

## **GROUP HOSPITAL & SURGICAL CLAIM PROCEDURE**

When an insured person is hospitalized or undergone surgery the following procedure should be followed:

1. Notify Claims Department in written by giving circumstances nature and extent of injury or sickness and submit to Forte Insurance within 30 days by fax no. **(855) 023 982 907** or e-mail: [claims@forteinsurance.com](mailto:claims@forteinsurance.com) or directly to

**“FORTE INSURANCE (CAMBODIA) PLC**  
**No.325 Street Mao Tse Toung,**  
**Sangkat Depo I, Phnom Penh, Cambodia”**

2. Hospitalization and surgical can be at any clinic or hospital but if it is at our Panel Hospitals and Clinics the payment for medical expense need not to be made by you as we will directly settle it with them. However, you have to submit the original “Letter of Admission” to our Panel Hospitals and Clinics for this purpose.

In case hospitalization is at clinic or hospital other than one of our Panel’s, the payment for medical expense shall be made by you and afterward submit the invoices for subsequent claim from us.

You must preserve any evidence of loss or damage for investigation purposes.

3. In order to process your claim you are required to fill up the Group Hospital & Surgical Claim Form and submit it to us. The form can be filled up as follows:

A). Part 1 should be filled up by Employer and Employee.

B). Part 2 - Certification of Hospitalization should be filled up by the attending doctor or surgeon.

**NB:** Beside our panel hospital, you should remind your attending doctor or surgeon to fill out the above-mentioned B), and send it with the itemized original bills to us.

However, if we have settled with the hospital in full, you would be required to bear any amount exceeding the limits of the Insured Plan, failing which we would be responsible for such amounts. There may be instances whereby certain expenses incurred during the insured person stay in the hospital may not be covered in the Policy.

In order to have an early settlement of the claim, you are advised to give our claim Personnel or the loss adjuster your full co-operation.

### **POINTS TO TAKE INTO CONSIDERATION**

The insurance cover intends to reimburse you up to the limits of the plan the insured person or dependant is insured under for:

1. Hospitalization or surgery for any injury or disease and sickness for which treatment is medically necessary.
2. Outpatient treatment is only allowed for accidents where treatment is performed within 24 hours of the accident.
3. Specialist consultation fees or diagnostic x-ray and laboratory fees are reimbursable only if the insured person is subsequently hospitalized or undergone surgery.

### **CERTAIN EXCLUSIONS SHOULD BE NOTED**

1. "Pre-existing Condition" - under group plans any nature of disability which the insured person has received treatment or had knowledge of prior to the effective date of insurance is not claimable if treatment is required within 12 months from the effective date of insurance.
2. Treatment of clinical nature or purely for diagnostic purpose (even if the insured person is hospitalized is not claimable).
3. Treatment relating to infertility, pregnancy, abortion or miscarriage is not claimable.
4. Treatment of dental nature is not claimable unless it is due to any accident.
5. Treatment of an optional nature, i.e., where it is not medically necessary is not claimable.
6. Treatment for mental illness, depression and the like is not claimable.
7. Treatment for sexually transmitted disease and Acquired Immunodeficiency Syndrome (AIDS) and/or attributable to human Immunodeficiency Virus (HIV).

### **CONCLUSION**

We believe that we have covered most of the essential points in the claims handling procedure. However, should you need further clarification on any of them, please free to contact us.

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