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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.