



# **HOSPITAL & SURGICAL (GHS)**

# eTiQa



Download the Etiqua Smile App right away!





# PANEL HOSPITALS

<https://www.etiqa.com.my/v2/panels/panel-hospitals>

# Panel Clinics/ Hospitals

Etiqa 140 Panel Hospitals throughout the country.



- ❑ Download Etiqa SMILE App to navigate to the nearest Panel Hospital



**ACCESS TO PANEL  
HOSPITALS**

# 24 Hour Call Centre



**Etiqa Healthcare**

**1800 88 9998**

etiqahealthcare@etiqa.com.my



**Search You Tube:  
"Etiqapedia Chapter 7"  
for Admission & Discharge  
process**

**eTiqa**

# Guarantee Letter (GL) Process for Admission



Member goes to panel hospital.



At admission counter, member present:

1. Name & Passport Number
2. Sign on Guarantee Letter (GL) request form
3. Referral Letter from General Practitioner, if any



Hospital faxes the Guarantee Letter (GL) Request Form to Etiqa Healthcare (EHC)



- ✓ EHC check validity of the policy, medical condition and policy terms and conditions.
- ✓ EHC issue the admission GL, if case is coverable.
- ✓ EHC may issue GL decline letter, member to pay and file the claim.



Member admitted (for GL approved case, member may require to pay deposit at hospital's discretion)



1. Member ready for discharge.
2. Hospital faxes to Etiqa Healthcare (EHC):
  - ✓ Final bill & detailed itemized bills.
  - ✓ All reports, if any
  - ✓ Complete Medical Form with final diagnosis.
3. EHC issue Final GL
4. Member pays non-covered amount to the hospital.



# Reimbursement Claims

For cases to Non Panel Clinics/Hospitals, Pre Hospitalization & Government Hospital Bills

Member to submit the following documents via SMILE App within 30 days from discharge date:

- ✓ Completed Medical Claim Form
- ✓ Original Bill(s) (with complete medication breakdown if the bill is above RM 500)
- ✓ Original Receipt(s) – *Indicate Submitted to Etiqa*
- ✓ Complete statement of Medical Examiner (Medical Report)
- ✓ All Investigation Report(s) (e.g lab report, x-ray, MRI) if any

## Reimbursement Claims

Submission via  
SMILE App

Hardcopy of original documents not required unless upon request

Payment in  
**5 Working Days**



Reimbursement  
Checklist



Claim Form



Medical Report

**THANK YOU**

