post them, please scan them to the **claims** team email address shown below.

It is important that the scanned **claim** documents meet the following criteria:

- The scanned image of the **Claim** form and invoice(s) must be in colour.
- A separate scan should be made for each **claim**, for each **medical condition** and for each **member**, and sent in the following order:
 - 1) fully completed **Claim** form with all sections completed and signed by the **member** and treating doctor;
 - 2) medical reports attached if applicable;
 - 3) relevant itemised bills;
 - 4) relevant receipts;
 - 5) a copy of the prescription if medication forms part of the **claim**;
 - 6) any other relevant supporting documentation.
- The scanned image must be clear and all text must be legible.
- The scanned image must be straight and aligned with all parts of the document being clearly visible, for example, edges are not to be cut off.
- Text is to be consistent throughout the document.
- All borders around boxes must be clear and consistent with no breaks.
- You must tell us on the original **Claim** form that you are submitting a scanned copy of the **claim** by ticking 'Yes' or 'No' next to the relevant question located at the top of the first page.
- If the scanned **claim** does not meet these criteria, we will advise you and explain that the **claim** cannot be accepted. You will therefore need to send the original documentation to us in the normal way for an assessment to be made on your **claim**.
- We may from time to time request original documentation as part of our on-going auditing activity. Therefore you should keep the original documentation for a period of 12 months in addition to any local regulations, and these must be provided to Aetna within 14 days on request.
- We may, in exceptional circumstances, or for verification, or other purposes still request the original documentation before we can agree to pay a **claim**. If this is the case, we will let you know as soon as possible after we have received your scanned documents, but no later than 14 days.

We cannot begin the **claim** assessment process if the scan quality is not acceptable or the submission is incomplete.

It is important that any **claim** you send to us is done either by scan or originals, but not both.

How to complete the Claim forms

Important information

Please remember these important points when completing **your Claim form**:

- Assessment of **your claim** may be delayed if **you** do not complete all the necessary sections of this form.
- Please send **your claim** to **us** as soon as possible. **We** recommend that **you** do so within a maximum period of six (6) months of the first **treatment date**.
- Always send **us** the original invoices with this form. Photocopies, receipts and credit card statements will not be accepted.
- Most mobile phone email addresses cannot receive attachments. Please provide a PC email address if possible.
- Depending on the nature of the **claim**, **you** will need to complete the relevant **Claim form**. Copies of **our Claim forms** are available for **you** to download from **our website**. The **Claim forms** available are:
 - Medical treatment
 - Personal accident
 - Dental treatment
 - Compassionate emergency visit
 - Maternity treatment
 - Mortal remains.
 - Travel

Section A – Patient details

- If the patient is a **dependant** under the age of 18, the **main member** must complete the form and sign the declaration for them. If the patient is a **member** under the age of 18, the parent or legal guardian named as the **planholder** must complete the form and sign the declaration for them.

Section C – Claim details

- **You can claim Hospital cash benefit** if **you** have stayed overnight in **hospital** and the **hospital** has not charged **you** or any other party for **treatment**. Please see **your Plan** guide and Table of **benefits** for more information on **Hospital cash benefit**.
- If **you** have another insurance **plan** or policy that covers **you** for medical costs, **we** will need to know the details as it may affect the amount **we** pay in respect of **your claim**.

Sections D and E

If the declarations have not been read and signed, **we** will not be able to process **your claim**.

Section F – Payment details

If **you** are not personally seeking reimbursement **we** will pay the **treatment** provider directly, as long as the payment instructions are shown clearly on the invoice. If **you** are personally seeking reimbursement, **you** need to tell **us** how **you** wish to be reimbursed.

- Ensure that **you** are able to receive payment in the method and currency **you** have requested.
- We** reserve the right to pass on any payment charges incurred by **us** for cancelling the original payment due to inaccurate information submitted to **us**.

- We** will not be responsible for any payment shortfall due to exchange rate fluctuations and/or bank service charges. Please contact **your bank** for further details.
- If **you** do not give **us** the sort code/routing code, BIC/SWIFT code and/or IBAN number, **you** may incur additional bank charges and it will result in a delay in **us** paying **your claim**.
- Payment by foreign draft in certain currencies can result in long delays. These delays are beyond **our** control. **We** will not pay any bank charges incurred in encashing a foreign draft. **We** strongly recommend that, wherever possible, **you** choose to be reimbursed by bank transfer as this is the quickest and safest method of payment.
- We** can make payment in most readily traded currencies and to most countries. In the event that **we** are unable to make payment in the currency or to the country **you** have specified, **we** will contact **you** to confirm an alternative currency. If **you** do not specify a payment currency, **we** will pay **your claim** in the currency of **your plan**. For the current list of applicable currencies and countries please refer to **our website**.
- We** cannot issue foreign drafts to banks based in Qatar.
- Please note that **we** are unable to make **claim** payment reimbursements via bank transfers to Japan Post Banks as they do not accept international remittances.
- Japanese banks will often charge for processing a foreign draft or cheque. Most Japanese banks will not process foreign drafts or cheques in any currency other than Japanese Yen.
- Your bank** may ask **you** to complete additional paperwork before they can release **our** payment to **you**. This may delay your receipt of the payment and is outside **our** control.

No-claims discount

The no-claims discount applies to individual and family **plans** only. Any **claims** made for the Wellness or **Hospital cash benefits**, or on any add-on **plans** will not affect the no-claims discount. **Claims** made under all other **benefits** will affect **your no-claims discount**.

The no-claims discount does not apply to groups.

Deductibles

Any applicable **excesses** and **co-insurances** will be deducted from any reimbursement.

Claims team contact details

Claims team

Telephone: +65 6593 8500
Fax: +65 6593 8501
Email: IGSGClaims@aetna.com

Postal address

Aetna Global Benefits (UK) Limited (Singapore Branch),
80 Robinson Road, #23-02/03, Singapore 068898
Telephone (toll free): 00 53 164 2084

Website

www.interglobalpmi.com



If coverage provided by this policy violates or will violate any United States (US), United Nations (UN), European Union (EU) or other applicable economic or trade sanctions, the coverage is immediately considered invalid. For example, Aetna companies cannot make payments or reimburse for health care or other claims or services if it violates a financial sanction regulation. This includes sanctions related to a blocked person or entity, or a country under sanction by the US, unless permitted under a valid written Office of Foreign Asset Control (OFAC) license. For more information on OFAC, visit www.treasury.gov/resource-center/sanctions/Pages/default.aspx.

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