

Admission & Discharge Flow

ADMISSION

MEMBER

HOSPITAL

- Present Medical Card, NRIC, referral letter (if any) at the admission counter
- MiCare validates & authenticates information



 COVERED

- MiCare issues Admission GL within 1 hour upon receipt of complete information
- Member pays Excess Deposit (if requested)

 NOT COVERED

- MiCare issues Decline Letter within 1 hour to AmMetLife & Hospital
- Member elects to stay or transfer

DISCHARGE

- Hospital faxes bill & final diagnosis for assessment
- MiCare issues Final GL
- Member pays excesses to hospital (if any) upon discharge

- Member arranges full payment to Hospital

At the Panel Hospital Admission Counter



- Members are required to present their Medical Card and Identity Card
- Provide consent by signing the Hospital Admission form
- Doctor fills in the diagnosis or symptoms

Discharge Scenario



Doctor advises discharge.



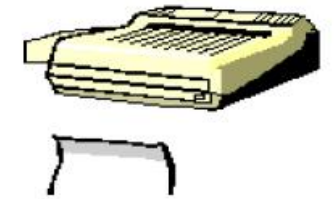
Doctor continues with ward visits.



Doctor confirms final diagnosis. Patient discharge procedure begins.



Compilation of all medical expenses incurred from different departments.







Hospital faxes the final bill to MiCare.

← Approximately 2 – 3 hrs →

← 1 hour →

Example of Non-Guarantee Reasons

-  Unverified membership
-  Exclusions from the insurance policy.
-  Limits have been exhausted.
-  Change of Medical Information to non-covered conditions.

Important Note

- The issuance of a Guarantee Letter (GL) is subject to the terms and conditions of the insurance policy coverage.
- A GL can only be issued after the panel hospital has furnished the completed Hospital Admission Form (the medical diagnosis by the treating doctor and member's signature) to MiCare / AmMetLife.
- Some hospitals may insist for an excess deposit to be collected upon admission. The excess deposit would range between RM 200-RM 500, depending on the hospital policy. The deposit will be refunded by the hospital if it is unutilized.
- The post follow-up guarantee letter will be issued together with the Final Guarantee Letter upon discharge. Members are required to visit the same treating doctor, in the same admitting hospital, for the same diagnosis, within the post follow-up period of 60 calendar days. All treatment costs during the post follow-up visits will be covered in FULL. Thereafter, your company may seek recovery from you for excesses, if any.