aLC
GLOBAL HEALTH INSURANCE
AN IMG COMPANY



Step-by-Step Guide to Making a Claim on Global Prima Medical Insurance

Please refer to your Policy Wording and Certificate of Insurance which confirm your benefits together with any exclusions which may apply.

Should you require any assistance or have any queries, the most convenient means for you to contact us are as follows:

WhatsApp: +44 (0) 29 2066 2410

Website: www.alchealth.com/claims.htm and click on MyALC to send us a secure message

Webchat: On MyALC, start a Live Chat with one of our agents

Telephone (24hr): +44 (0) 330 333 6686 or the number on the back of your membership card

Claims Email: GPMIclaims@imglobal.com

Pre-authorisation Email: GPMI preauth@imglobal.com

GLOBAL peace of mind®



Step-by-Step Guide to Making a Claim

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MyALC

As soon as your policy is active, you will be able to register for access to MyALC, where you will be able to:

- Pre-authorise your treatment
- Easily submit your claims
- Read secure messages from our claims team
- Search for a medical provider
- Obtain useful travel and security information
- Start a web chat
- Access the secure premium payment area

To Register for MyALC

If you have not already registered for MyALC, go to www.alchealth.com/claims.htm and click on Member Area.

Registering for MyALC is simple and takes less than 5 mins.

You will need your Policy and Customer Numbers to complete the registration. These can be found on your Membership Card or Certificate or Declaration of Insurance.

Any Insured Person over the age of 16 can register on to our Claims Centre. Each Person over the age of 16 must have their own registration to comply with data protection requirements



There are four simple steps to follow:

Step 1 Enter your Policy and Customer numbers. These can be found on your Membership Card or Certificate or Declaration of Insurance.

Step 2 Enter your personal details. This will be checked against the information we hold in our system.

Step 3 Create login details. Your username will be your email address.

Step 4 A confirmation email will be sent to you immediately. You will need to activate your account by clicking the link contained within the email.

Real Time Claims

When you have been for a routine health check, eye examination or have received routine or travel vaccinations, you can contact us on WhatsApp to have a real time claim assessment. You will need to have the claim documents saved to your device and, once you connect with one of our team, they will walk you through the process to submit your documents and they will assess the claim there and then, so you have a real time outcome.

Wellbeing

Routine health checks without clinical symptoms present once any applicable wait period is satisfied.

Optical

One routine eye examination per policy period, and prescribed glasses and contact lenses when your prescription has changed. You will need to provide proof of the change of prescription to claim for prescribed glasses and contact lenses.

Vaccinations

Basic immunisations, booster injections and medically necessary travel vaccinations. You may be asked to provide proof of the requirement for the vaccinations in the country you reside in or the country you are travelling to.

Only applicable if these benefits are included on your selected plan.

Out-patient and Dental Treatment
(excluding Out-patient Psychiatric Illness)

When using Out-patient and Dental Treatment, you will need to pay your own treatment costs upfront and claim the money back from us.

You **do not** need to pre-authorise your out-patient or dental treatment in advance (unless psychiatric treatment). If you are unsure if your policy covers the treatment, please check your Policy Wording. Alternatively, you can call our team, start a webchat on MyALC or message us on WhatsApp.

Cashless

As a member with us, you may be eligible to receive out-patient treatment at any one of the Hospitals or Clinics listed with us as a Cashless provider without the need to pay for treatment covered under your policy yourself. This is for primary care treatment up to £300/€300/$300 for new medical conditions. Those eligible for these services can attend a first consultation with a preferred provider; you will need to provide them with your Membership Card and complete a Cashless Form. The provider will then invoice us directly for costs incurred within the primary care treatment criteria.

If you are eligible for these services, the policyholder/group administrator will have received the details of the Cashless services available and a list of the Hospitals or Clinics you can visit. Not all members are eligible for these services.

Treatment received from these Hospitals or Clinics is subject to any policy excess and the benefits provided under your policy as detailed on your Certificate of Insurance and Policy Wording. You will be responsible for the cost of any treatment not covered under your policy and our team will contact you to advise if this is the case.

If you are ineligible for these services, you may go to your medical practitioner or specialist for consultations or treatment and submit your claim for reimbursement. To avoid delays later, we recommend you download a Medical Certificate to take with you to your appointment. This can be found on our website www.alchealth.com/library.htm. You will need to complete section 1 and have your doctor complete the rest.

Reimbursement

Once you have received and paid for your out-patient or dental treatment, follow these few simple steps to submit your claim to us online:

- Log into your MyALC account
- Click 'Make a Claim'
- Complete our online claim form and upload your claim documents, including invoices and receipts for treatment, medical information and referral letters
- Submit your claim and our team will contact you within five working days

Once your claim has been received, you will be able to view the details of the claim and any messages we send to you. When additional information is requested for your claim, you can reply to our message and upload any additional documents through MyALC as well.

Alternatively, you can download a Claim Form from our website https://www.alchealth.com/downloads.htm, complete and send it to us, together with your claim documents, including invoices and receipts for treatment, medical information, and referral letters. You can email your claim documents to our Claims Email detailed above.

You must keep the original, hardcopies of all claim documents you send to us for 6 months for audit requirements.

Physiotherapy and any Complementary Treatment

A referral letter is required from a Medical Practitioner before you can go for the treatment.

Top-up Policies

If you are using the claims under another insurance policy to cover the excess under your ALC Health plan, you must provide evidence of the medical condition together with paid invoices. Please note, only medical conditions under our policy Terms and Conditions are eligible. Payment cannot be made for the same invoice under both policies.

Emergency Admissions

If you are admitted to hospital due to an emergency, it is important that you or someone you know provides the hospital with your insurance details. You, someone you know, or the hospital must contact us as soon as possible to arrange for your eligible treatment costs to be covered.

We recommend you call our 24-hour Helpline to ensure you get the right support immediately.

Should you require any assistance or have any queries please contact our

24 hour Helpline: +44 (0) 330 333 6686

or the number on the back of your membership card

Evacuation or Repatriation

You, your doctor, or the hospital you are admitted to must contact us immediately if it is determined that you cannot receive adequate treatment locally. Our team will be on hand to support you and to make the necessary arrangements.

Planned In-patient & Day-patient Treatment

All in-patient and day-patient treatment must be pre-authorised. If treatment is not pre-authorised by us, we reserve the right to decline your claim. If your treatment is subsequently proven to be covered under the terms and conditions of your policy, we will pay only 50% of eligible benefits.

Please ensure that you apply for pre-authorisation of planned in-patient & day-patient treatment at the earliest time and no later than FIVE WORKING DAYS prior to the admission or treatment appointment.

If the date of your appointment is more than five working days away, follow these few simple steps to submit your request to us online:

- Log into your MyALC account.
- Click 'Make a Pre-authorisation Request'.
- Complete our online preauthorisation form and upload your medical information, referral letters and any cost estimates you have.
- Submit your request and our team will aim to contact you within two working days.
- Once we have all the information we need, we will aim to issue our Guarantee of Payment and arrange for the providers to invoice us directly.

Alternatively, you can call or email our team, start a webchat on MyALC or message us on WhatsApp. **If you need to be admitted into hospital more quickly, we recommend you call our 24-hour Helpline.**

Should you require any assistance or have any queries please contact our

24 hour Helpline: +44 (0) 330 333 6686

or the number on the back of your membership card

Psychiatric Illness Pre-authorisation
(In-patient and Out-patient Treatment)

Before you proceed with treatment of a Psychiatric Illness, you must check your Policy Wording. The policy requires you to contact us to seek pre-authorisation and we reserve the right to decline the claim in full if treatment is not pre-authorised.

Please ensure that you apply for pre-authorisation of planned psychiatric treatment at the earliest time and no later than FIVE WORKING DAYS prior to your appointment.

Only applicable if these benefits are included on your selected plan.

Planned Treatment

If the date of your appointment is more than five working days away, follow these few simple steps to submit your request to us online:

- Log into your MyALC account
- Click 'Make a Pre-authorisation Request'
- Complete our online preauthorisation form and upload your medical information, referral letters and any cost estimates you have
- Submit your request and our team will aim to contact you within two working days
- Once we have all the information we need, we will issue you a pre-authorisation number and confirm what benefits you are eligible for and how much you can claim
- You can then submit your claim as detailed in the previous section – See **Reimbursement**
- If you are admitted to hospital, we will aim to issue our Guarantee of Payment and arrange for the providers to invoice us directly

Alternatively, you can call or email our team, start a webchat on MyALC or message us on WhatsApp.

Treatment in the United States of America

You are free to choose the medical practitioner, specialist or hospital and location for your treatment within your area of cover. It is not a requirement of your policy that you seek treatment or supplies exclusively from a provider within our network of providers (Preferred Provider Organisations (PPO) Network).

However, if you choose to have treatment with a provider that is not within our PPO Network, this may affect the scope and extent of benefits available under your policy. Any excess amount due will be deducted in addition to a 50% co-insurance, as set forth in your policy documentation.

You can find a list of the providers within the USA PPO Network online at 'MyALC'. Go to www.alchealth.com/claims.htm and click 'Find a Medical Provider in the US'. When you attend your appointment, you will need to give the provider your Membership Card, which includes our PPO Network logo.

Treatment received from these providers is subject to any policy excess and the benefits provided under your policy as detailed on your Certificate of Insurance and Policy Wording. You will be responsible for the cost of any treatment not covered under your policy and our team will contact you to advise if this is the case.

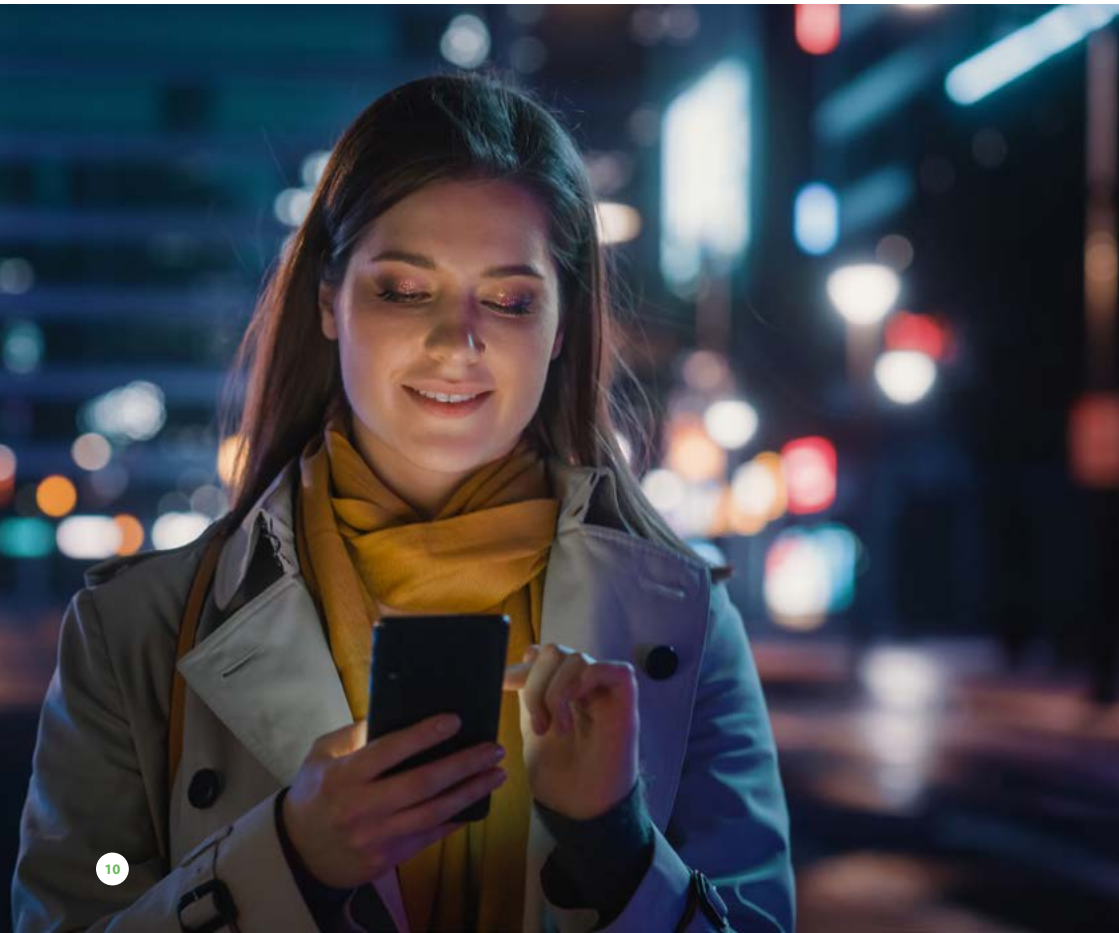
If you need to be admitted to hospital, you must still contact us to arrange pre-authorisation and we will be able to work with the provider directly and place our Guarantee of Payment for your eligible treatment costs.

Our Service Commitments

We aim to deliver excellent service and take ownership of assisting you to get the maximum value of your benefits through our claims process.

Our aim is to ensure that we can 'Be There' for you every step of the way and we want to make it as simple as possible for you to contact us, wherever you are. Here is what you can expect from us as our service commitment to you:

- We are available to assist with urgent hospital admissions or medical evacuations 24 hours a day, 7 days a week, 365 days a year via our 24-hour Helpline
- All non-urgent queries can be handled efficiently and in real time through our webchat and WhatsApp platforms Monday to Friday from 09:00 to 17:00 GMT
- If you would prefer to speak to an agent about a non-urgent query, we are available via the Helpline number Monday to Friday from 09:00 to 17:00 GMT





ALC Health is a trading names of International Medical Group Limited and IMG Europe AB.

International Medical Group Limited is authorised and regulated by the Financial Conduct Authority (311496). Registered in England & Wales (4163178). Registered office: 3rd Floor, Fitzalan House, Fitzalan Court, Cardiff, CF24 0EL.

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www.alchealth.com/claims.htm

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