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CLAIM GUIDELINES

DIRECT BILLING SERVICE

1. INTRODUCTION:

- The direct billing service is applied when clients have an insurance policy with MSIG VN and visit/treat at medical facilities within the guarantee network. Clients present the insurance card (physical card/electronic card) and identification documents before using the service at medical facilities.
- Accordingly, MSIG will guarantee the costs within the scope of insurance coverage, so clients do not have to pay directly to the medical facility.
- The 24/7 guarantee service (applicable for outpatient services) with a wide network of medical facilities both domestically and internationally. The list of medical facilities in MSIG's hospitalization guarantee system is regularly updated on the official MSIG website.

2. TIMELINE FOR DIRECT BILLING SERVICE PROCESS:

- Outpatient and Dental: within 30 minutes from the time TPA (Third Party Administrator) authorized by MSIG receives the guarantee request and all necessary information from the medical facility.
- Inpatient: within 8 working hours from the time TPA authorized by MSIG receives the guarantee request and all necessary information from the medical facility.

3. DIRECT BILLING SERVICE NOT TO BE APPLIED IN CASES:

- The insured does not provide the required insurance card/identification documents as stipulated.
- Use the service package
- Accident cases.

4. DIRECT BILLING PROCESS:

- The insured presents insurance card, ID card/Citizen ID/Passport/Birth certificate (for children under 14 years old) at the medical facility.
- The medical facility contacts the TPA authorized by MSIG to confirm insurance benefits and notify medical costs.
- The TPA authorized by MSIG evaluates and informs the medical facility of the result of the hospital fee guarantee confirmation/refusal.
- The insured signs the guarantee letter and pays the amount not covered by insurance.