

All About Insurance Policy – Pacific Insurance

1. Non-Panel Clinic is strictly not claimable and coverage applicable to ARP only.
2. There will be no physical medical card, ARP is required to download the e-MAS Sihatku mobile app.



- i. You can use your **NRIC** for panel clinic visitation and inform the clinic you are with **Pacific Insurance** and **TPA is e-MAS**.
- ii. You're highly encouraged to contact the clinic for business hours confirmation.
3. There will be a **co-share payment of RM 20**.
4. Your current insurance policy is: **Pacific Insurance Policy No: GHA- H0006073-H2**.
5. **Capped Amount for coverage:**

Category	Outpatient	In-patient
Capped Annual Limit	RM 1,200	RM 3,000

The valid period for the **capped coverage quota will be from 1 July of current year to 30 June of the following year (1 year period)** and new quota will be reset annually on 1 July. Any overuse expenses shall be borne by ARP.

What to do at an e-MAS Panel Clinic?

If Facing any difficulty during registration:

- Do ensure the panel clinic has the e-MAS Decal
- Show your e-card from the mobile app
- Inform the registration staff clearly “e-MAS”
- Contact our Careline and provide the panel clinic name / location / Phone Number

Careline: 03-92130104

6. **Dental, Optical, Vaccination, Medical Check-up, Influenza & Covid are excluded from coverage and not claimable.**

Key Contact Points

e-MAS Hotline : 03-9213 0104 or 03- 92130103

e-MAS 24/7 WhatsApp : 018-788 3627

Email : emas.patgl@crm.emastpa.com.my

Pacific Insurance Customer Service: 03- 2633 8999

- Working hour: Monday – Thursday: 8:45am – 5:30pm; Friday: 8:45am – 5:00pm
or email at customerservice@pacificinsurance.com.my.

7. Any medical expenses incurred if any unforeseen circumstances (e.g.name could not be traced in the system), ARPs shall do ***pay and claim basis***.

Note: Refer to e-MAS Sihatku Patient Guide for Reimbursement Submission Guideline

8. For **manual claim** (*if unable to utilize cashless method due to unforeseen circumstances*)

– ARPs are required to obtain and submit the hardcopy of below documents and attention to PERSOL consultant. You may further arrange with us on the insurance claim submission.

- i. **Out-Patient Claim Form (To complete with doctor & clinic's stamp & sign)**
- ii. **E-Payment Authorization Form**
- iii. **Original Receipts (Any medical claim that is RM 80 and above, please obtain Itemized billing)**
- iv. **MC with DIAGNOSIS/ Type of Illness stated (please inform the doctor that this is required for your submission)**

– **Alternatively, if you would like to submit on your own, kindly liaise directly with the TPA party: (**Refer to e-MAS Sihatku Patient Guide- Reimbursement Submission**)

- e-Mas Sihatku app OR email to reimbursements@crm.emastpa.com.my

9. Specialist Visit & Guarantee Letter

Any visit to Panel Hospital shall adhere to the guideline for Specialist Visit which requires further arrangement.

* Please consult with PERSOL Consultant and may refer to 'e-MAS Sihatku Patient Guide' & 'Scheduled Benefits & Claim Procedure (SOB)' for guidelines.

- **Any Specialist Visitation (including Specialist Clinic) is STRICTLY required to obtain a Referral Letter/Guarantee Letter prior to visitation.**
 - emas.patgl@crm.emastpa.com.my
- **Guanrantee Letter can be obtained through app/ TPA hotline/ email**
- Kindly check if the clinic you are intending to go labelled as Specialist.
- Any Specialist Visitation without Referral Letter/Guarantee Letter will not be claimable.
- **ARP is required to pay any excess payment for non-covered items or if limit is exhausted.**

How to Request for an Outpatient GL for Specialist Treatment



1
Request GL Via email either in advance or Directly at Hospital

- ✓ Referral Letter or appointment card to be provided along with identification information
- ✓ Send email to Emas.Patgl@crm.emastpa.com.my
- ✓ Case number Generated (New email for new requests)
- ✓ Patient must provide exact treatment date & Treating doctor name



- 2
eMAS will process the request:
- ✓ Verify Eligibility
 - ✓ Verify the referral
 - ✓ verify the diagnosis & Treating Doctor
 - ✓ Issue the Guarantee Letter
 - ✓ Service Commitment:
 - ✓ within 1 working day for advance requests from patient
 - ✓ within 15-30 minutes for live requests from hospital



- 3
✓ Patient can Proceed with treatment on a **cashless** basis subject to their Schedule of benefits

Welcome, MUHAMAD SH...
What would you like to do today?

Nearby Providers All Providers My Info



Request Guarante...

Use Mobile App

Note: Visitation to below panel will only be processed on Pay & Claim basis for the following hospitals:

1. Ara Damansara Medical Centre Sdn Bhd
2. Gleneagles Kuala Lumpur
3. KPJ Ampang Puteri Specialist Hospital
4. KPJ Damansara Specialist Hospital
5. KPJ Tawakal Specialist Hospital
6. Pantai Hospital Kuala Lumpur
7. Prince Court Medical Centre Sdn Bhd
8. Subang Jaya Medical Centre Sdn Bhd

e-Mas Contact Details

Category	Phone Number	Person In Charge	Email Address	Contact Hours
GL Related Matters	1-800-88-3627	e-MAS Patient Administration Team	emas.patgl@crm.emastpa.com.my	24/7
General Enquiries	03-9213 0103			
Claims Department For questions related to reimbursement	03-9213 0103	Mahirah Manisha	emas.claims@crm.emastpa.com.my	Office Hours
Customer Support For any questions about coverage or eligibility	03-9213 0103	Masliya	emas.support@crm.emastpa.com.my	Office Hours
Emergency Assistance	03-9213 0103 or WhatsApp 018-788 3627	e-MAS Patient Administration Team	emas.support@crm.emastpa.com.my	24/7
Clinic Enquiries To request for a new panel clinic or check if a clinic is in panel	WhatsApp 019-854 4270	Masliya	emas.support@crm.emastpa.com.my	Office Hours

Post- Hospitalization Claim

10. ARPs to submit the hardcopy of below documents and attention to PERSOL consultant. You may further arrange with us on the insurance claim submission.
 - i. **Post- Hospitalization Claim Form- ARP to complete page 1 & page 2 to complete by doctor.**
 - ii. **E-Payment Authorization Form**
 - iii. **Original Receipts & Itemized Billing Item (Including Payment Receipt)**
 - iv. **Medical Report- **Not required if Section II of the Discharge Claim Form already been filled.**

Overseas Coverage

- Based on SOB Terms & Conditions and on Pay & Claim basis- as per normal claim process
- Inpatient - only covered less than 90 days (emergency)
- Outpatient - only covered less than 90 days
 - **GP – Overseas Treatment: capped at RM 50 per visit**
 - **SP – Overseas Treatment: capped at RM 150 per visit**
- Insurance will not cover if ARPs has been overseas more than 90 consecutive days
- **Non-emergency or chronic conditions (define by Pacific Insurance) will not be covered**