



Klik,
Upload
Beres!

Kini Claim Reimbursement Makin Mudah & Cepat



garda mobile
medcare
DOWNLOAD SEKARANG!
 GET IT ON Google play
 Download on the App Store

Registrasi Medcare

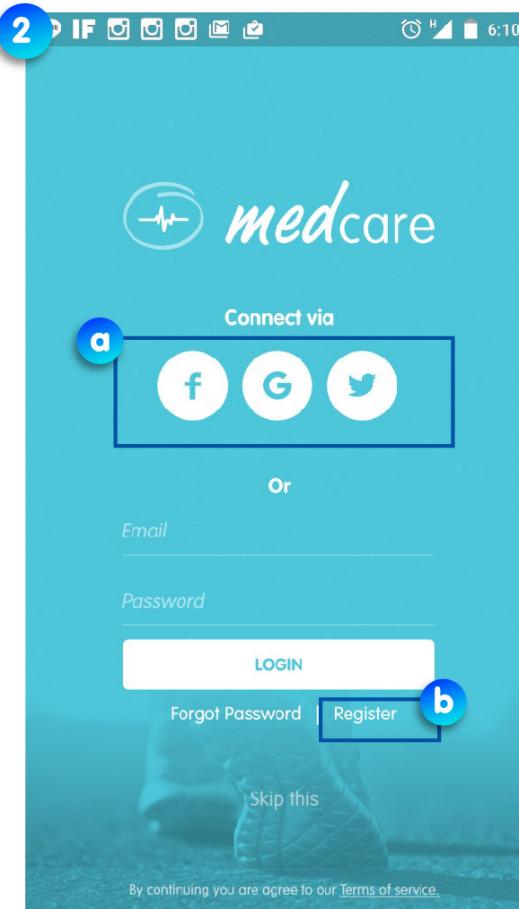
Aktivasi *E-Card Garda Medika*

Proses *E-Claim Reimbursement*

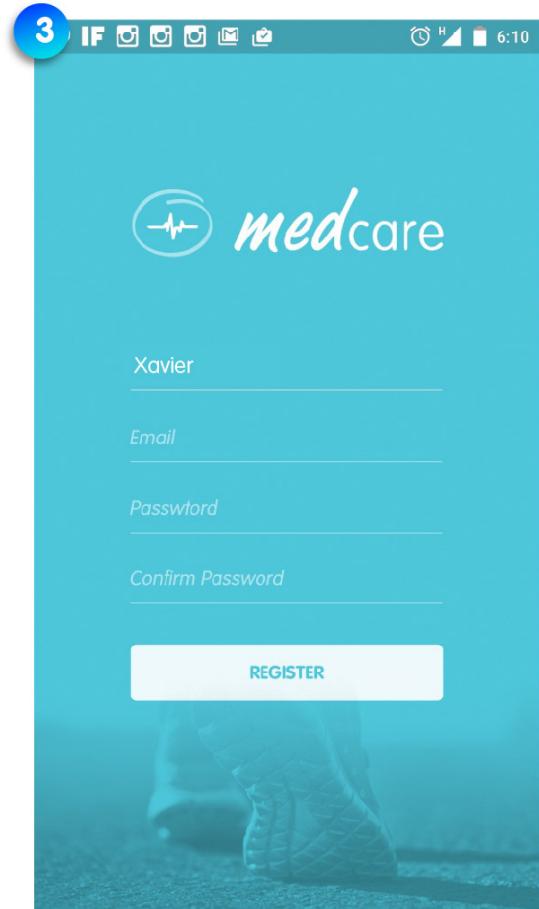
Cara Registrasi Garda Mobile MEDCARE



Splash Screen

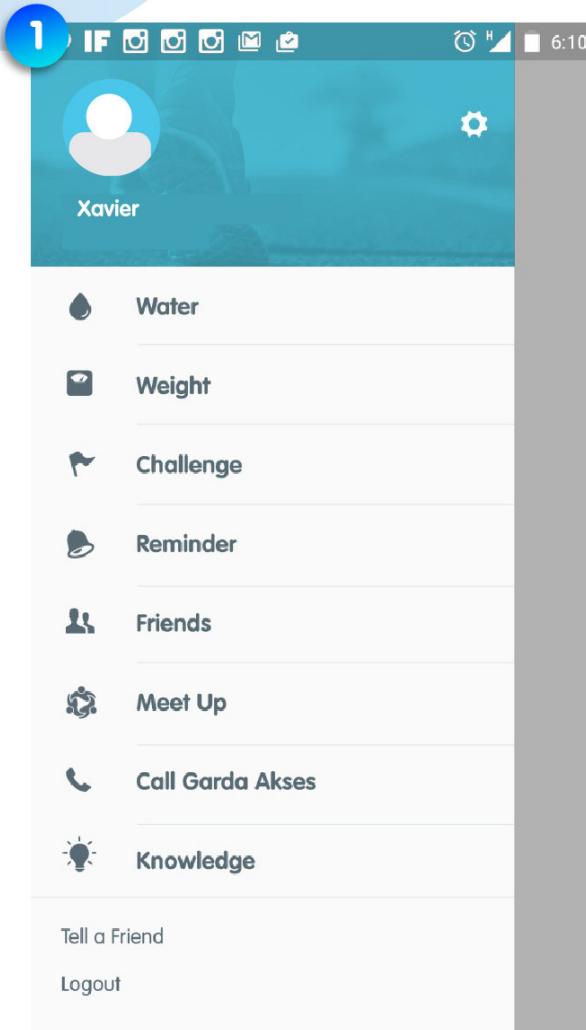


- a. Login dengan Sosial Media (Facebook, GMail, Twitter) atau
- b. Register

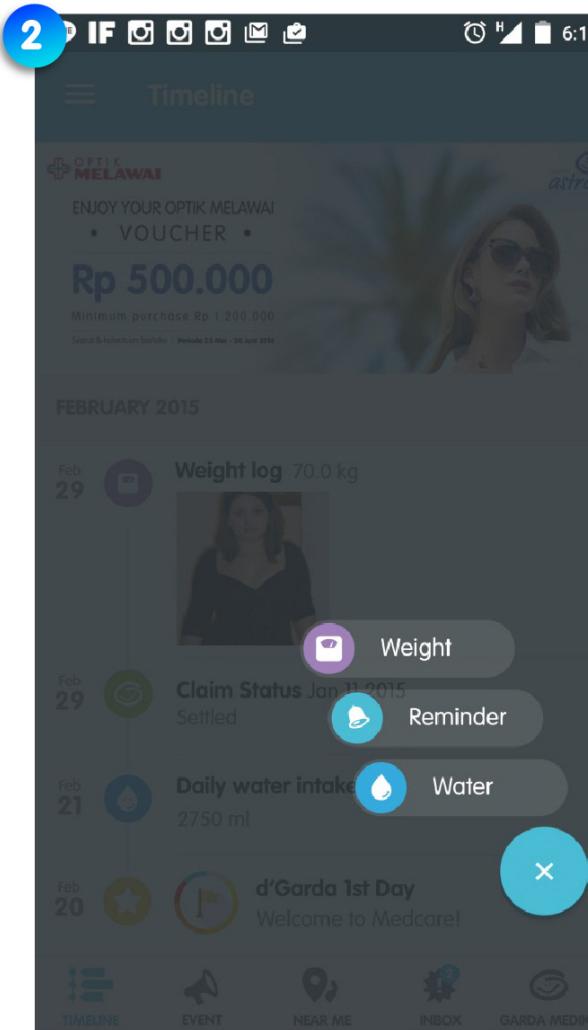


Register

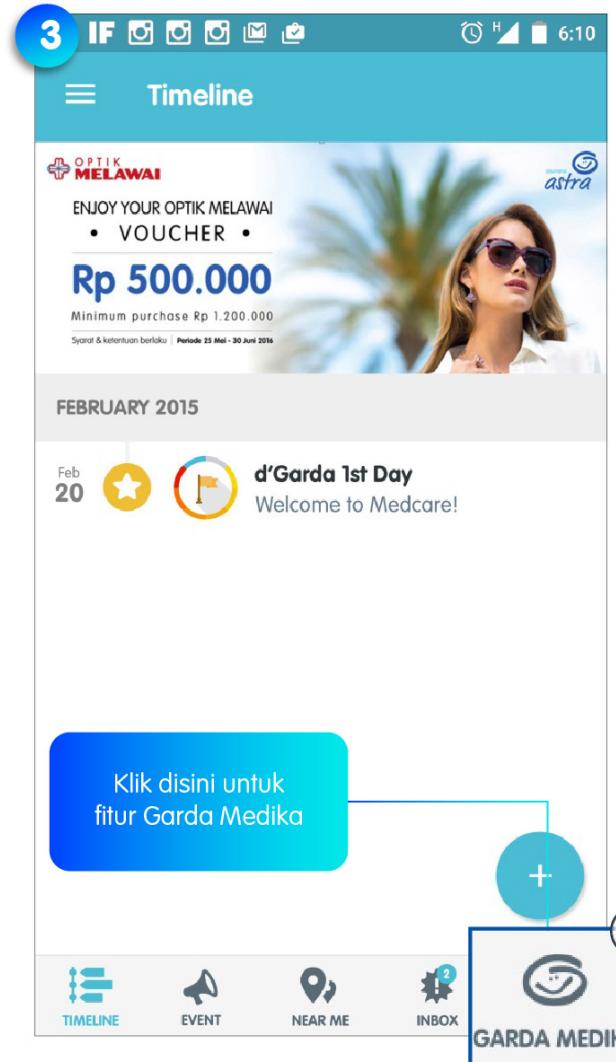
Home



Side Menu
(After Login)



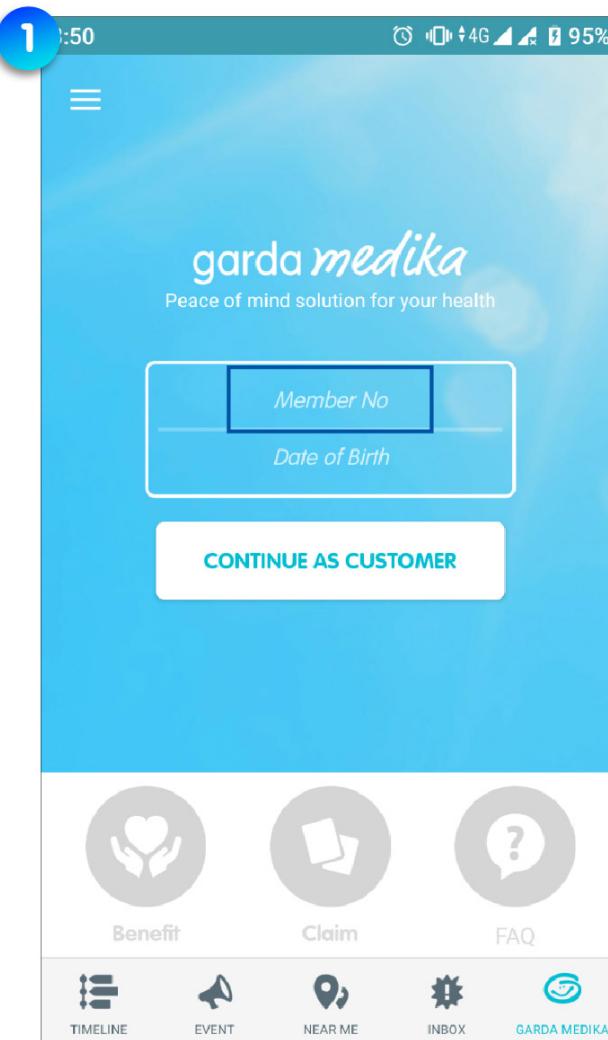
Floating button



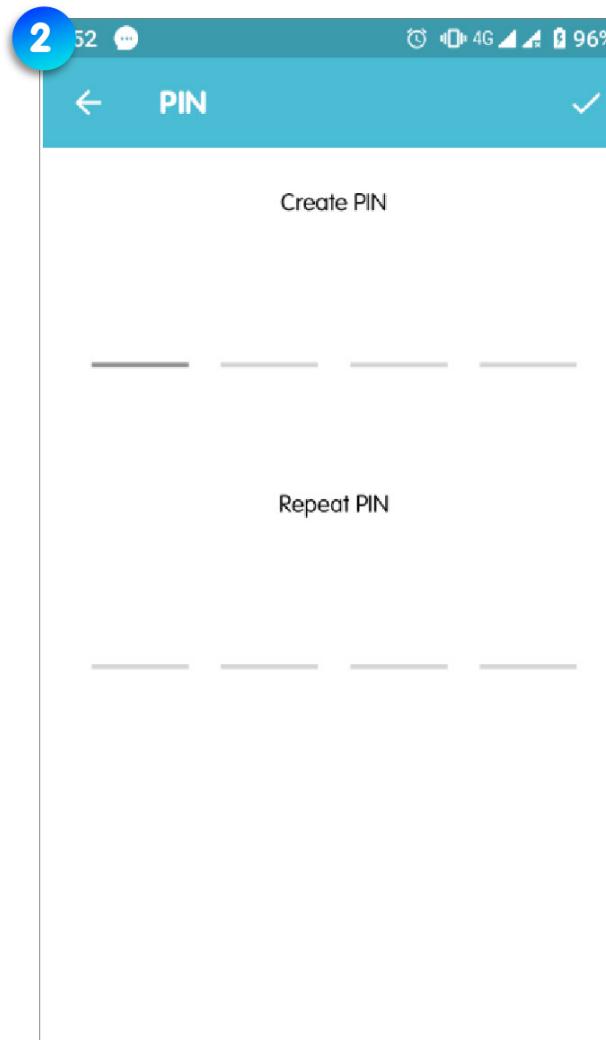
Timeline

Note: Aktivasi akun Medcare Anda, untuk akses fitur Garda Medika.

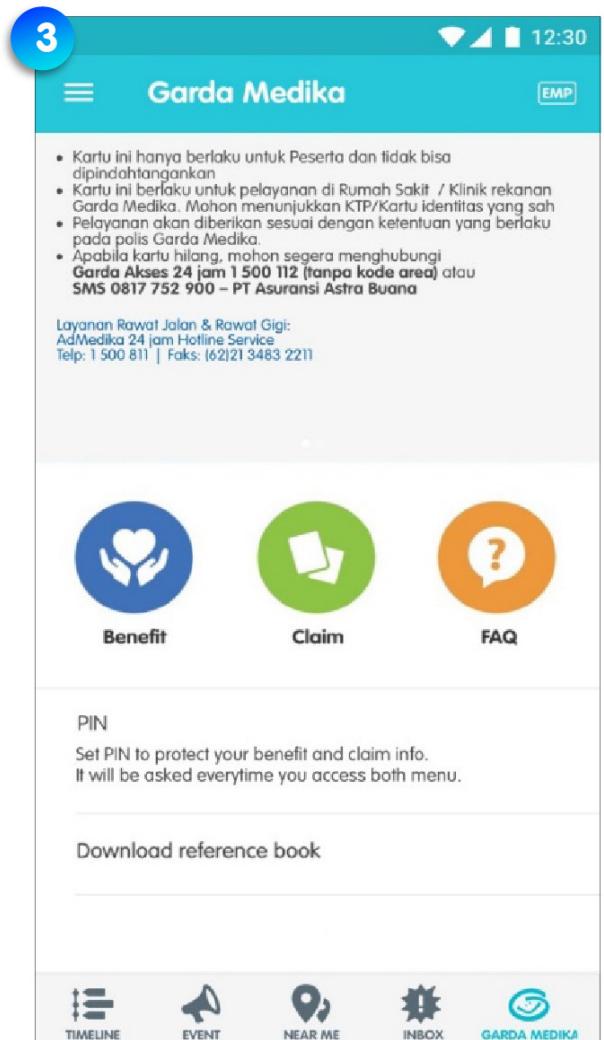
Garda Medika (Jika Nomor Handphone Terdaftar)



Login
Member No

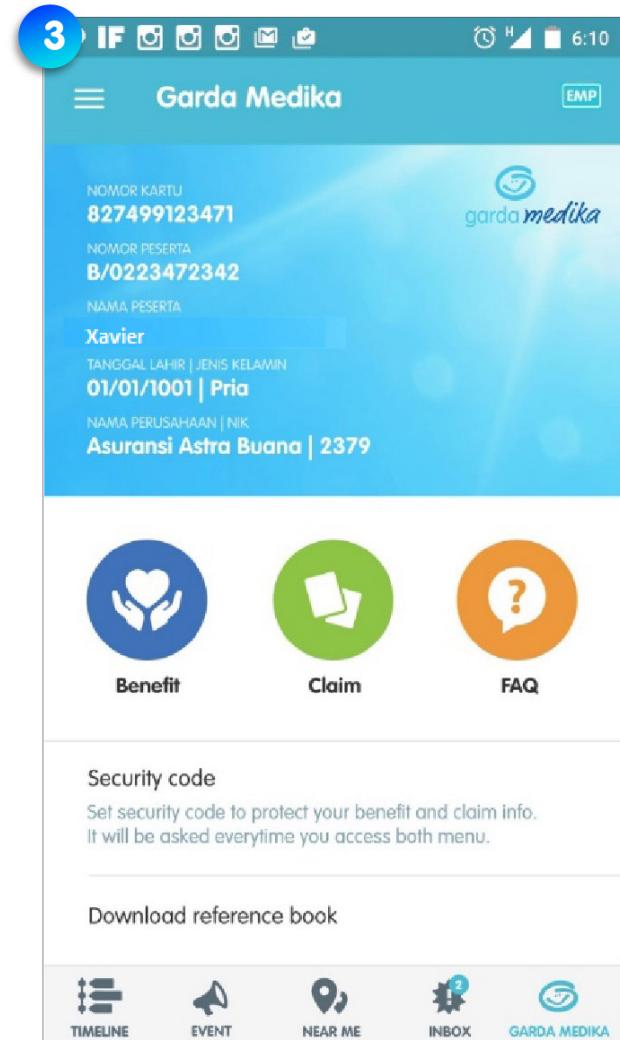
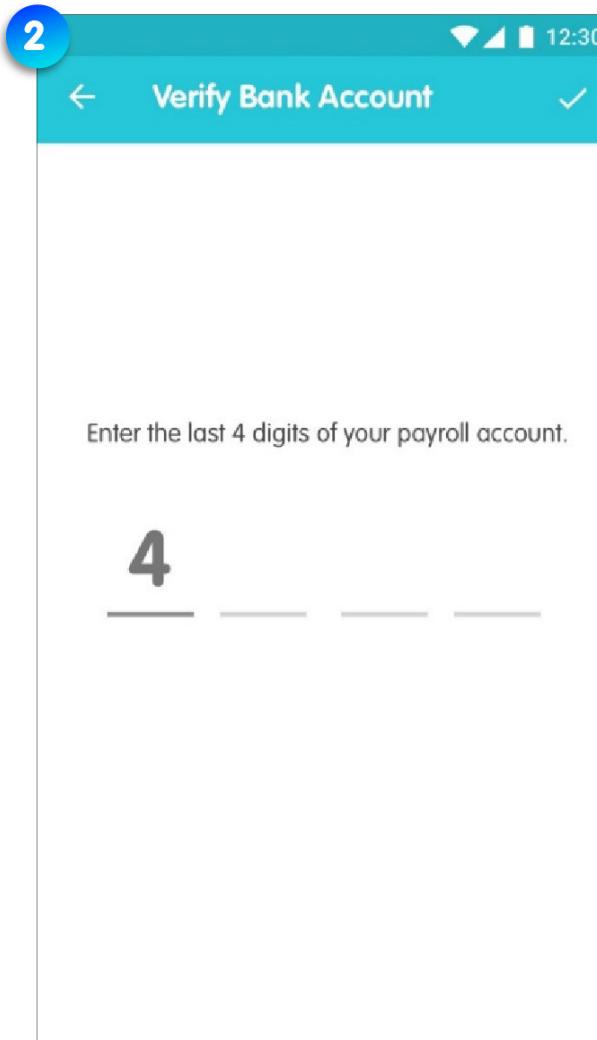
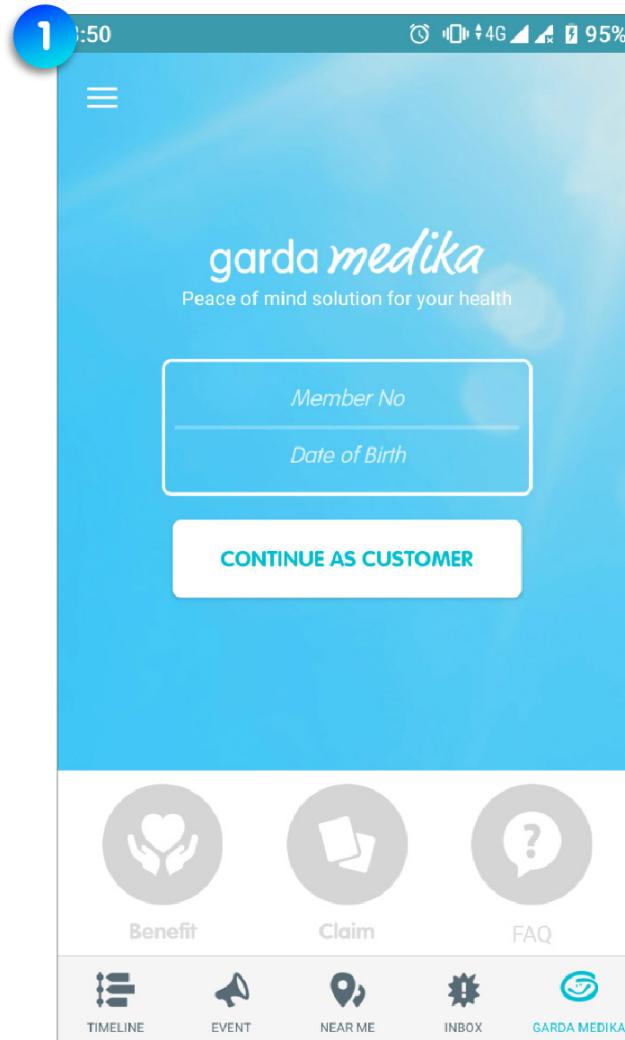


OTP --> PIN



Garda Medika
E-Card

Garda Medika (Jika Nomor Handphone belum terdaftar)

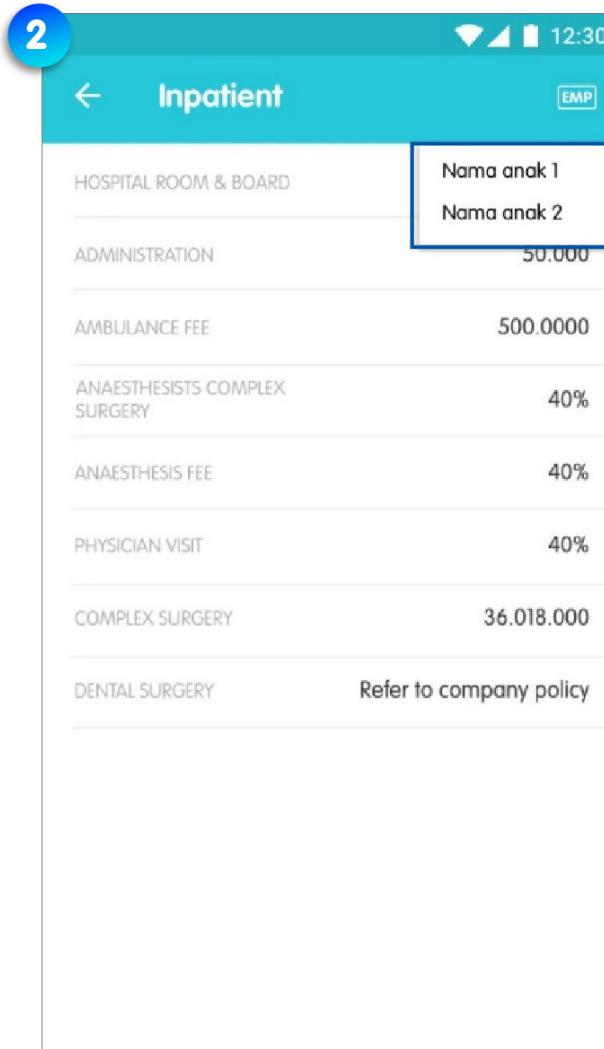
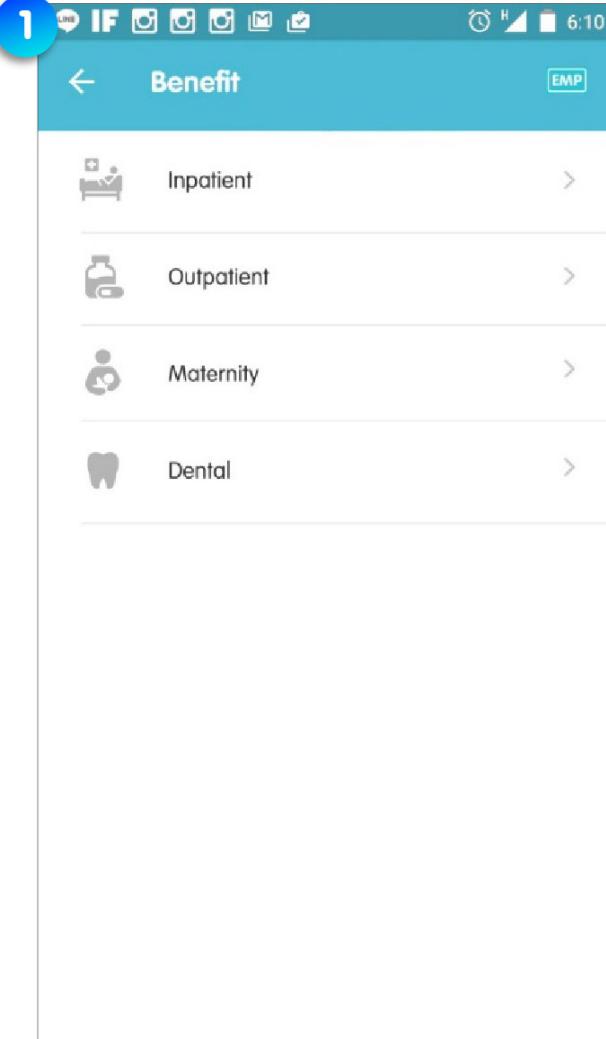


Login

Masukkan 4 digit terakhir
nomer rekening

Garda Medika
Home

Benefit Peserta



3 Inpatient

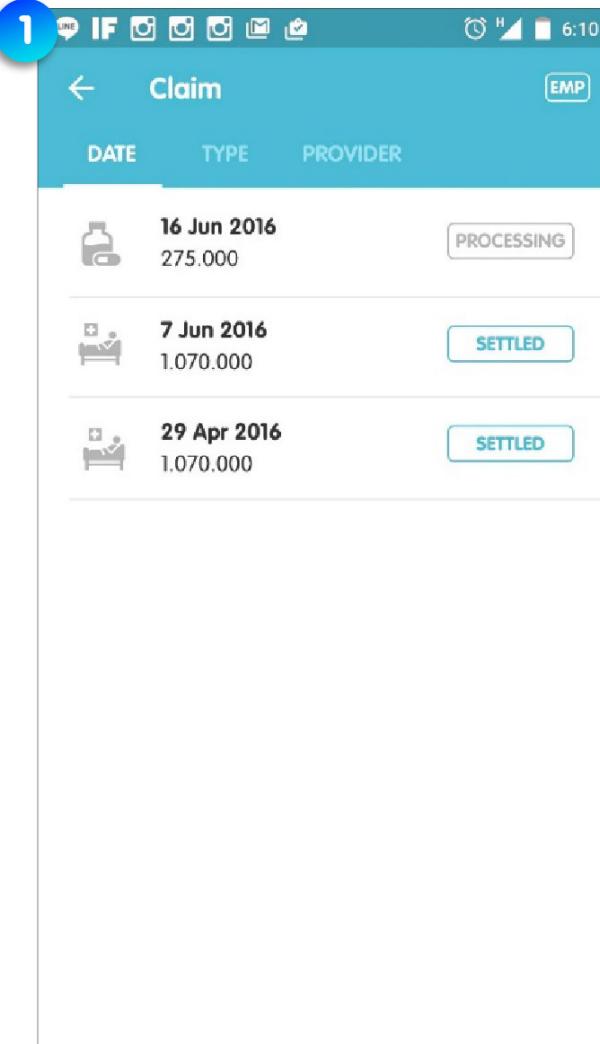
	ONPLAN	HIGHPLAN
Hospital Room and Board		900.000
Complex Surgery		As Charged
Major Surgery		As Charged
Intermediate Surgery		As Charged
Minor Surgery		As Charged
Miscellaneous Hospital Services & Supplies		As Charged
In-Hospital Physician's Visit		As Charged
Specialists Fee		As Charged
Emergency Outpatient-Dental Treatment		As Charged
Ambulance Fee		As Charged
Intensive Care Unit		As Charged
Pre And Post Hospitalization		As Charged
Private Nurse		As Charged

Benefit

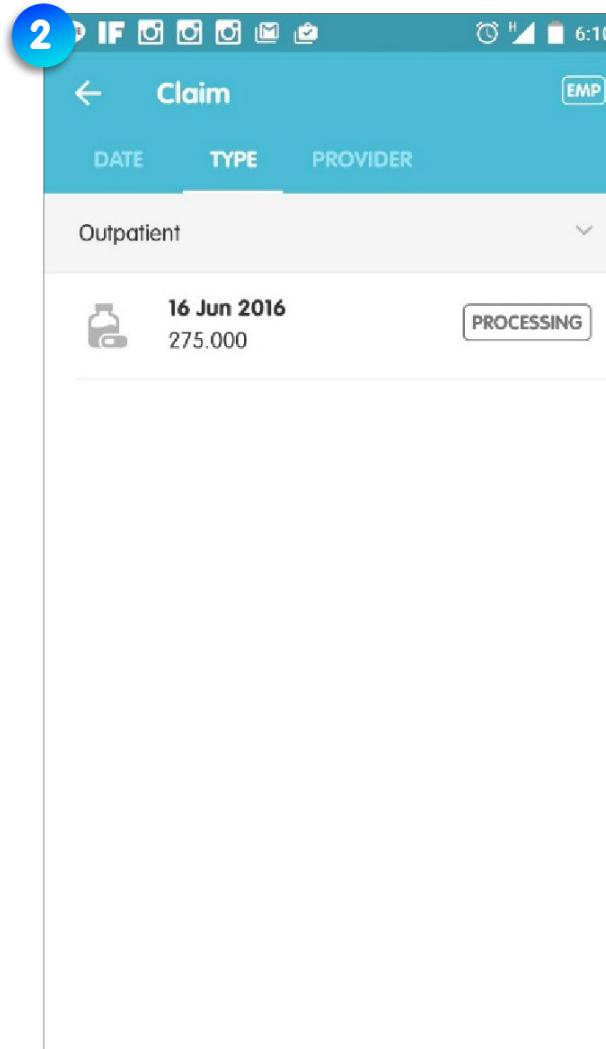
Benefit – Inpatient Selection

Benefit Detail

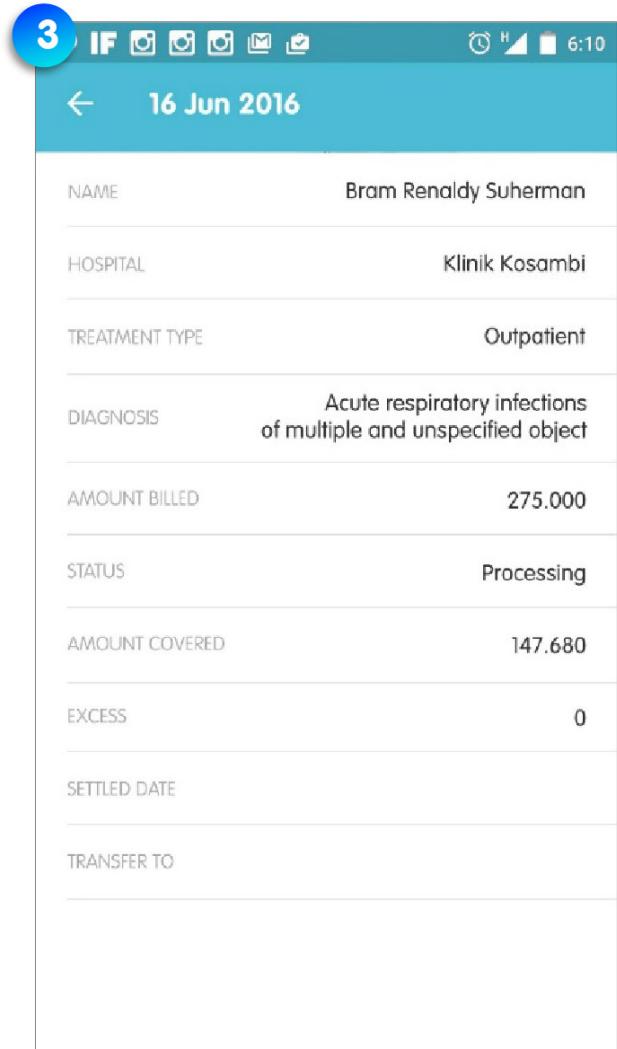
Claim History



Claim (By Date)



Claim (By Type)



Claim Detail

Upload Claim Document

1

Garda Medika

NOMOR KARTU
8001001000150248

NOMOR PESERTA
X/00992235

NAMA PESERTA
Xavier
TANGGAL LAHIR | JENIS KELAMIN
02/12/1995 | Pria

NAMA PERUSAHAAN | NIK
Asuransi Astra Buana | 2929

AdMedika
by Sampo Indonesia

Benefit **Claim** **FAQ**

Reference Book [DOWNLOAD](#)

PIN
Set security code to protect your benefit and claim info.
It will be asked every time you access both menu.

TIMELINE EVENT NEAR ME INBOX GARDAMEDIKA

Klik di sini untuk memulai

2

Claim

DATE	TYPE	PROVIDER	STATUS
31 Jan 2020	300,000		CLAIM SUBMITTED
31 Jan 2020	100,000		CLAIM SUBMITTED
31 Jan 2020	400,000		CLAIM SUBMITTED

+ 

3

Reimbursement

Member: **XAVIER**
[Member not yet registered?](#)

Treatment Place: _____

Amount Billed: **Rp0**

Treatment From: **03/02/2020** Treatment To: **03/02/2020**

Treatment Type:

- Dental
- Glasses
- Immunization
- Outpatient
- Respiratory
- Other

Pilih nama peserta

Pilih nama rumah sakit tempat dirawat

Isi total tagihan

Isi tanggal mulai dan akhir perawatan

Upload Claim Document

4

← Reimbursement

Rp0

Treatment From: 03/02/2020 Treatment To: 03/02/2020

Treatment Type: **Pilih jenis perawatan**

Dental **Glasses** **Immunization** **Outpatient**

Pre / Post Hospitalization **Pre / Post Maternity**

Treatment Detail: **Wisdom Teeth**

NEXT

Pilih detail dari perawatan

Klik "Next untuk lanjut

5

← Reimbursement

Preview Sample Documents **>**

Medical Receipt ***** **Klik di sini untuk lihat contoh dokumen**

Diagnosis **+**

NEXT

Klik di sini untuk upload kwitansi pembayaran

Klik di sini untuk upload resume medis

6

← Reimbursement

Member: **XAVIER**
Treatment Place: **BAITURRAHIM GENERAL HOSPITAL JAMBI**
Amount Billed: **Rp1.500.000**
Treatment Date: **05/02/2020**
Treatment Type: **Dental**

BANK ACCOUNT CONFIRMATION

Your claim amount will be transferred to this account:

Bank: **BANK PERMATA**
Account Number: **BNX00202323**
Account Holder's Name: **XAVIER**

I have read and agree to the [Terms & Condition](#).

SUBMIT

Centang jika anda setuju

Akhiri dengan klik tombol "submit"

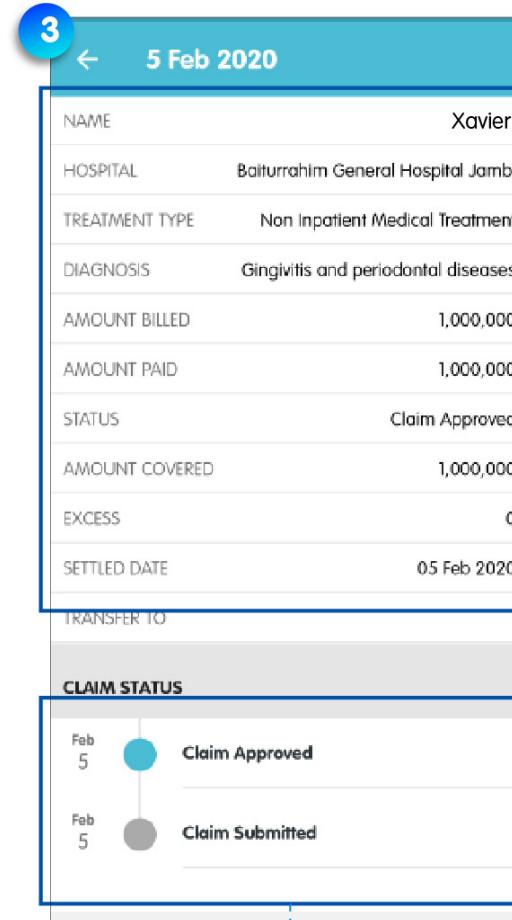
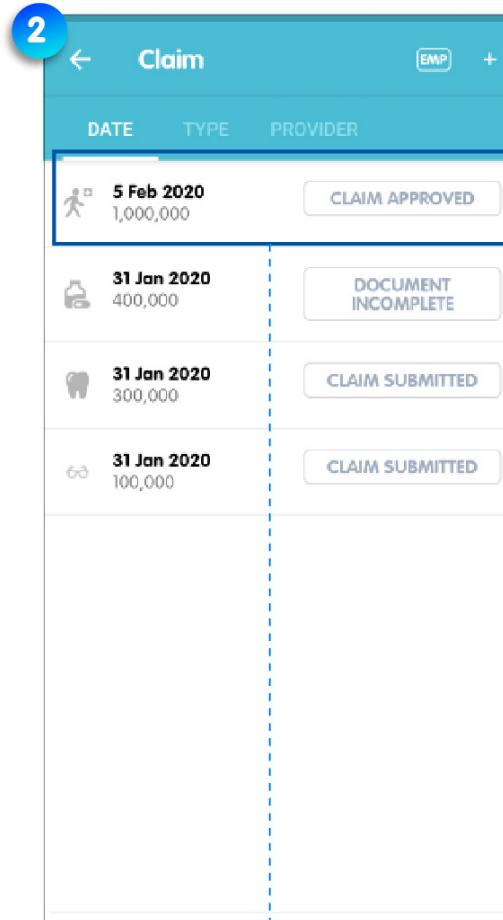
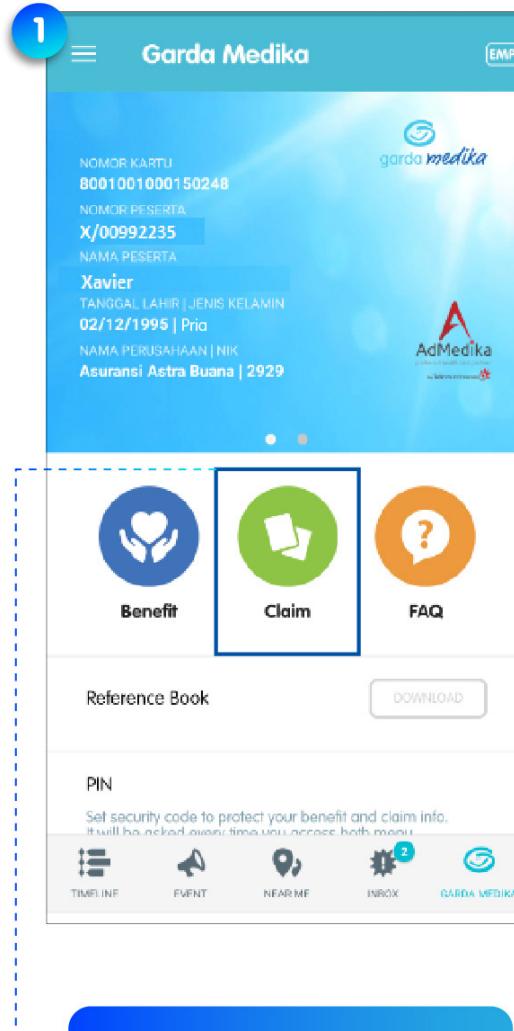
Claim Reimbursement Status Garda Mobile Medcare



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medcare
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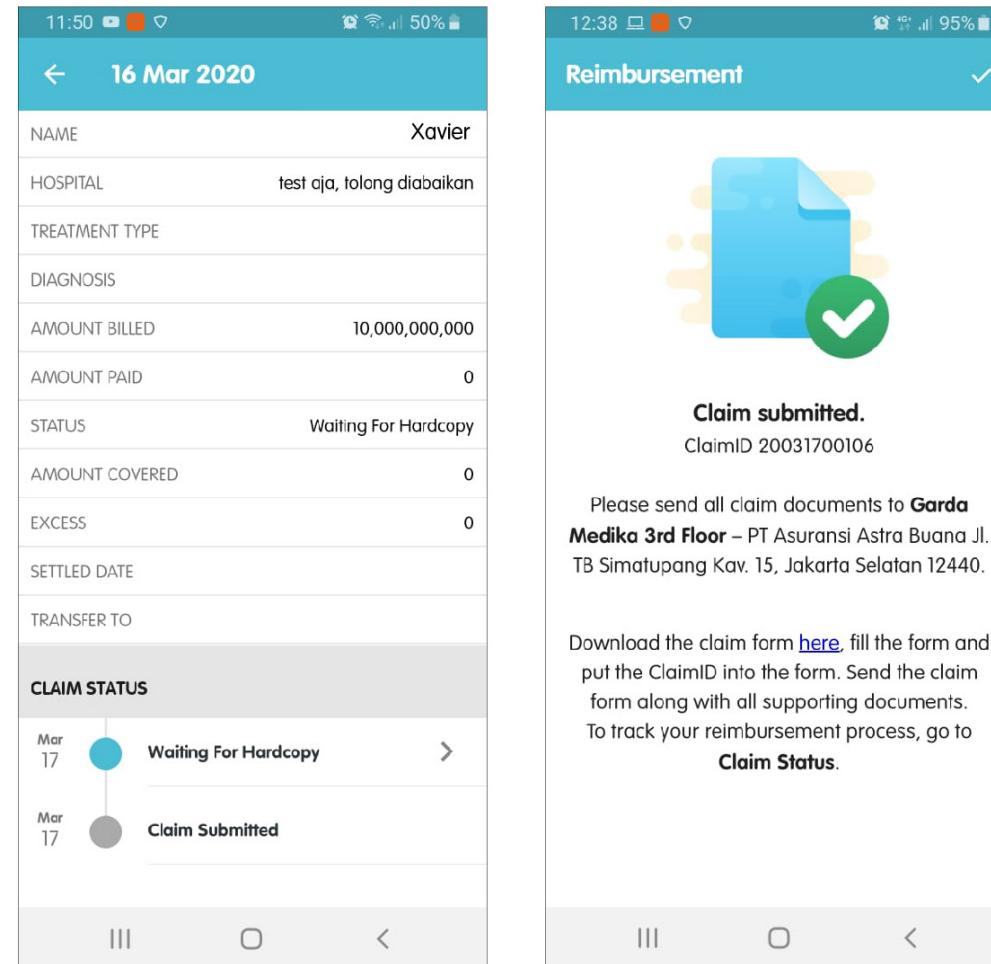
Claim Status



Claim Status – Klaim terbayarkan

18.19	LTE
17 Feb 2020	
DIAGNOSIS	OTHER HEADACHE SYNDROMES
AMOUNT BILLED	194.000
AMOUNT PAID	179.000
STATUS	Claim Paid
AMOUNT COVERED	179.000
EXCESS	0
SETTLED DATE	25 Feb 2020
TRANSFER TO	16482924782 - XAVIER
CLAIM STATUS	
Feb 27	Claim Paid
Feb 17	Claim Approved

Claim Status – Menunggu dokumen asli dikirim



The image consists of two side-by-side screenshots from the garda medika mobile application.

Screenshot 1: Claim Details (16 Mar 2020)

NAME	Xavier
HOSPITAL	test oja, tolong diabaikan
TREATMENT TYPE	
DIAGNOSIS	
AMOUNT BILLED	10,000,000,000
AMOUNT PAID	0
STATUS	Waiting For Hardcopy
AMOUNT COVERED	0
EXCESS	0
SETTLED DATE	
TRANSFER TO	

CLAIM STATUS

Mar 17	 Waiting For Hardcopy	>
Mar 17	 Claim Submitted	

Screenshot 2: Reimbursement Confirmation

12:38 4G+ 95% ✓

Reimbursement



Claim submitted.
ClaimID 20031700106

Please send all claim documents to **Garda Medika 3rd Floor – PT Asuransi Astra Buana Jl. TB Simatupang Kav. 15, Jakarta Selatan 12440.**

Download the claim form [here](#), fill the form and put the ClaimID into the form. Send the claim form along with all supporting documents. To track your reimbursement process, go to **Claim Status**.

Claim Status – Dokumen tidak lengkap

1

31 Jan 2020	
NAME	Xavier
HOSPITAL	Baiturrahim General Hospital Jambi
TREATMENT TYPE	Outpatient
DIAGNOSIS	Dengue fever
AMOUNT BILLED	400,000
AMOUNT PAID	400,000
STATUS	Document Incomplete
AMOUNT COVERED	400,000
EXCESS	0
SETTLED DATE	
TRANSFER TO	
CLAIM STATUS	
Feb 6	Document Incomplete
Jan 31	Claim Submitted

Klik di sini untuk melihat alasan dokumen belum bisa diproses

2

Document Incomplete

Medical Receipt Symptoms or diagnosis is not found.

RESUBMIT DOCUMENT

Cek di sini untuk melihat detailnya

Segera lengkapi dokumen dan jika sudah oke, lanjutkan dengan klik tombol di sini

3

Document Incomplete ✓

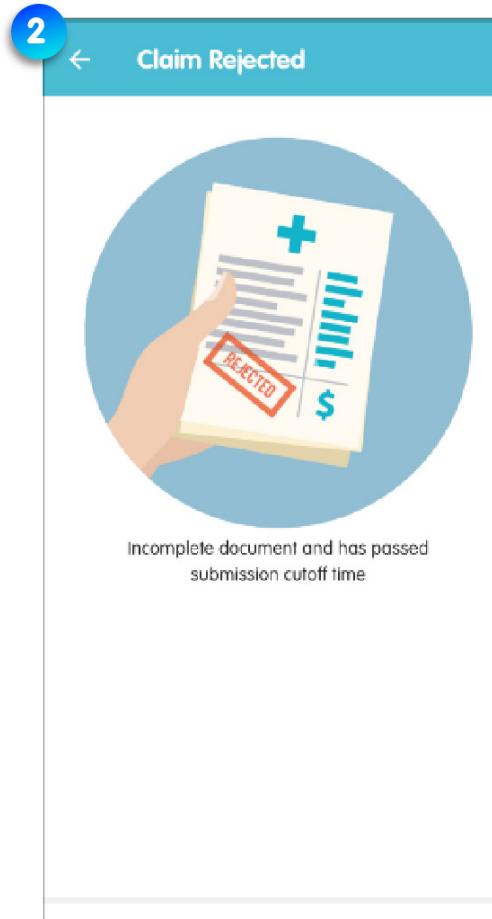


Claim re-submitted.
ClaimID: 20013100117

Claim Status – Dokumen ditolak

1

31 Jan 2020	
NAME	Xavier
HOSPITAL	Cancelled
TREATMENT TYPE	Non Inpatient Medical Treatment
DIAGNOSIS	Cancelled
AMOUNT BILLED	0
AMOUNT PAID	0
STATUS	Claim Rejected
AMOUNT COVERED	0
EXCESS	0
SETTLED DATE	
TRANSFER TO	
CLAIM STATUS	
Feb 6	 Claim Rejected >
Feb 6	 Document Incomplete
Jan	 Claim Submitted



Klik di sini untuk melihat alasan *claim rejected*

Ketentuan E-Claim Reimbursement

Nilai Klaim	< Rp 1.000.000	Rp 1.000.001 - Rp 20.000.000	> Rp 20.000.000
Ketentuan Dokumen	Dokumen <i>Softcopy</i>	Dokumen <i>Softcopy + Hardcopy</i>	Dokumen <i>Hardcopy</i>
Dokumen <i>Hardcopy</i> yang dikirim	Tidak Ada	Hanya Kwitansi asli	Seluruh Dokumen Klaim



Keterangan :

- Softcopy documents adalah klaim diupload melalui Garda Mobile Medicare
- Batasan nilai klaim berlaku per transaksi
- Ketentuan diatas berlaku mulai tanggal 1 April 2020
- Penggantian biaya pembelian obat peserta sesuai dengan resep dokter pemeriksa dan ketentuan yang berlaku
- Dokumen Klaim Hardcopy dapat diserahkan ke PIC/Health@ atau dapat dikirimkan ke alamat berikut:

*PT Asuransi Astra Buana

Grha Asuransi Astra Lantai 3

TB Simatupang kav 15

Jakarta 12440

UP. Claim Reimbursement Garda Medika



garda
akses | ☎ 1 500 112
asuransiastra.com