

# **Outpatient, Dental Claim Frequently Asked Questions (FAQs)**

## **1. How do I submit a claim?**

If you are using the MediSmart card at our appointed panel of doctors, please produce the card to register your visit. You will only be required to pay your co-payment share (if applicable).

If you have forgotten to bring your MediSmart card, please complete a claim form obtainable from your HR managers (for group policies) and submit this with your original medical bills to our office.

## **2. How do I know whether you have received my claim form?**

If you have submitted a claim for reimbursement, you may call us 1 week after the submission date to check on the status of your claim. Claim for simple cases should be settled within 14 working days.

## **3. How many claim forms must I fill up for multiple visits to the doctor?**

Each visit to the doctor must be accompanied by a claim form.

## **4. What if I forget to bring the claim form during my visit to the doctor?**

As the claim form is required to be completed by the doctor, indicating the diagnosis of the medical condition, you may want to bring it to the doctor for completion on a separate day.

## **5. If I consult a specialist, do I need to produce any document when I submit the claim?**

Yes, a copy of the referral letter is required when submitting a claim under Specialist Benefits.

## **6. If I misplace the original medical receipts, can I still make a claim based on the photocopies?**

Yes. However, you have to get the clinic to reprint the medical bills and stamp “**Certified True Copy**” on the bills and to complete an indemnity form. This indemnity form can be obtained by your agents and brokers.

## **7. If I went for a Day surgery / scope / procedure, can I claim under my outpatient?**

Day Surgery performed in a specialist clinic or Hospital may be paid under as inpatient after assessment of the claim subject to submission of all original claim documents and assessment of complete claim documents according to policy terms, conditions and exclusions.

## **8. If I have consulted the A&E Dept in a Hospital due to an illness but was not hospitalised, will the claim be payable?**

Yes if you have an outpatient A&E benefit. Please refer to your policy schedule of benefit for the number of visits and benefit limits

**9. If I have a Traditional Chinese Medicine (TCM) benefit, can I go to any of the TCM clinic?**

Chinese Physician shall mean a person (other than an Insured Person or a member of the Insured Person's immediate family) engaging in the practice of the traditional Chinese medicine who is duly licensed or registered to do so according to the laws and regulations applicable in the geographical area of his/her practice. You can check if the Chinese Physician is registered by doing a search at The Traditional Chinese Medicine Practitioners Board (TCMPB) website

<https://prs.moh.gov.sg/prs/internet/profSearch/main.action?hpe=TCM>

**10. How long can I expect the reimbursement for my claim?**

Reimbursement will usually be made within 14 working days upon receipt of the completed claim documents.