# MOBILE APP – MEMBER MODULE MediExpress (Malaysia) Sdn Bhd Health Connect Sdn Bhd





# iOS (iOS 11 & above)

- 1. Go to App Store
- 2. Search for "MediExpress"
- 3. Download and Install the app

## Android (Android 11 & above)

- 1. Go to Play Store
- 2. Search for "MediExpress"
- 3. Download and Install the app



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## Features available

- 1. View Digital Card
- 2. View Dependents
- 3. View Entitlement & Balance Limit
- 4. View Claim History
- 5. Submit New Claim
- 6. View Guarantee Letter Status
- 7. Request Guarantee Letter
- 8. Long Term Medication and Follow Up
- 9. Panel Locator





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#### Fingerprint Login

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Select for Fingerprint Login

For Firstime User, you need to enable the Touch ID for Fingerprint login





you to the Main Page

#### Face ID Login



 Select Select for Fingerprint Login need to enable the Touch ID for Fingerprint login



you to the Main Page

# Disable Fingerprint & Face ID Login



 Select 3 dot's on right top Mainpage

	• — •	
÷	Settings	
	Policy Manager	>
	Change Password	>
<	Biometric Authentication	
	Logout	>

 Click Biometric Authentication to turn off (Grey)



 To re-enable, Click Biometric Authentication to turn on (Green)



#### Profile Update





#### Digital Card



Click My Policy





\*\* Principle can also view the respective dependent's digital card



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#### View Dependents



• Click *My Policy* 



View Principle details



Swipe left to view dependents



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Click Utilization



 Click benefit type to view entitlement

← Utilization	
InPatient	OutPatient
Premiu TEMF Princip	P NAME 1
Policy No. TEST COMP1	Insurance Company TEST COMPANY 123
Effective Date 01/01/2015	Expiry Date 31/12/2022
Benef	fits
Members ZZHA000	hip No Cover ID 00114*01 00
Room & B RM 200.0	loard Per Day <b>DO</b>
ICU Per D <b>RM 350.0</b>	ay Co Payment DO NA
Notes Hospitali	ization - To pay excess

 Swipe left to view benefit details

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- Select claimant
- Click Claims



- Choose claim type: Inpatient/Outpatient
- Select the claim to view

← InPatient C	laim Details
TEMP NAME 1	
Claim Number:	Claimability
ZZ0000003-1	ACCEPTED
Claim Type:	Policy Number
Reimbursment	TEST COMP1
Hospital: SUBANG JAYA MEDI	CAL CENTRE SDN BHD
Admission Date:	Discharge Date
01/11/2015	06/11/2015
Actual Amount:	Approved Amount
RM 2,500.00	RM 2,500.00
GL Number:	GL Date
LZZ0000003-1	20/11/2015
GL Purpose:	
Admission	
Payment No:	Payment Date
ZZ01010	26/04/2006
Cheque No:	Cheque Date
ZZ010101	26/04/2015
Remarks:	
-	

View claim details

# **Claim Status:**

- Accepted Claim is ready for processing.
- 2. Approved Claim is approved.
- Rejected Member can check the reason of claim rejection.
- Pending Claim is pending to be processed due to incomplete documents.

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- Select claimant
- Click Claims



- Choose claim type
- Click Submit new claim

- — Submit Claims ← **TEMP NAME 1** Fill in the details below \*Receipt Type:  $\mathbf{\sim}$ \*Hospital Name: Receipt Number: \*Receipt Amount: RM 0.00 \*/licit Data ADD CLAIM
- Fill up required details and click Add Claim



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- Select claimant
- Click Guarantee Letter



- Select GL Type Inpatient
- Click GL History

Click More Details



 View GL details & GL Status

# Note:

- Members will not be able to request Inpatient Guarantee Letter (IPGL) via mobile app.
- IPGL will only be issued upon request from hospital (with complete documents).



#### View Guarantee Letter (GL) Status - Outpatient



- Select claimant
- Click Guarantee Letter



- Select GL Type *Outpatient*
- Click GL History



- View GL Request History (List)
- Click More Details

<ul> <li>GL Request History Details</li> <li>TEMP NAME 1</li> <li>Attachment:</li> <li>Request Number: Status</li> <li>RGLAA00000641 REQUESTED</li> <li>Provider Name:</li> <li>ASSUNTA HOSPITAL</li> <li>Doctor Name:</li> <li>Bryan Lee</li> <li>Diagnosis:</li> <li>Test</li> <li>Visit Date:</li> <li>23/11/2016</li> <li>Remarks:</li> <li>test</li> </ul>		
TEMP NAME 1   Attachment:   Attachment:   Request Number:   REQUESTED   Provider Name:   ASSUNTA HOSPITAL   Doctor Name:   Bryan Lee   Diagnosis:   Test   Visit Date:   23/11/2016   Remarks:   test	← GL Request	History Details
Attachment:   Request Number:   Status   RGLAA00000641   Provider Name:   ASSUNTA HOSPITAL   Doctor Name:   Bryan Lee   Diagnosis:   Test   Visit Date:   23/11/2016   Remarks:   test	TEMP NAME 1	
Request Number: Status RGLAA00000641 REQUESTED Provider Name: ASSUNTA HOSPITAL Doctor Name: Bryan Lee Diagnosis: Test Visit Date: 23/11/2016 Remarks: test	Attachment:	
Request Number:StatusRGLAA00000641REQUESTEDProvider Name:REQUESTEDASSUNTA HOSPITALImage: Comparison of the statusDoctor Name:Image: Comparison of the statusBryan LeeImage: Comparison of the statusDiagnosis:Image: Comparison of the statusTestImage: Comparison of the statusVisit Date:Image: Comparison of the status23/11/2016Image: Comparison of the statusRemarks:Image: Comparison of the statustestImage: Comparison of the status		
RGLAA00000641 REQUESTED   Provider Name: ASSUNTA HOSPITAL   Doctor Name: Bryan Lee   Diagnosis: Test   Visit Date: 23/11/2016   Remarks: test	Request Number:	Status
Provider Name: ASSUNTA HOSPITAL Doctor Name: Bryan Lee Diagnosis: Test Visit Date: 23/11/2016 Remarks: test	RGLAA00000641	REQUESTED
Doctor Name: Bryan Lee Diagnosis: Test Visit Date: 23/11/2016 Remarks: test	Provider Name: ASSUNTA HOSPITAL	
Bryan Lee Diagnosis: Test Visit Date: 23/11/2016 Remarks: test	Doctor Name:	
Diagnosis: Test Visit Date: 23/11/2016 Remarks: test	Bryan Lee	
Visit Date: 23/11/2016 Remarks: test	Diagnosis: <b>Test</b>	
23/11/2016 Remarks: test	Visit Date:	
Remarks: test	23/11/2016	
test	Remarks:	
	test	

 View the GL Request History Details

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#### View Guarantee Letter (GL) Status - Medication



- Select claimant
- Click Guarantee Letter



- Select GL Type *Medication*
- Click More Details



- View details & status
- Status: In Progress/ Completed



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#### Request Guarantee Letter - Outpatient



- Select claimant
- Click Guarantee Letter



Select GL Type - Outpatient

Click + Outpatient Specialist



- Upload Image(s)
- Fill up all the required information



- Click Submit
- GL Request Successful

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ZZHA0000114\*01 - 00 Member Name: **TEMP NAME 1** To request a follow-up medications, please tap on existing request listed under 'Request History' Add New Request Non-Deliverable Medicine **Request History** 

Select GL Type - *Medication* 

Click + Add New Request

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OutPatient

Guarantee Letter

Patient Information

Membership No - Cover ID:

4

InPatient

- Select claimant
- Click *Guarantee Letter*



- Upload Image(s)
- Fill up all the required information

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**Medication Request** Successful

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- Select claimant
- Click Guarantee Letter



- Select GL Type *Medication*
- Click More Details



 Click Request New Followup, Fill up information & Submit

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#### Provider Locator for Hospital



- Select 'H' Symbol to view address & contact detail
- Select 💊 to call the **Provider**

¢. MediExpress

name

#### Provider Locator for Clinic



**Provider** 

Select 🕀 to view

address & contact detail

MediExpress

name

# Thank You



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