

We
Should
Talk...

EMPLOYEE BENEFITS SOLUTION

FOR

ERL MAINTENANCE

SUPPORT SDN BHD

Prepared By: Corporate Direct, Corporate Business Divisions

Date : 16/02/2024

Syarikat Takaful Malaysia Keluarga Berhad (formerly known as Syarikat Takaful Malaysia Berhad) confidential and proprietary information. Not for distribution.



Introduction

Takaful Malaysia / MiCare

Your **Preferred** Choice for Insurance

We
Should
Talk...



1-300 8 TAKAFUL (825 2385)
takaful-malaysia.com.my
csu@takaful-malaysia.com.my

Takaful Malaysia



The **1st Takaful Operator** in Malaysia



40 years of experience (established in 1984)



Sole listed Islamic Insurance Player on the Main Board of Bursa Malaysia

- Authorized capital: RM 500 million
- Paid up capital: RM 164.6 million



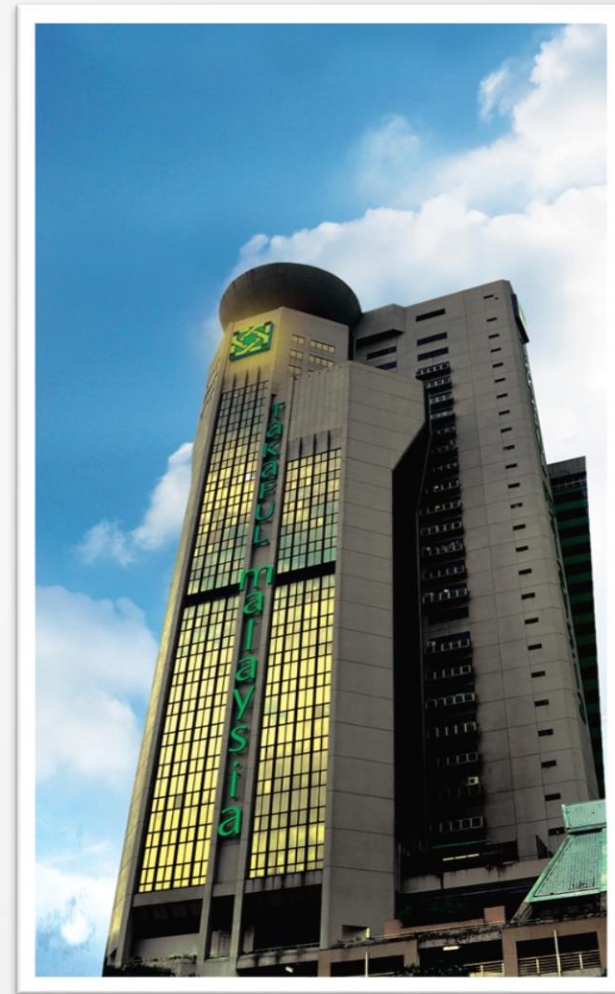
Two types of Takaful business; namely Family and General Takaful



Comprehensive and wide range of Takaful solutions



24 service centres nationwide



** ISM Industry Market Performance Report as 1Q2017*

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Your Insurance Provider - Takaful Malaysia



Takaful Malaysia is your insurance provider effective
1st January 2024 to 31st December 2024.

Your Third Party Administrator (TPA) appointed
by Takaful Malaysia is **MiCare** for Group Hospital
& Surgical

MiCare scope of services are as follows:

- Management of Panel Hospitals nationwide
- 24/7 issuance of Letter of Guarantee for admission to hospitals
- Managing members medical claims

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Your Coverage

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Group Hospitalisation & Surgical

IN HOSPITAL - CARE	Plan 4	Plan 5
1. Hospital room & board (i) Ordinary room (max 120) days per disability) (ii) Intensive care unit (max 20 days per disability)	150 As Charged	80 As Charged
2. Hospital supplies and services	As Charged	
3. Surgical fees		
4. Anesthetic fees		
5. Operating theatre charges		
6. In-hospital physician's visit (Daily up to 180 days per disability)		
7. Malaysian Government Hospital daily cash allowance (Daily maximum up to 180 days per disability)	100	70

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Group Hospitalisation & Surgical

AMBULATORY CARE	Plan 4	Plan 5
8. Pre-Hospital Diagnostic Tests (within 60 days)	As Charged	
9. Pre-Hospital Specialist Consultation (within 60 days)		
10. Post-Hospitalization Treatment (Max 90 days after discharge from hospital)		
11. Second Surgical Opinion		
12. Day Surgery		
13. Emergency Accidental Outpatient Treatment (within 24 hours, & follow up treatment up to 60 days)		
14. Emergency Accidental Dental Treatment (within 24 hours, & follow up treatment up to 14 days)		
15. Ambulance Fees		
16. Emergency Outpatient Sickness Treatment (9pm to 7am)		
17. Medical Report Fee Reimbursement	100	100
18. Outpatient Cancer Treatment	As Charged	
19. Outpatient Kidney Dialysis Treatment		
21. Outpatient Physiotherapy Treatment		
OVERALL ANNUAL LIMIT PER PERSON COVERED (For Items 1 – 21)	15,000	10,000
OVERALL MAXIMUM LIMIT FOR MALAYSIAN GOVERNMENT HOSPITAL ADMISSION	15,000	10,000

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Group Hospital & Surgical

Notes :

1. Maximum entry age for employee and spouse is 65 years next birthday (expire at 66 years next birthday), child 18 years next birthday if not pursuing full-time higher education(expire at 19 years next birthday) or 23 years next birthday if still pursuing full-time higher education(expire at 24 years next birthday).
2. The following hospitals shall be **excluded**:
 1. All Sunway Medical Group
 2. All Ramsay Sime Darby Healthcare Group
 3. Prince Court Medical Centre
 4. Gleneagles Medical Centre
 5. Subang Jaya Medical Centre
 6. KPJ Damansara Specialist Hospital 1
 7. KPJ Damansara Specilaist Hospital 2
 8. Pantai Hospital Kuala Lumpur (Hospital Pantai Bangsar)
 9. KPJ Ampang Puteri Specialist
 10. Cardiac Vascular Sentral Kuala Lumpur (CVSKL)
 11. KPJ Tawakkal KL Specialiist Hospital
 12. ParkCity Medical Centre
 13. Thomson Hospital Kota Damansara

Inpatient Non-Covered Items

- Cosmetic surgery or treatment
- Experimental procedures
- Substance abuse
- Private nursing care
- Sexual dysfunction or infertility
- Alternative therapies
- Routine physical examination
- Psychotic, mental or nervous disorders
- Congenital or hereditary illnesses
- Refractive errors*
- Vitamins, supplements, herbal cures anti-obesity agents
- Soaps, shampoos, vitamin creams
- External appliances e.g. Wheelchair, Crutches
- Pregnancy and complications arising from pregnancy*
- Covid-19 related illness and Covid-19 test kit

Kindly note that the above list is not exhaustive.

Please refer to your Master Certificate for full listing of exclusions in the Portal

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Member Claims

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Generally, the reimbursement claims is arising from:

1. Overseas Treatment
2. Emergency Accidental Outpatient Treatment
3. Treatment at Non Panel Hospital/ Specialist/ Clinic
4. Claiming under 2nd Insurer



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Claims Documents

No	List of Compulsory Claims Documents	Pre/Post-Hospitalization Treatment	Claims other than Pre-/Post Hospitalization Treatment under GHS
1	Claim Form (Duly completed)	✓	✓
2	Medical Report		✓ (if bill amount > RM 1,000)
3	Original Medical Bills & Receipts	✓	✓
4	Itemized Billing	✓	✓
5	Original Discharge Note (for Government Hospital)		✓

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Access To Care

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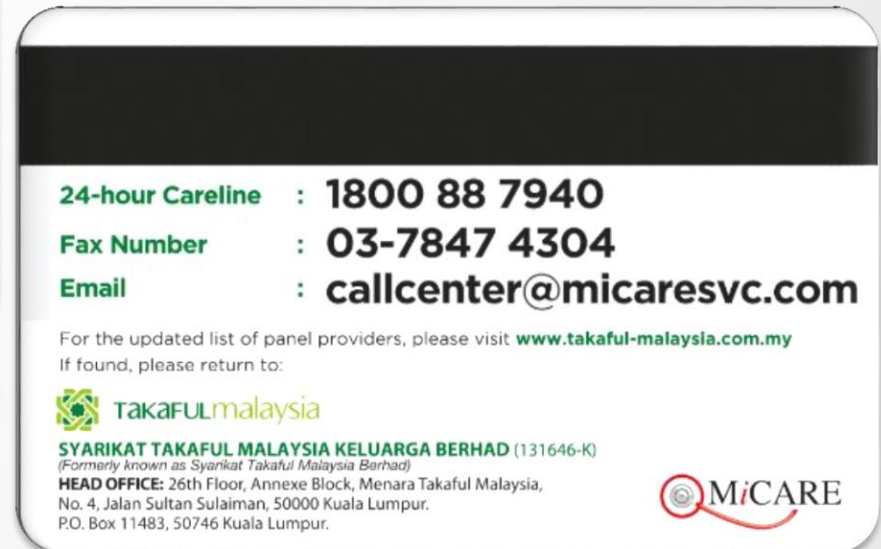
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•Membership Card (front & back)

•For Employee



•Front



•Back

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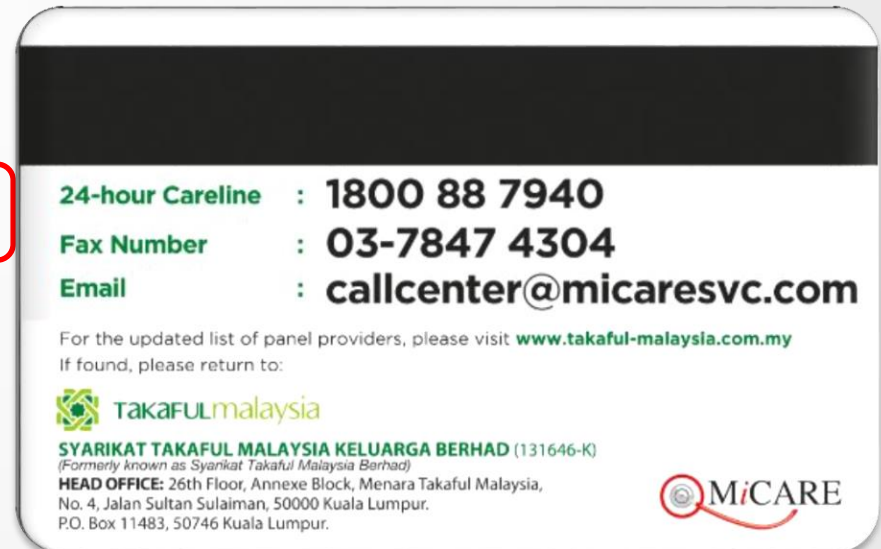
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•Membership Card (front & back)

•For Dependant



•Front



•Back

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•MiCare Contact Centre



•24 Hour Careline **1-800-88-7940**



•Email:
callcenter@micaresvc.com

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Admission Process *(applicable at panel hospital in Malaysia only)*



**For Private
Hospital**

Appointment
info



With your MyKad/MyKid/Smart
Card/Birth Certificate



Admission Date

1. Kindly visit GL Counter at hospital
2. Hospital will request GL to MiCare with pre-admission form
3. MiCare will assist to issue GL if your limit is sufficient

For Government Hospital

GL



With supporting documents
(Admission Note)



Admission Date

1. Kindly bring GL to the counter
2. Hospital proceed for admission

***Note : Certain hospitals require employees to pay
a deposit upon admission.**

Admission

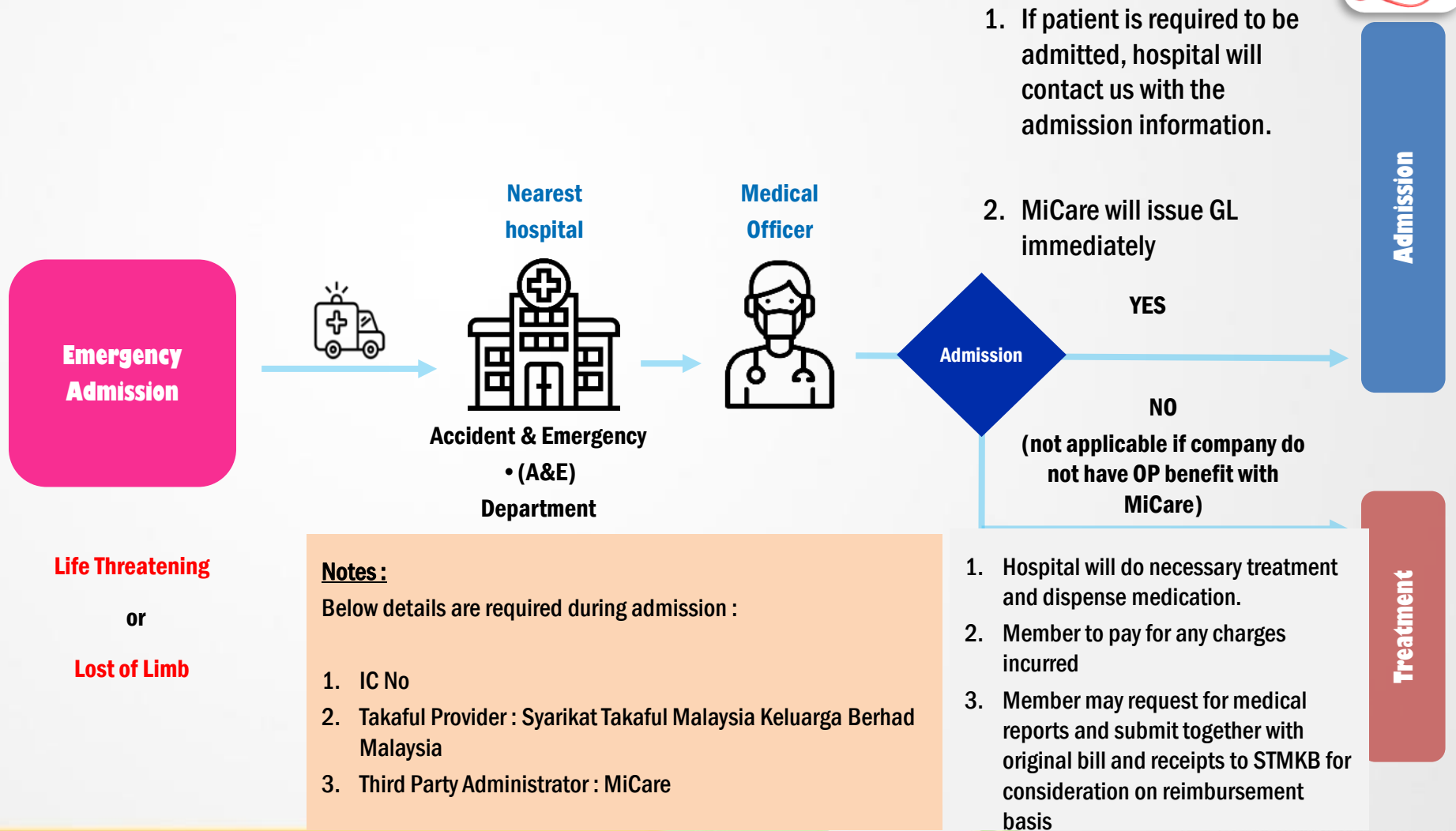
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Admission Process *(applicable at panel hospital in Malaysia only)*



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Sample of Guarantee Letter - Initial



FORM MM201 (Part I)		TRANSMISSION	
CRD	:	Sp/Hosp. Fax No.	: 096336877
GL Serial No.	: 2103081344596	Other Fax No.	: 096378888
Previous GL Serial No.	: 2103081344596	By Hand/Courier/Mail	:
Date/Time of Issuance	: 08/03/2021 13:44:59.556	Visit Type	: INITIAL GL
Attention	: DATUK.DR. ABDUL HADI	Service Type	: CONSULTATION
To	: KUALA TERENGGANU SPECIALIST HOSPITAL	Expiry Date	: 08/03/2021

GUARANTEE LETTER ("GL")
GL Validity Period:

i) To be utilized until 21/03/2021
 ii) For one (1) Inpatient admission not exceeding five (5) days.
 iii) For extension of admission, a new GL must be obtained upon expiry of five (5) days validity.

Name of Patient:	NRIC No.:
ZAWAWI BIN ALI	731012115323
Name of Employee:	EMPLOYEE
ZAWAWI BIN ALI	
Name of Employer:	Program Type:
ENOURBEST PETROLEUM DEVELOPMENTS MALAYSIA SDN BHD	
PMCare Member ID:	Benefit Plan:
731012115323	GP BP PE POLME 17 BKALF HP/R&B360 80KALI D MT

1. This is to acknowledge that PMCare Sdn Bhd undertakes to make payment for Admission expenses incurred for abovenamed patient NOT EXCEEDING the following limits stated in Item No. 2.

2. The above limits are as follows:

A total limit of not more than	2,500.00 INITIAL LIMIT
A daily Room & Board charge inclusive of Meals & Tea of not more than	350.00
Intensive Care Unit	As Charged
Surgical fees of not more than	0.00
Anesthetic fees of not more than	0.00
Hospital Ancillary Services of not more than	0.00
A daily In-Hospital Physician Visit of not more than	0.00
Delivery Limit of not more than	N/A

3. Diagnosis (Provisional or Primary)

ANGINA PECTORIS, UNSPECIFIED (THIS GL NOT VALID FOR COVID-19 ADMISSION // (NOT COVERED IF ADMISSION FOR INVESTIGATION, EXAMINATION AND OBSERVATION ONLY (SUBJECT BASED ON FINAL DISCHARGE/BILL))

4. Kindly note that:

- Expense entitlement is only for or directly related to medical/surgical condition referred to the Diagnosis as per above Item No. 3.
- Maternity Benefits coverage does not include expenses incurred for newborn beyond prenatal period.
- PMCare will not pay or be responsible for any expenses in excess of the above entitlement or incurred for non-entitlement as indicated above. The excess amount must be recovered by the hospital from the patient upon their discharge, to be advised in our Discharge Advice.
- Payment of claim is subject to timely submission of complete documents, i.e. within thirty (30) days from date of service or discharge.
- For extension of admission, the hospital must contact PMCare.

5. Kindly fax to our Careline Centre your final itemized bill, with diagnosis and surgical procedures done, so that we can advise you better on the actual coverage, bills and payment.

6. Please attach the completed form **MM201 (Part I & II)** together with your invoice for payment.

7. Please note that the following non-medical items are under exclusion:
 Congenital Anomalies; Birth Control & Infertility investigation or treatment; Sexually Transmitted Disease; A.I.D.S; Cosmetic Surgery; Psychiatric Disorder; and Dental Care. For complete listing, please refer to the Working Guidelines.

Important Notice for you



- Within **60 Minutes** upon receive of complete documents (PRF) from hospital
- Receive via **Email** and **Mobile App**
- **1 GL = 1 Admission**
- Initial Limit = **RM2,500**

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Inpatient: Discharge Procedure



Discharge Journey for Ms. Romisah



8:00 AM

Doctor ward review is started

8:30 AM

Ms. Romisah is advised to be discharged

~ 10:45 AM

Doctor completes all 20 patient's ward review

11:00 AM

Hospital starts to prepare final bill

12:00 PM

Hospital sends the final bill to MiCare

~

MiCare check and review the bill

MiCare will check whether there is uncovered items and the limit is sufficient before you can be discharged

1:00 PM

Hospital receive Discharge Advice from MiCare

2:00 PM

Hospital complete all procedure

Discharge

Excess Bill?

If treatment is not covered, member needs to pay the excess amount and discharge (Self-Borne)

Take time for discharge?

Please check the status at Discharge counter or Call us



Careline

1-800-88-7940

Press

2

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Sample of Guarantee Letter - Final



•Important Notice for you

- Within **60 Minutes** upon receive of complete documents from hospital
- Receive via **Email and Mobile App**
- **IGL = 1 visit**

Discharge Advice	
To	SENAWANG SPECIALIST HOSPITAL
Attention	BILLING DEPARTMENT
Fax / Phone No	No of pages (including this page) : 1
From	PMCare SDN BHD Phone : 603-8026 7799 Fax : 603-8023 3888
Attending Officer	Authorised By :
Date	30/05/2019 04:01:16 PM Authorised Date : 30/05/2019 4:07PM
Our Reference	
GL No.	19052911581624 Discharge Advice No. : DA19053016011665
Discharge Bill No.	IP329144 Total Bill Amount : RM2,119.20
Patient Name	Admission Date : 29/05/2019
	Discharge Date : 30/05/2019
Patient Member ID	CB10529086575-1 Plan Name : THPROP4A_Y19
Company/Plan	Plan Details : GP,SP&DT_3KALF_HP (R&B180_20KALF)_M
Final Diagnosis	OTHER BURSITIS, NOT ELSEWHERE CLASSIFIED
Dear Sir/Madam,	
With reference to your discharge bill IP329144 dated 30/05/2019 , kindly be advised on the following	
<input checked="" type="checkbox"/>	No excess was incurred. Please facilitate discharge of patient.
<input type="checkbox"/>	The patient has incurred excess. Please collect the total excess amount of RM0.00 from the patient.
Details of Excess :	
Room & Board	= RM0.00
Surgical Fees	= RM0.00
Anesthetic Fees	= RM0.00
Hospital Ancillary	= RM0.00
Physician Visit/Ward	= RM0.00
Delivery Limit	= RM0.00
Government Tax	= RM0.00
Others	= RM0.00
Total Excess	= RM0.00
Please be advised that PMCare Sdn Bhd shall not make any payment or be responsible for any expenses in excess of the patient entitlement as per GL No. 19052911581624	
Any excess amount must be recovered by the hospital from the patient upon confirmation of the discharge advice.	
The hospital is required to request for a fresh confirmation in the event changes are made to the bills after PMCare's confirmation as payments are strictly based on the discharged advice confirmed. However PMCare reserves the right to revise within 7 days if it is discovered for non covered items/treatment/diagnosis from the final bill.	

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MiCare Mobile App

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Check Compatibility



Available Now!

For Android Users:



android

Requires Android
version 8.0 & Above

For iPhone Users:



Requires iOS version
13.0 & Above

For Huawei Users:



HUAWEI

- HUAWEI P40 & above
- HUAWEI Mate 30 & above
- HUAWEI Nova 7.0 & above
- HUAWEI Y7 & above

Note:

For HUAWEI phone models listed above (incompatible with Google Services), you will only be able to enjoy the **basic features/functions** i.e. **Profile, Utilization, GL, ePC, eFarma** of the MiCare mobile app for now, stay tuned for future updates!

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Installation



Step1 :
Tap on Store



For Android users:
Google Play Store



For iPhone users:
App Store

Available



For Huawei users:
Huawei Gallery

Step 2 :
Search "PMCare"



- Download Link:
- [PMCare App on Google Play](#)



- Download Link:
- [PMCare App on App Store](#)

- or scan the QR Code



Step3:
Download "MiCare"



Please choose "MiCare" to
install the app

Login MyMed App



If you forgot your user ID or password, please contact MiCare via callcenter@micaresvc.com or call our toll free No 1800-88-9979, for assistance.

•Login Details

•User ID : EMAS+Employee IC

•Password : DOB

•(Format: ddmmyyyy)

•Sample

•User ID:
EMAS880225XXXXXX

•Password:
25021988



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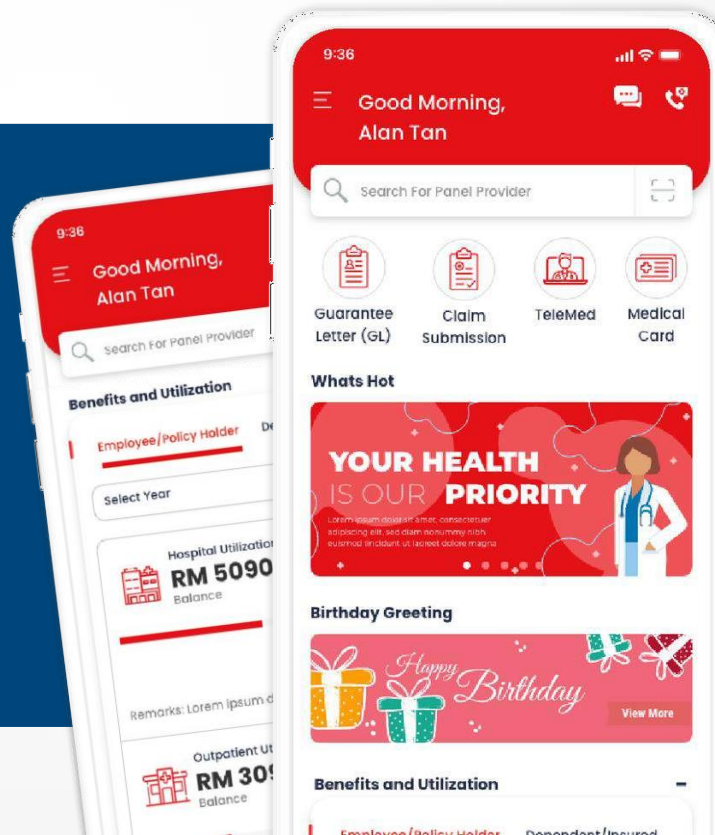
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MiCare Mobile App



•MyMed Key Features

- ✓ •E-Medical Card
- ✓ •Locate Panel Providers
- ✓ •Request Inpatient GL
- ✓ •View GL Status



- ✓ •View Claims History
- ✓ •View Claims Utilization
- ✓ •View Benefits

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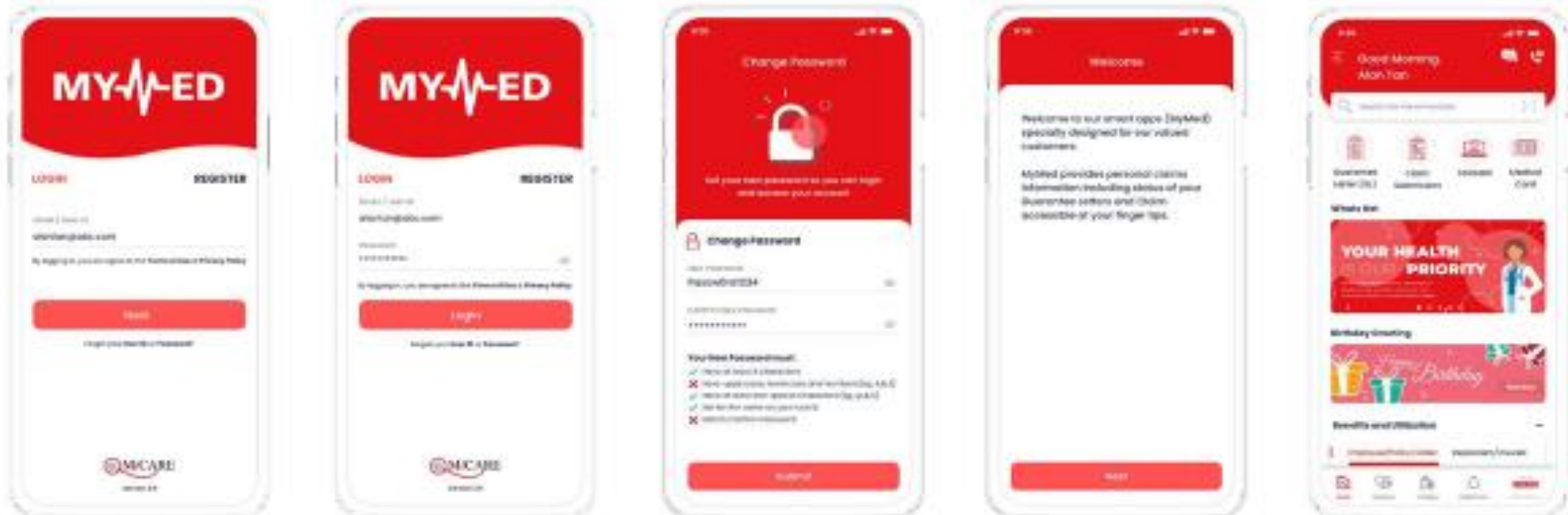
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Login Page

Login Page



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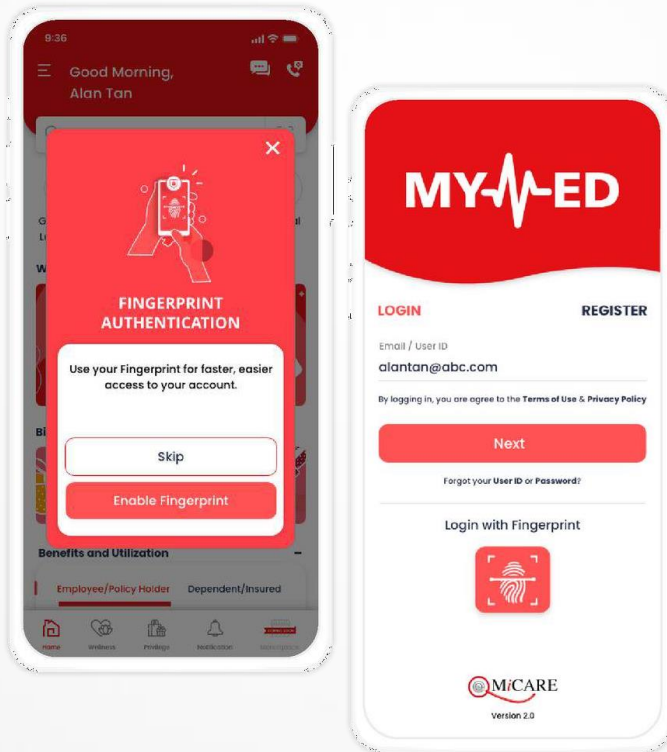


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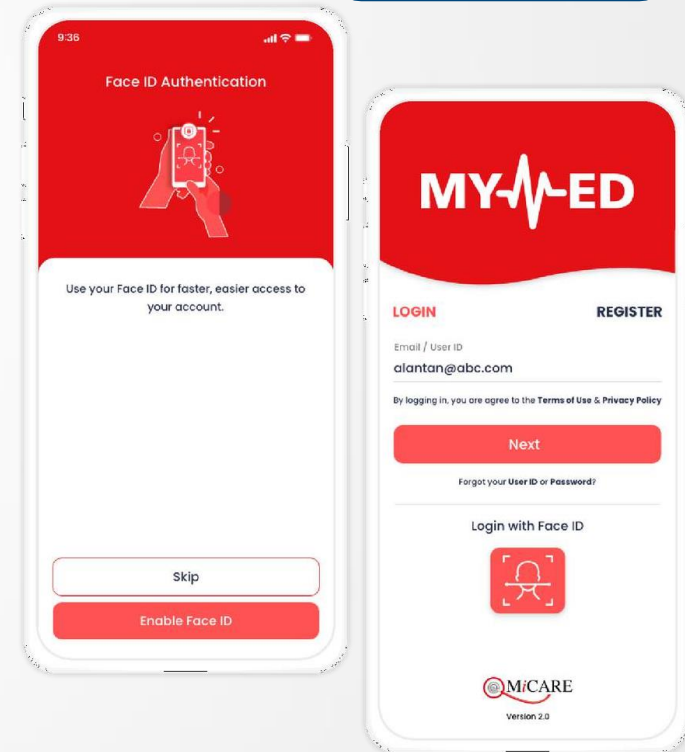
Biometric Authentication



•Fingerprint



•Face ID



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Forgot User ID



- Self Support → Forgot User ID
- Insert user account email address and click
 - ‘Submit’.

• **Remark:**

- *User will receive email and/or SMS with temporary password included.*

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Forgot Password



- Self Support → Forgot Password
- Insert user account email address / User ID
 - and click 'Submit'.

• **Remark:**

- *The email address provided must have been registered into eClaims / MyMed system.*
- *User will receive email and/or SMS with user ID included.*

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Unlock Account



- Self Support → Unlock Account
- Insert User ID and click 'Submit'.

- **Remark:**
- *User can continue to login using his account once*
- *account is unlocked.*

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Assistance Form



- Self Support → Assistance Form
- Fill up assistance form, then click 'Submit'.
- Click hotline at the bottom of the assistance form to contact MiCare Call Center.

• **Remark:**

- *The assistance form will be sent to MiCare Call*
- *Center email.*

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E-Medical Card



- Dashboard → E-Medical Card
- User can select to view e-medical card for both employee / policy holder and dependent(s) / insured.
- User can scroll left and right to view front and back of the e-medical card.

•Remark:

- E-Medical Card is recognized by all MiCare Panel Providers for cashless claims.*
- For users that have multiple medical cards, they are able to view all the e-medical cards from the app.*

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E-Medical Card



- Click 'Download' to download both front and back of the e-medical card into image format.

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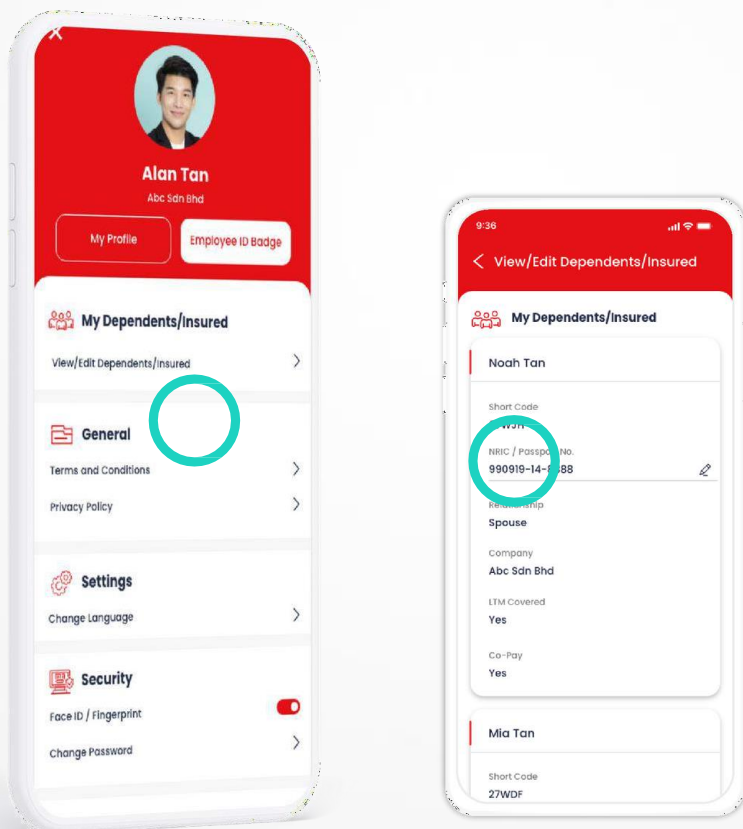
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View Dependent / Insured



- Employee / Policy Holder Profile → View
• Dependents / Insured
- User can view his dependents / insured details if available.

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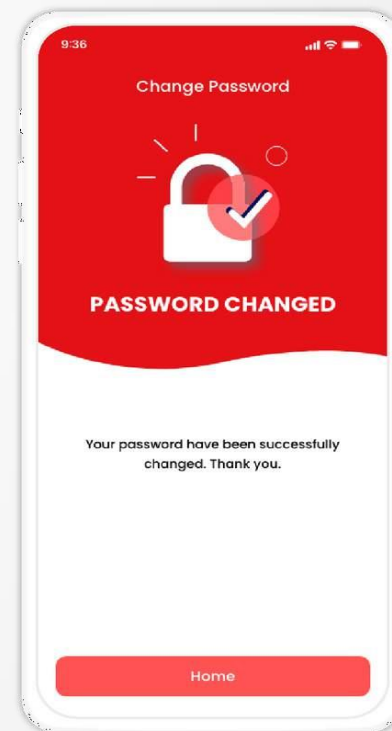
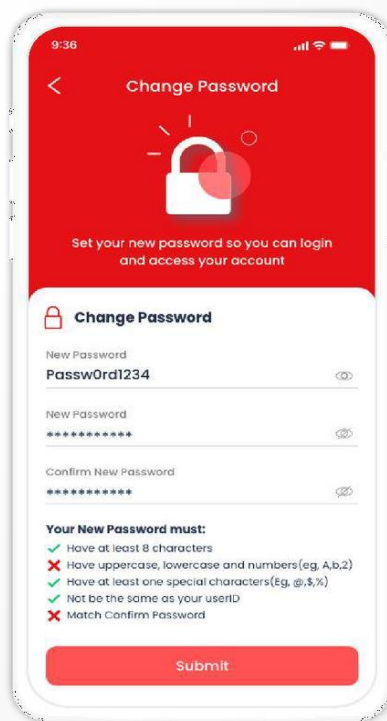
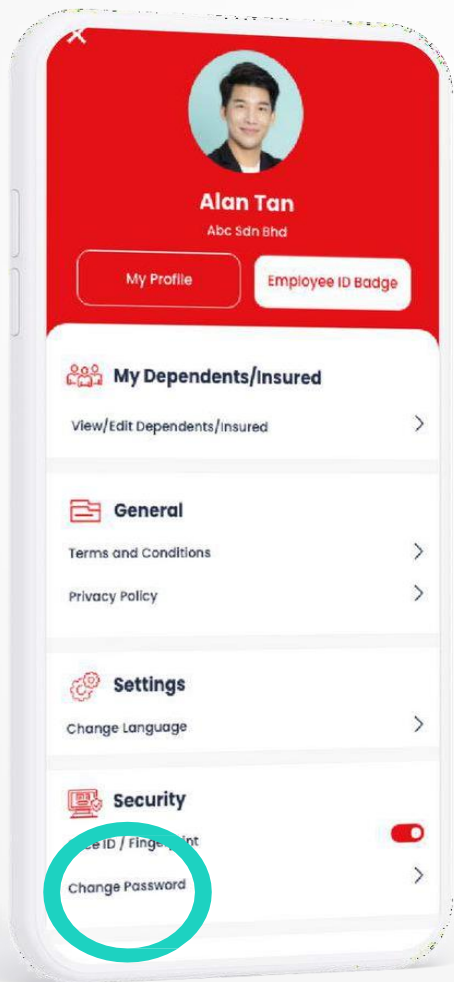


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Change Password



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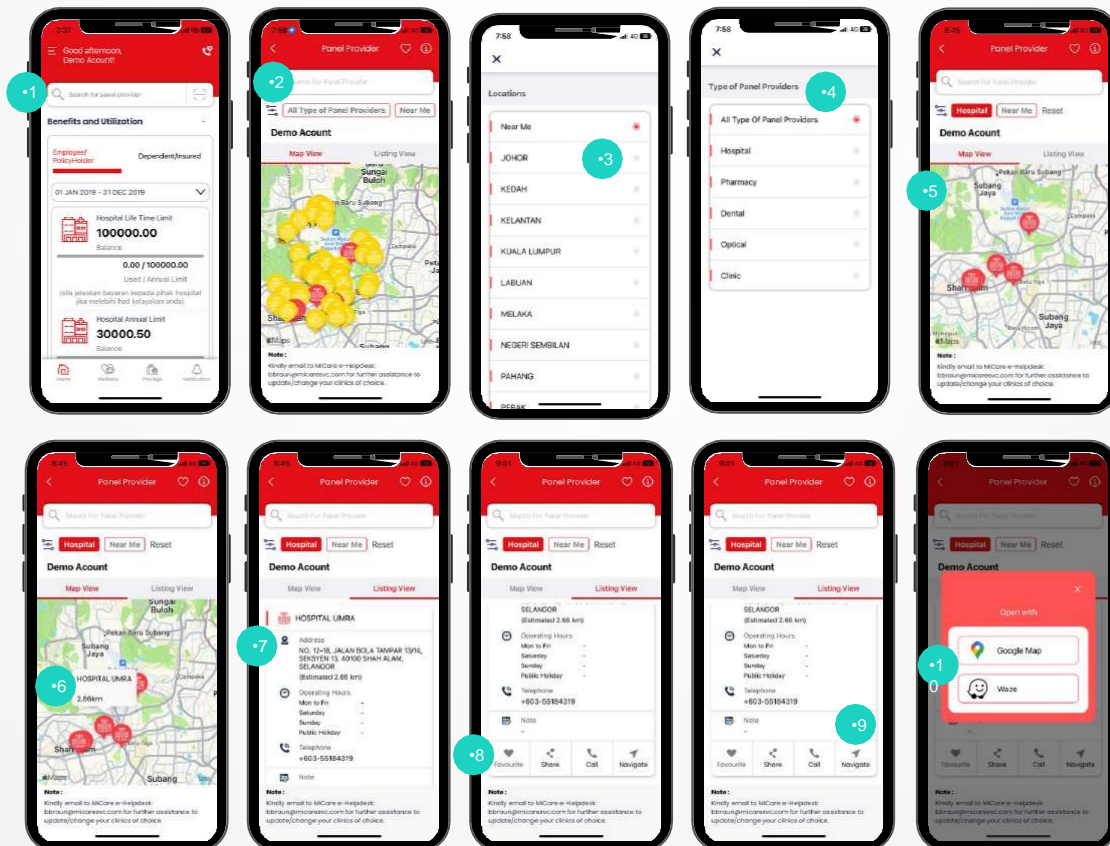


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Panel Locator



•How to Find and Choose a Panel Provider



- 1 Go to the home screen and click on the "Search for Panel Provider" tab.
- 2 Filter locations and types of panel providers according to your preferences.
- 3 Use the Locations filter to search by proximity or state preference.
- 4 Utilize the Type of Panel Provider filter to narrow down your options, such as by choosing Hospital.
- 5 The map displays the nearest hospitals.
- 6 Select your preferred hospital.
- 7 View the hospital's details in the listing, including its address, operating hours, and telephone number.
- 8 You can favorite, share, or call the hospital directly.
- 9 Finally, navigate to the hospital by choosing directions.
- 10 Pick Google Maps or Waze for navigation.

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Inpatient Benefits - MiCare Mobile App

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Request Guarantee Letter



•Inpatient

Guarantee Letter (GL)

I would like to Request For

- Outpatient Guarantee Letter (GL)
- Inpatient Guarantee Letter (GL)
- Post Hospitalization (GL)
- View Guarantee Letter (GL)
- Track Inpatient Guarantee Letter (GL)

Inpatient GL

I would like to request for Inpatient Guarantee Letter (GL) For

Please Select --

Inpatient GL

I would like to request for Inpatient Guarantee Letter (GL) For

Alan Tan (800528-05-3366)

Is the treating doctor had confirmed admission is required?

No

Yes

Inpatient GL

I would like to request for Inpatient Guarantee Letter (GL) For

Alan Tan (800528-05-3366)

Have you completed the Pre-Admission Form provided by hospital?

View Sample Pre-Admission Form

No

Yes

Inpatient GL

I would like to request for Inpatient Guarantee Letter (GL) For

Alan Tan (800528-05-3366)

Inpatient GL Details

Admission Date: 08 Nov 2022

Hospital Name: Hospital DEF

Doctor Name: Doctor Nicholas

Completed PAI / Surat Kemasukan

Choose file...

Upload

Allowed up to 8 PDF (5) & images with maximum total file size of 20MB

prelim-gaum-man-pharena-
rectile-penis-target-ul-413.jpg
unsubur-silqet-and-rekumman.pdf

My Contact Information:

Mobile Number: 012-3456789

Email: alantan@abc.com

Submit

Inpatient GL

INPATIENT GUARANTEE LETTER (GL)

MiCare has received the GL request and will follow up with the hospital.

Any update will be send via App Notification.

Thank you.

Go To Home

Submit Another Guarantee Letter (GL)

•View GL Status

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GL – Inpatient GL



- GL → Inpatient GL
- User can select to request Inpatient GL for employee/policy holder or dependent/insured (subject to user account).

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GL – Inpatient GL



SOS only 2.68K/s 59% 7:25

< Inpatient GL 2 / 4

I would like to request for
Inpatient Guarantee Letter (GL)
For
IT Test Member 03
(NRIC0003)

Is the treating doctor had confirmed
admission is required?

No

Yes

Age

- Click 'Yes' to proceed to the next step.

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Talk...



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GL – Inpatient GL



SOS only 22.8K/s 59% 7:25

< Inpatient GL 3 / 4

I would like to request for
Inpatient Guarantee Letter (GL)
For
IT Test Member 03
(NRIC0003)

Have you completed the Pre-Admission Form provided by hospital?

View Sample Pre-Admission Form

No

Yes

Back

- User can click ‘View Sample Pre-Admission Form’ to view the form in PDF.
- Click ‘Yes’ to proceed to the next step.

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Your **Preferred** Choice for Insurance

We
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GL – Inpatient GL



SOS only 8.67K/s 58% 7:25

< Inpatient GL 4 / 4

I would like to request for
Inpatient Guarantee Letter (GL)
For
IT Test Member 03
(NRIC0003)

Inpatient GL Details

Admission Date:

Hospital Name:

Doctor Name:

Completed PAF/Surat Kemasukan
 Choose file

- Fill up Inpatient GL details as below:
 - Admission Date
 - Hospital Name
 - Doctor Name
 - Complete PAF / Surat Kemasukan
- Once done, click 'Submit'.

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Post Hospitalization GL



SOS only 0.00K/s 97% 4.15

< Hospitalization GL 2 / 3

I would like to request for
Post Hospitalization (GL)
For
IT Test dependent 12
(ha778)

Admission Record(s)

Hospital Name	MIGRATED DATA
Admission Date	19 Dec 2020
Discharge Date	24 Dec 2020

Proceed

- Select one of the admission record(s) and click
• ‘Proceed’.

• **Remark:**

- *It is required to have at least 1 admission record in order to proceed further.*

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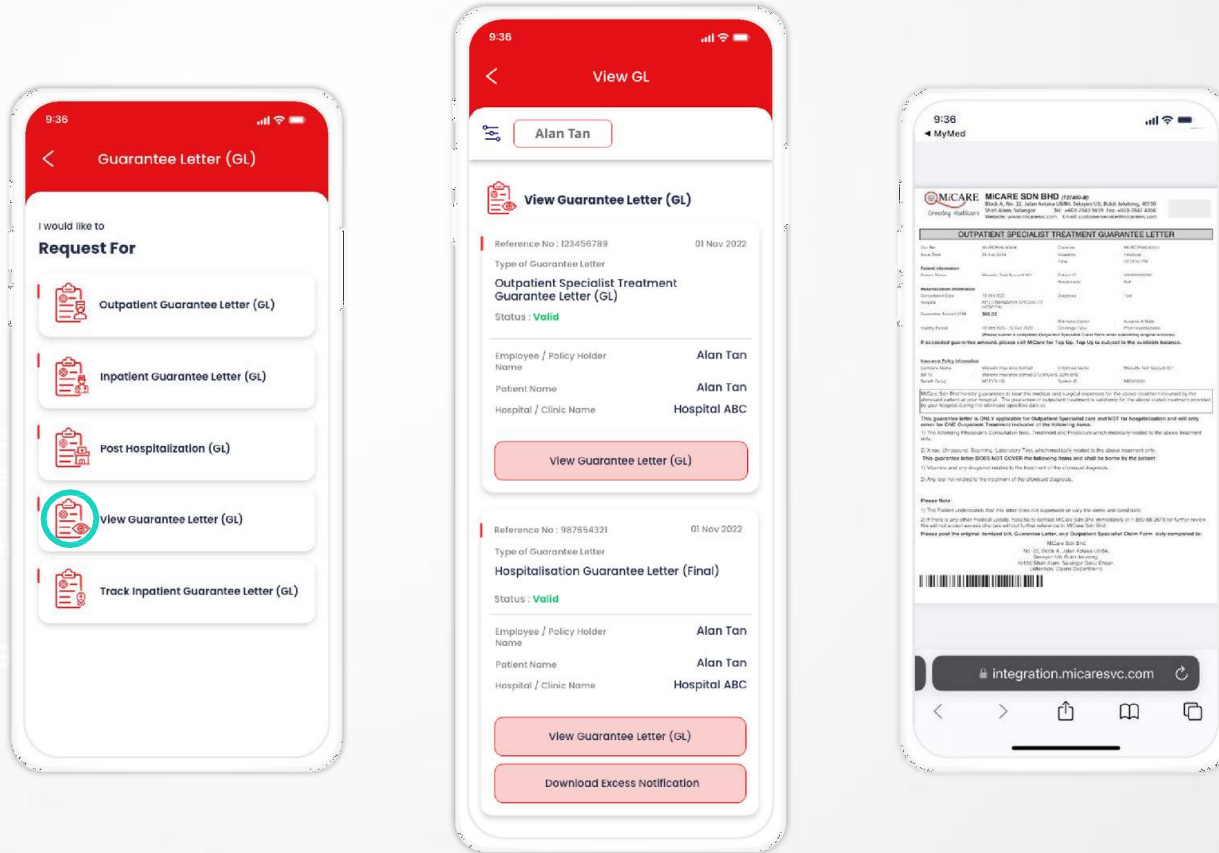
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View Guarantee Letter



•E-Med
Card
•Locate
Provide
•Request
GL
•View G
Status

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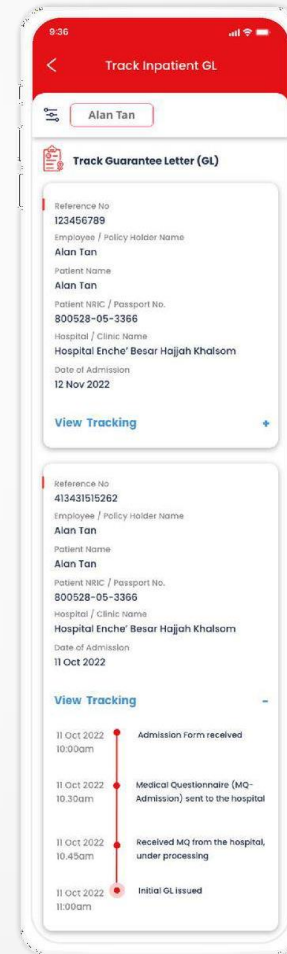
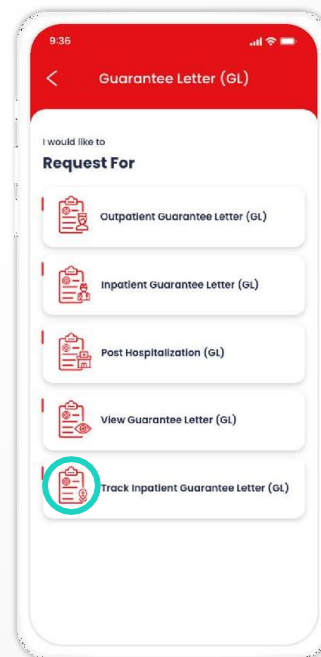


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Track Guarantee Letter



- E-Medical Card
- Locate Panel Providers
- Request Inpatient GL
- View GL Status



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- (24 Hours Fax No)



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Thank You

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