



Guide to Direct Care Claims

Our 24hour Medical Assistance Service is there for you whenever you need it, and always just a phone call away. If you are feeling unwell or if you just want some general healthcare information then you can be put through to specialised medical teams.

Additionally, our 24hour Medical Assistance Service provided with Direct Care policy will handle your claim as soon as you notify them and will provide you an unforgettable customer service.

24hour Medical Assistance Service is the exclusive 24/7 service for our Direct Care customers specially designed to give you expert information and peace of mind. So no matter what you're concerned about, there'll be someone with the right experience and training on hand to help you.

Whenever you need a question answered or just need the peace of mind that comes from talking to someone we're here for you. We've the latest information on specific illnesses, treatments and medications.

24hour Medical Assistance Service does not diagnose or prescribe and it's not set up to replace your General Pathologist (GP), but we think you'll find it a really useful and valuable part of your Direct Care Policy. Whether you're concerned about your own health or that of a family member, help is just a phone call away.

Except from providing medical advice our 24hour Medical Assistance Service will

Guarantee the most efficient and effective service including the pre-notification call from whenever you are, if hospitalization is needed.

In cases of emergency requirements, out of the country of stay, we will arrange treatment where considered appropriate based on medical diagnosis. In addition, we will organise direct transport of the patient and/ or relatives including accommodation expenses of a family member.

Supply contact details for all medical institutions, in the area where the patient needs hospitalization.

How to make a claim

Apart from emergency admissions, all medical treatment has to start with a referral by your General Pathologist (GP) to an appropriate specialist.

What you have to do

Before you receive any treatment privately, you should call to our free telephone number on **800 5 10 15** or on 00357 **25 885 885** (if you call us from abroad) to check that you are covered for the treatment that you will receive. Your Specialist may recommend tests admission to a hospital/clinic as in-patient, or day patient treatment. Most Hospitals /clinics and some specialists have their bills paid directly. Others will send bills to you.

What is the insurance company's obligation

We will give you all the guidance you need confirm that your cover includes and if necessary send you a claim form. Contact us 24hours per day, 7 days per week on **800 5 10 15** or on 00357 **25 885 885** (if you call us from abroad) and we will confirm whether any treatment you plan to receive is within your cover.

We will tell you how we pay claims. Remember if you have chosen to pay an excess or co insurance, you will have to pay the first amount (as you have determined it on your direct care policy excess) of your claim.

The aim of this document is to ensure you that the right claim procedure will be followed in all cases in order to provide you the best and fastest Service.

Following feedback from our customers we have developed a complete guide to making a direct care (medical) claim.

The aim of this booklet is to:

- Detail the process you follow when you need to make a claim. With this information you will be able to provide our Customer Service free phone line with all the information they need to assess your claim. This in turn should result in a faster evaluation of your claim.
- Inform you of what we have to do at each stage of your claim, how long this will take and why the information you provide is vital for the assessment of your claim.

- Please remember that at any point during your claim you can call our Customer Service free phone line for further advice or help on **800 5 10 15** or on 00357 **25 885 885** (if you call us from abroad).

Making a claim at a glance

Step 1

Consult your General Pathologist (GP)

When you are feeling unwell you will need to contact your General Pathologist (GP). After your consultation, your General Pathologist (GP) will advise you if they can treat you for your symptoms/condition or whether you need to be referred to a Specialist.

If you intend to make a claim on the Policy it is important you don't proceed with any treatment before notifying us

When you visit your General Pathologist (GP) with a complaint/condition and they suggest you need to be referred to a Specialist, ensure you ask for the following information:

- Details of your condition, including symptoms, dates and diagnosis, if known
- Full name and address of your General Pathologist (GP) and recommended Specialist
- Ask your General Pathologist (GP) to refer you to a Specialist

Important note

Before seeing your Specialist you must contact us. If you go ahead and have any treatment/investigation/consultation without first seeking advice and authorisation then you will proceed at your own financial risk.

Check List

Symptoms which prompted you to visit the General Pathologist (GP).

Before calling our Customer Service free phone line please ensure you have the following:

- Date you were first aware of your symptoms (include any previous episodes)

- First date you visited your General Pathologist (GP) with the above symptoms.
- What advice/treatment did they give (include any previous advice/treatment you may have received)?
- Date of any subsequent visits to your General Pathologist (GP) before referral to a Specialist, and any further advice/treatment given.

General Pathologist (GP) & Specialist contact details

- General Pathologist (GP)'s name
- General Pathologist (GP)'s address
- Specialist's name
- Specialist's address

Please ensure you check the spelling of the contact details of the General Pathologist (GP) and Specialist. Incorrect details will cause a delay in the claim.

Step 2

Call our Customer Service Free Phone Line – 800 5 10 15

If your General Pathologist (GP) has advised that you need to be referred to a Specialist, please call our Free Phone Line to discuss whether your claim is eligible under your Policy. We will endeavour to assess your claim by telephone, in order that you receive a quick confirmation of cover.

Following your consultation with your General Pathologist (GP), you need to call us with the following information:

- Policy number (see membership card)
- Details of your condition, including symptoms, dates and diagnosis, if known
- Full name and address of your General Pathologist (GP) and recommended Specialist
- Whether you have referred to a Specialist who can treat you at a hospital

Please note, ensure you have the correct spelling of all of the above, as this can effect the speed of the evaluation of the claim.

What we do

We will take all the information from you and ask any relevant questions in order to assess your claim. We will also advise you of the benefits, exclusions, excess or monetary limits under your Policy. Where possible we will let you know whether your claim is authorised there and then over the phone. The more information you are able to give us at this point, the easier it will be for us to make a decision. If we are unable to authorise your claim over the phone we will send you a claim form and advise you what to do, this will include asking your General Pathologist (GP) or Specialist to complete and sign the relevant sections. If you are required to complete a claim form, it is your responsibility to ensure that your General Pathologist (GP)/ Specialist completes the claim form and returns it to us. You should settle direct any fees charged by the General Pathologist (GP)/Specialist for the completion of the form, as these are not a benefit under the terms of your policy. On receipt of a completed claim form, we will assess your claim.

Important note

Before seeing your Specialist you must contact us. If you go ahead and have any treatment/investigation/consultation without first seeking advice and authorisation from Gan Direct then you proceed at your own financial risk.

Step 3

Consult a Specialist

Before your appointment we recommend you to write down some questions to ask your Specialist, so you remember what you want to find out about your proposed treatment.

If you don't understand what your condition is, or what the treatment is, ask him/her to explain it. Make sure you are happy with the explanation. These are examples of some questions you may like to ask for your own peace of mind, dependent on the nature of your visit:

- What are the tests for and what are you looking for?
- Is surgery necessary or are there any other treatments available?
- Can the operation be done as a day-patient?

- What will be done during the operation?
- How long will it take?
- How long will I have to be in hospital for?
- How will I feel after the operation?
- When can I go back to work?
- Will I have to stop doing/eating certain things?
- Will there be any long term effects?
- Will I have to take medication after the operation?
- What will it do and how long will I have to keep taking it?

When you visit your Specialist for a consultation they may advise that further investigations or treatment is necessary, or you may undergo initial investigations e.g. blood test, X-ray at the time of your consultation. If your Specialist recommends further treatment please ask for a procedure and a description of the treatment/ investigation. Call us again with this information and we can confirm whether or not your investigations/treatments are covered.

We may ask you for further written information at any point of the claim. We will take the information you provide, assess it and confirm whether the treatment is covered under your Policy.

Step 4

Have hospital treatment in a clinic

Following confirmation from us that your claim is eligible,

If you need to be admitted to hospital, remember:

- To ask your Specialist to treat you at an Associated hospital or Clinic on your Hospital List (we recommend you take your Hospital List with you)
- To take your membership card with you and your Confirmation of Cover schedule

If you need to be admitted to hospital, remember:

- To take your membership card with you and your Confirmation of Cover schedule

Step 5

Receive payment for eligible hospital treatment

- Send all your eligible medical bills to us quoting your Policy number and we'll settle them directly with the Specialist or hospital concerned.
- Or settle the accounts yourself and then claim the money back from us, by sending us your receipted bills.
- If you have an excess on your Policy, forward any invoices and bills you receive to us.
- Do not pay any money to either the provider or us before doing this. You may want to note the invoice number or take a photocopy of the bill as we will not be returning it to you. We will then pay the provider the balance of the amount due minus the excess. We will send you a letter explaining what we have paid and what is left for you to pay. You need to send this amount directly to the provider.

Please note

- Specialists will generally bill you directly. Please ensure you forward your bill to us as soon as possible.
- Some anaesthetists will also bill you directly, again please forward your bill to us as soon as possible.
- Some hospitals will bill out-patient treatment directly to you. If you do receive a bill, check whether it is a copy, if it isn't please forward the bill to us as soon as possible. Some hospitals ask for settlement of out-patient treatment/ investigations at the time.

Frequently asked questions

What is an excess?

The excess is the amount you agree to pay for any treatment before your policy starts paying for it. For example, if we agree to set your policy excess at €100 and you require eligible treatment costing €300, you will be responsible for paying the first €100 and Gan Direct will pay the remaining €200.

Why do I need a treatment plan?

At some stage we may need additional information to ensure that your planned future treatment meets with the Policy terms. If a treatment plan is required, you will be informed and the procedure will be explained in full, so your claim can be managed effectively.

Who completes my claim form?

When you call us and report your medical claim one of our claim advisors could fill in the claim form for you but it is your obligation to sign it later when our “Casualty Care” advisor visits you and according to the nature of your claim, your General Pathologist (GP) or Specialist should fill in.

What cover is available for dental treatment?

There is not any cover available for routine dental treatment.

Make the most of our Health Information Centre

As Direct Care customer, we like to help you look after your health in the broadest possible sense. Our Health Information Centre gives you access to an extensive range of health information delivered from qualified and specialised medical teams - it's like having your own health expert on hand 24hours a day.

Health at Hand - expert healthcare advice is just a call away

The 24hour Medical Assistance Service is there for you whenever you need it, not to replace your General Pathologist (GP), but to help you understand all the conflicting information out there. It's a multi-clinic telephony service, staffed by healthcare professionals specialising in the issues raised. Call us on **800 5 10 15** or on **00357 25 885 885** (if you call us from abroad).

Men's, women's and family clinic

If you've a concern about yourself or a member of your family, the 24hour Medical Assistance Service is there to help you - whether it's a physical, personal, psychological or behavioural problem.

Care and Counselling clinic

Being in good shape mentally as well as physically is vital to a happy, healthy life. That's why our 24hour Medical Assistance Service is on call 24/7 for you to talk over any issues that are bothering you or your family. Whatever is causing you concern call our Medical teams and a trained counsellor will be there to help you. They may also point you in the direction of further help, such as psychological forums, consultants or other support groups.

Healthy Living clinic

We all need to look after ourselves if we want to live life to the full. We all know it's important to look after our health and try and change habits and lifestyles which can be damaging to our long-term physical and mental well being.

This isn't always easy to do on your own. So our team is there to help you with expert advice on exercising, drinking, smoking, diet and controlling blood pressure or cholesterol. They can also give you guidance on back pain, sports injuries and skincare as well as talk to you about complementary medicines like osteopathy and acupuncture.

Pills and Prescriptions clinic

If you've a question about prescriptions, medicines and treatments you can call our 24hour Medical Assistance Service. You might be worried about side effects, mixing medicines or continuing treatment. Perhaps you need help with pain relief or you're concerned about whether your treatment is having a direct effect on your illness or not. Whatever the query we are on hand to help you.

Notification for Hospitalization and Claim Handling

Immediately after a notification by the insured in relation to a possible claimed reimbursement in respect of an event covered by the benefits of the policy, we will proceed to a Claim handling.

After examining the details given in respect of the referred claim might proceed to one of the following actions:

- Ask for more necessary supporting details
- Acceptance of the Claim (partial or full settlement)
- Rejection of the Claim

Collection of Necessary Supporting Information

After examining the details included in the customer's claim file follow the necessary process in order to collect information needed to decide whether the claim is covered by your policy. This initial communication is a telephone communication either with the insured or with any other person or organization by which we are authorized to get information concerning the insured.

Any communication (in respect of the claim), is be done by our specialized personnel that established some lists of necessary details needed in order to inform customers in time as to what details are necessary in case of a claim for the fastest settlement of it.

Additionally, we might communicate directly with the medical practitioners aiming to the best possible information, for each case, and the best possible objective valuation of this medical information by its experts. It will be certainly cleared to the doctors with the best possible way that this is the usual process that follows every claim and in no way it doubts their medical practice.

Receipt of More Necessary Information

After examining the new information might ask for more in order to accept or reject the claim.

No Receipt of Information after the telephone communication

In cases when 4 weeks passed from the date of Notification of a claim and in spite of the telephonic attempts for the collection of the necessary information there was no result, Gan Direct will send to the insured a letter asking again for all and same information that had been asked.

No Receipt of Information after a written communication

In cases when there is no answer to the above letter within one (1) month the claim will be rejected due to insufficient information and the insured will be informed about the rejection of his claim.

In cases that the insured responds to the letter and sends the necessary information after the rejection letter, the claim will be send for reexamination.

Gan Direct decides for the final outcome of the claim and informs accordingly.

In cases when the insured sends new information, which include new satisfactory medical elements for the reexamination of the case, the claim will be resend for reexamination of the certain claim.

Service of Insured and Gan Direct

Before and after the Notification for Hospitalization

The insured is allowed before and after the submission of a claim, to communicate for any question or clarification. We will answer to any questions and at the same time acts so that the settlement of the claim to be completed the soonest.

After the Insured has been informed by Gan Direct for the final Decision

We will answer to questions and give explanations to the insured in relation to the final decision for the claim.

The specialized employee gives any explanation for any cutting down (partial payment, rejection of the claim) based on the rules and covers of the policy.

Consulting doctors who justify every decision, and evaluate always the medical opinion of the medical practitioners, but in no case are obligated to follow only their opinion, evaluate all the medical and insurance givens of every case and with objectivity based to scientific proofs will decide whether the event is covered or not.

Complaints Handling

Complaint/ Objections in relation to the Decision

Gan Direct will keep a record of all written complaints directed to it and referred to claims handling. We will answer to every written complaint (by an insured), the latest within five (5) working days from the date of the receipt of the complaint. If further investigation is needed we will confirm receipt within 24hours.

Complaints in respect of the customer service (communication)

Gan Direct keeps a record of the written complaints from customers.

Gan Direct will get involved, when is necessary, in any explanations and then a mutual settlement of the actual case to be decided.

Recording of Telephone Communication

An electronic recording system of the telephone calls concerning customer service and claims is installed, so that the quality of communications with customers to be controlled and improvement actions to be taken. Simultaneously through the recorded calls the observance of the agreed procedures will be attainable in cases of doubt.

Did you know...?

You are most welcome to come in and see us in our Centre of Excellence!

This booklet has been designed for you so please let us know what you think. We welcome your feedback; just send your comments to **info@gandirect.com**.

Share your experience with us

Gan Direct will offer you an unforgettable After Sales Customer Service Experience. However, if for any reason you are not delighted with the service provided to you, we would appreciate it if you could describe your experience on our email address, **info@gandirect.com**. Alternatively, you may write to our Head Office at **Gan Direct Insurance**, P.O. Box 51998, 3509 Limassol, Cyprus for the attention of the Managing Director.