

# Claim Instructions Liberty HealthCare

## Welcome to our easy guide to claims procedure at Liberty.

Remember that for all Non-emergency In-patient Treatment or Surgery you must request Pre-authorization from our 24/7 Customer Service Center

Hotline@LibertyInsurance.com.vn

Treatment <u>inside</u> Liberty's Direct Billing Network

EMERGENCY IN-PATIENT TREATMENT Go to section A1

NON-EMERGENCY IN-PATIENT TREATMENT Go to section A2

OUT-PATIENT or DENTAL TREATMENT Go to section A3 Treatment <u>outside</u> Liberty's Direct Billing Network

EMERGENCY IN-PATIENT TREATMENT Go to section B1

NON-EMERGENCY IN-PATIENT TREATMENT Go to section B2

OUT-PATIENT or DENTAL TREATMENT Go to section B1

### A – TREATMENT INSIDE LIBERTY'S DIRECT BILLING NETWORK

A1 – Emergency In-patient Treatment (including day case treatment)

- Present your Liberty Healthcare card, ID card/passport and credit card to the Medical Service Provider prior to any treatment (you will be asked to pay a deposit if you do not have any credit card);
- b. Sign the Treatment Voucher/Claim Form to acknowledge receipt of the treatment;
- c. Pay for any excess or non-covered expenses on your own account.

#### A2 - Non-Emergency In-patient Treatment (including day case treatment) benefits)

- Present your Liberty HealthCare card, ID card/passport the Medical Service Provider prior to any treatment;
- b. Sign the Pre-authorization Form completed by the Medical Service Provider (the Medical Service Provider should get in contact with Liberty to obtain authorization);
- c. Sign the Treatment Voucher/Claim Form to acknowledge receipt of the treatment;
- d. Pay for any excess or non-covered expenses on your own account.

#### Ho Chi Minh City - Head Office



18<sup>th</sup> Floor, Vincom Office Building 45A Ly Tu Trong, District 1, Ho Chi Minh City Tel: (84-28) 38.125.125 - Fax: (84-28) 38.125.018

#### Hanoi City - Branch Office

10<sup>th</sup> Floor, East Tower, Hanoi Lotte Center Building No 54 Lieu Giai Street, Ba Dinh District, Hanoi Tel: (84-24) 37.557.111 - Fax: (84-24) 37.557.066



#### A3 - Out-patient or Dental Treatment (depending on your policy benefits)

- Present your Liberty HealthCare card, ID card/passport and credit card to the Medical Service Provider prior to any treatment (you will be asked to pay a deposit if you do not have any credit card);
- b. Sign the Treatment Voucher/Claim Form to acknowledge receipt of the treatment;
- c. Pay for any excess or non-covered expenses on your own account.

### **B – TREATMENT <u>OUTSIDE</u> LIBERTY'S DIRECT BILLING NETWORK**

#### B1 - Emergency In-patient, Out-patient or Dental Treatment

- Choose your preferred hospital or clinic for out-patient, dental or emergency in-patient treatment and pay for the expenses on your own account (For 24/7 Emergency Health Assistance by EUROP ASSISTANCE: Please call +84 28 35 122324)
- b. Notify our Customer Service Center (by telephone or email) about the insured event or submit a completed Claim Form, together with all the original medical records (such as medical reports, invoices/bills, receipts, etc.) to Liberty within 90 days of the first treatment date of the insured event or, in case of maternity, the date of delivery, unless otherwise agreed by the Company.

#### Important note:

Unless there is a legitimate reason, failure to notify our Customer Service Center about the insured event or to submit the claim request within **90 days** as mentioned above will result in a penalty calculated as a certain percentage of the total claim value as follows:

- After 91 days to 180 days: 10%
- After 181 days to 270 days: 20%
- After 271 days to 365 days: 30%

If you have informed our Customer Service Center about the insured event, you must submit the original medical records to Liberty within 1 year of the first treatment date.

- c. Liberty will settle your claim request within 7 working days after receiving the complete set of documents, and reimburse your claim within 5 7 working days of sending the reimbursement confirmation letter to you.
- d. The claim files should be translated into English or Vietnamese.

#### B2 - Non-Emergency In-patient Treatment (including day case treatment)

- a. Submit your request for Pre-authorization with a detailed quotation and medical documents relevant to such elective treatment for Liberty's approval <u>at least 5 working days</u> before any non-emergency hospitalization or planned surgical operation.
- Pay for the expenses on your own account and submit a fully completed Claim Form together with all the original medical records (medical reports, invoices/bills, receipts, etc.) to Liberty <u>within 1 year</u> of the first treatment date;
- c. Liberty will settle your claim request within 7 working days after receiving the complete set of documents, and reimburse your claim within 5 7 working days of sending the reimbursement confirmation letter to you.



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## **C - REQUIRED DOCUMENTS FOR CLAIM REIMBURSEMENT**

## 1. Out-patient claims

- a. Fully completed Medical Claim Form
- b. Original bills/invoices/receipts/original e-invoice
- c. Medical Report (which clearly states the 1st symptom date, medical history, diagnosis etc.)
- d. Breakdown of charges (treatment details)
- e. Referral letters from the attending physician requesting for tests, X-ray, MRI, CT-Scan...
- f. Prescription (including physician signature, hospital or clinic stamp, etc.)
- g. Vietnam Driving license (in case of traffic accident where you were the driver)
- h. Police report (in case of accident)
- i. All the medical documents have to translate to Vietnamese or English.

## 2. Dental claims

- a. Fully completed Dental Claim Form
- b. Original bills/invoices/receipts/original e-invoice
- c. Dental report
- d. Vietnam Driving license (in case of traffic accident where you were the driver)
- e. Police report (in case of accident)
- f. All the medical documents have to translate to Vietnamese or English

## 3. In-patient claims

- a. Fully completed Medical Claim Form
- b. Original bills/invoices/receipts/original e-invoice
- c. Details of hospital expenses (each medication and procedure should be detailed)
- d. Medical Report (which clearly states the 1 st symptom date, medical history, diagnosis etc.)
- e. Hospital discharge certificate
- f. Prescription (including physician signature, hospital or clinic stamp, etc.)
- g. Vietnam Driving license (in case of traffic accident where you were the driver)
- h. Police report (in case of accident)
- i. All the medical documents have to translate to Vietnamese or English
- g. Vietnam Driving license (in case of traffic accident where you were the driver)
- h. Police report (in case of accident)

## D - CONTACT US

## 1. Claim requests:

- 1a. Your claim requests should be sent by registered post to: Health Insurance Claims Department, Liberty Insurance Limited 18<sup>th</sup> floor, Vincom Office Building, 45A Ly Tu Trong Street, District 1, Ho Chi Minh City
- **1b.** Submit claim online at: <u>https://eclaim.libertyinsurance.com.vn/</u> or scan the QR code by your mobile

## 2. 24/7 Customer Service Support

- a. For 24/7 Emergency Health Assistance by EUROP ASSISTANCE: Please call +84 28 35 122324
- b. For other enquiries: Please contact Liberty Customer Service Center at Cnecal 1800 599 998 (Toll-free in Vietnam) or Hotline@LibertyInsurance.com.vn



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