



IMPLEMENTATION BRIEFING

Universiti Sultan Zainal Abidin (UNISZA)

Group Hospitalization & Surgical

Group Outpatient Care (GP)



Takaful Underwriter

**Medical/health Division,
Takaful IKHLAS**



Benefits Administrator





About Takaful Ikhlas

- ✓ Takaful Ikhlas Berhad was established in 2003
- ✓ A subsidiary of MNRB and PNB
- ✓ 4th Takaful Provider with RM295 mil paid up capital.
- ✓ Has years of experience in providing medical coverage (to Corporate clients / individuals)

About MediExpress

Provides third party medical benefits administration services for insurance companies and direct clients for the last 13 years, since 1998.





What IKHLAS/Medix provide to the member

Takaful IKHLAS

- Risk underwriter, issuance of policy & bills

MediExpress (M) Sdn Bhd & Health Connect Sdn Bhd

Administration

- Entitlements, Claims Review & Settlement, Letter of Guarantees

Medical Management

- Working Relationship with all major hospitals
- Manage more than 2,600 Panel GP Clinics Nationwide

Member Services

- Enquiries on LOG, LOG issuance, 24 hours Emergency Line



MediExpress & Health Connect

MediExpress (Malaysia) Sdn Bhd (“MediExpress”), is a leading Managed Care Organization (MCO) that provides third party medical benefits administration services for insurance companies and direct clients for the last 13 years, since 1999. MediExpress managing the Inpatient services.

In addition to managing Inpatient benefits, MediExpress, through its affiliate, **Health Connect Sdn Bhd (“Health Connect”)**, provides Outpatient Benefits Administration Services to a growing list of dynamic organizations.





Identification of MediExpress & Health Connect



**OUTPATIENT – CLINICAL &
SPECIALIST VISIT**



INPATIENT – ADMISSION & FOLLOW UP



Schedule of Benefits for Hospitalization & Surgical

Coverage period : 01st April 2014 – 31st March 2015

Hospital & Surgical Care	Cashless (with GL)
1. In-Hospital Care	80
Hospital Room & Board (max. daily benefits) (i) Ordinary Room (up to 120 days max. per disability) (ii) Intensive Care (max. daily benefits) (up to 20 days max. per disability)	80 350
Hospital Supplies & Services	As Charged
Surgical Fees	
Anesthetics Fees	
Operating Theatre Charges	
In-Hospital Physician's Fees (Max. 120 days per disability) (For Non – Surgical disability, max 2 visit per day, up to 120 days per disability)	
Malaysian GH Daily Allowance (Max 120 days per disability)	20





Schedule of Benefits for Hospitalization & Surgical

Medical: Hospitalization	
Hospital Service Tax	6%
Pre-Surgical/Medical Diagnostic Services	As Charged
Pre-Surgical/Medical Specialist Consultation	
Second Surgical Opinion	
Post-Hospitalization Treatment (up to 60 days following discharge from hospital)	
Emergency Out patient Accidental Treatment (disability) (Max 60 days to follow-up)	2000
Accidental Dental Treatment (disability)	500
Daycare Procedure (inclusive all incidental cost)	As Charged
Ambulance Fees (disability)- (Emergency & Non Emergency)	250
Emergency Outpatient Treatment (disability)	100
Medical Report Fee Reimbursement	80
Limit Per Student Per Annum	RM 10,000

Schedule of General Practitioner

Medical: Outpatient	
1. Outpatient GP Care	Limit Per Annum – RM 500
<p>Routine Consultation</p> <p>Medication</p> <p>Injection</p> <p>Diagnostic Lab / X-Ray Procedures</p> <p>Outpatient Surgical Procedures</p>	<p>Covered</p> <p>Cashless</p>



Important Notes



- ▶ **Any medical costs exceeding the benefit limit provided by your company will be borne by the member.**
- ▶ **Please contact Mediexpress for detailed information on your benefits or balance limit**
- ▶ **Claims must be submitted to TISB/MediExpress within 30 days from the date of consultation or service. Please refer to the TISB/MediExpress procedures.**





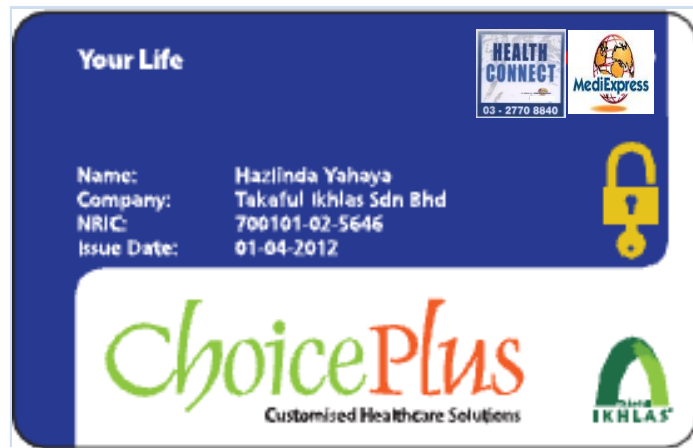
Exclusion Summary Listing

- ☒ **Cosmetic surgery or treatment**
- ☒ **Experimental procedures**
- ☒ **Substance abuse**
- ☒ **Private nursing care**
- ☒ **Sexual dysfunction or infertility**
- ☒ **Pregnancy**
- ☒ **Alternative therapies**
- ☒ **Psychotic, mental or nervous disorders**
- ☒ **Congenital or hereditary illnesses**
- ☒ **Routine physical examination**
- ☒ **Refractive errors**
- ☒ **Dental**

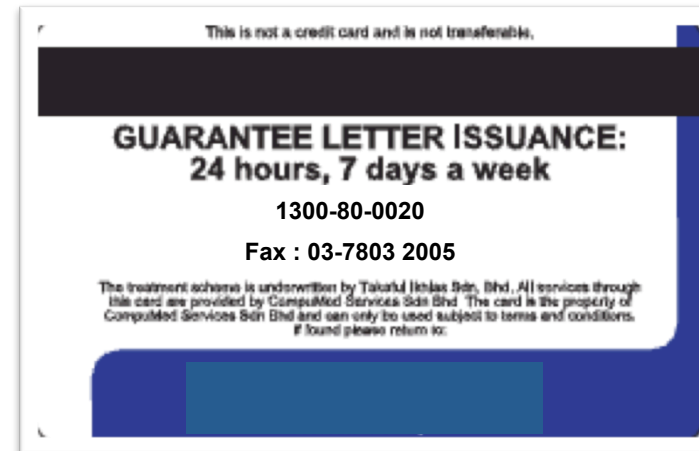


Medical Benefits Administration

MEDICAL CARD



Front

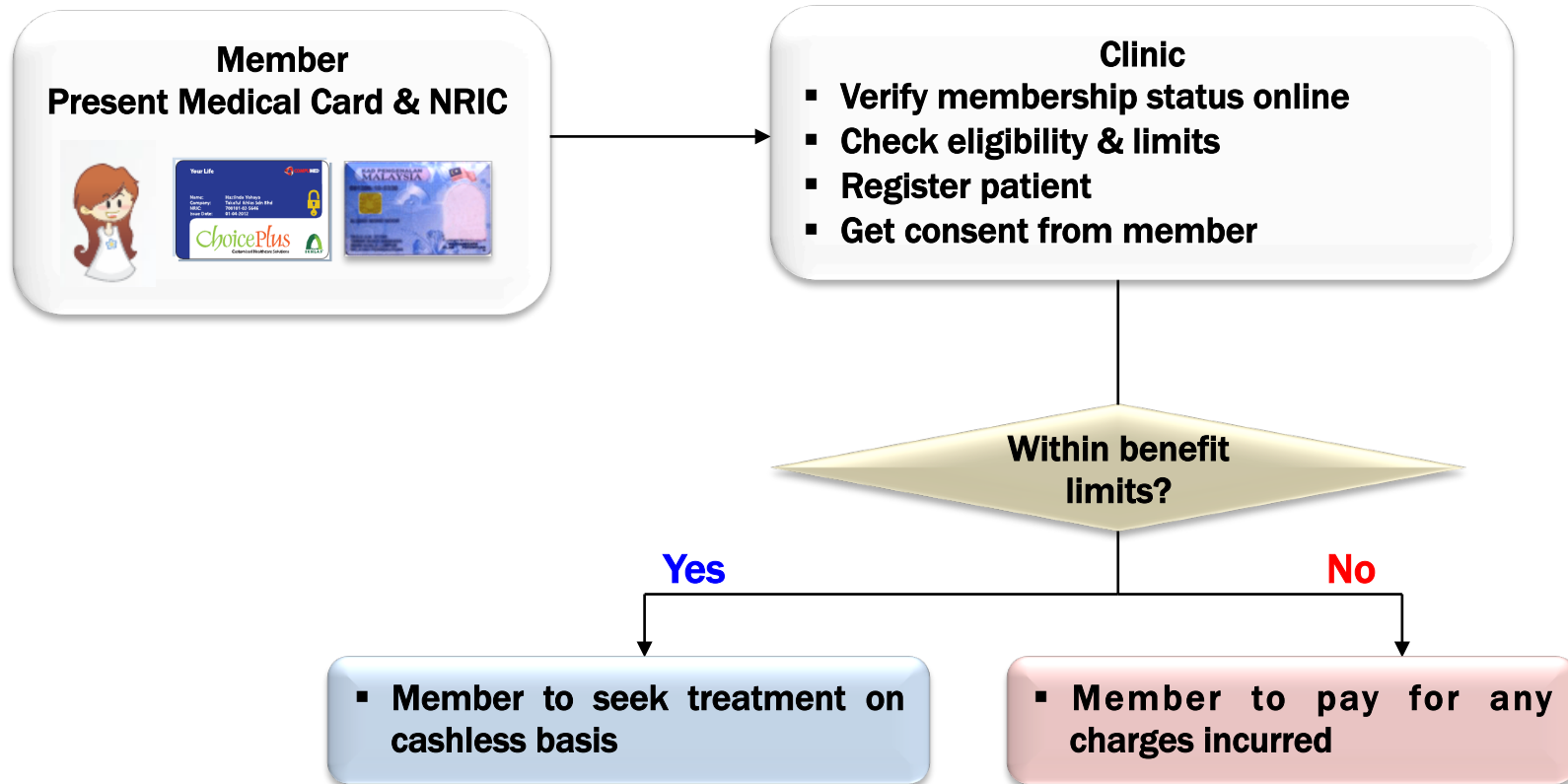


Back

If you lose your Member ID card, inform Your Human Capital Management Department immediately.

There will be a RM10 replacement fee except in cases of loss with police report or faulty card

Outpatient GP Clinic Treatment



Outpatient Specialist Treatment

Member
Present Medical Card, NRIC &
Referral letter/Appointment Card



OR

**Member can also directly email/fax
referral letter/appointment card to
MediExpress to request for GL.**

Required information is:

- 1) Name/Membership number**
- 2) Hospital**
- 3) Name of treating doctor**
- 4) Date of appointment**

**Email to hct@medix.com.my or fax to
03-7804 7700**

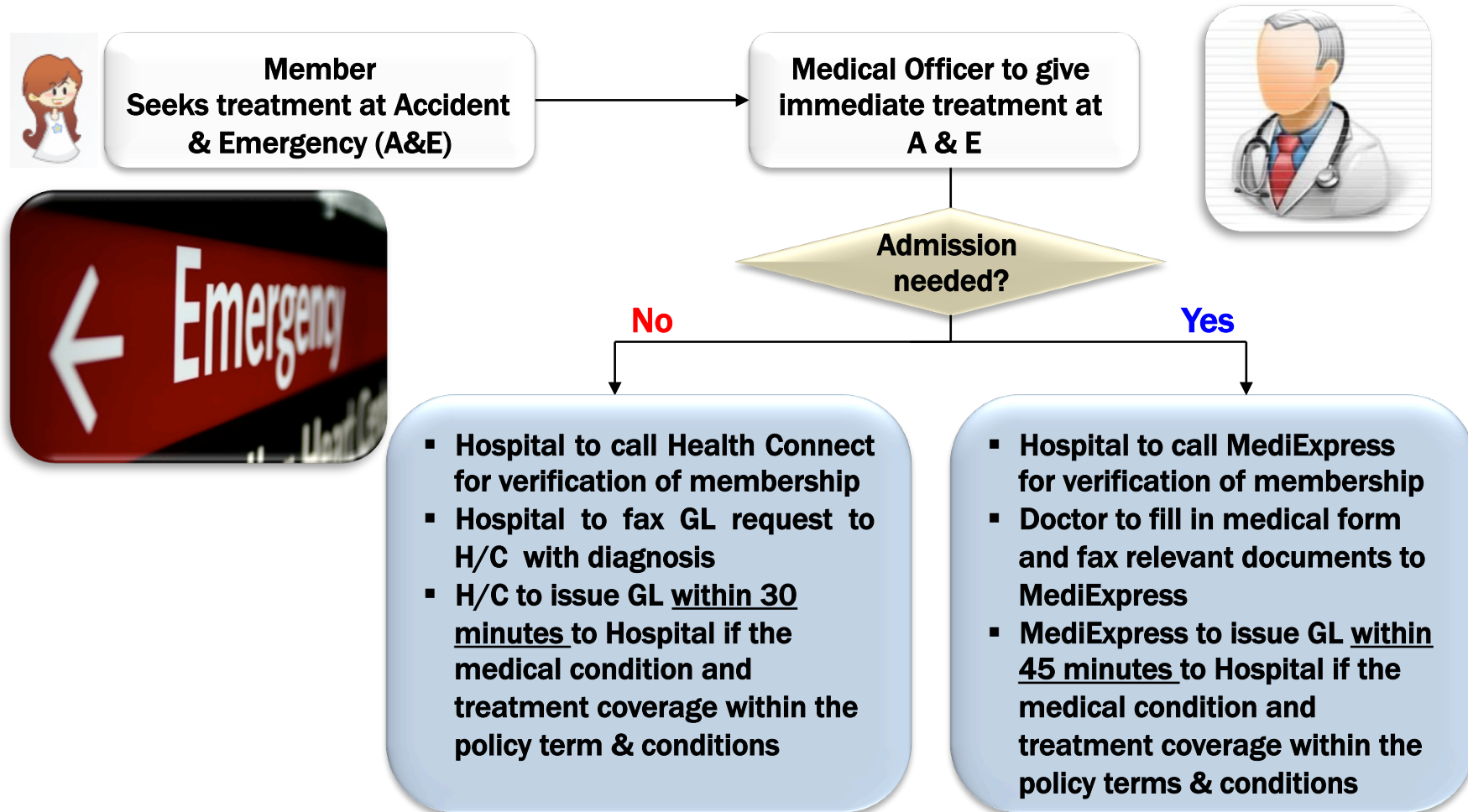
Hospital

- **Verify membership status with Health Connect/Online**
- **Check eligibility & limits**
- **Register the patient**
- **Get consent from member**

- **Hospital to fax GL request to H/C with diagnosis**
- **H/C to issue GL within 30 minutes to Hospital if the medical condition and treatment coverage within the certificate conditions**

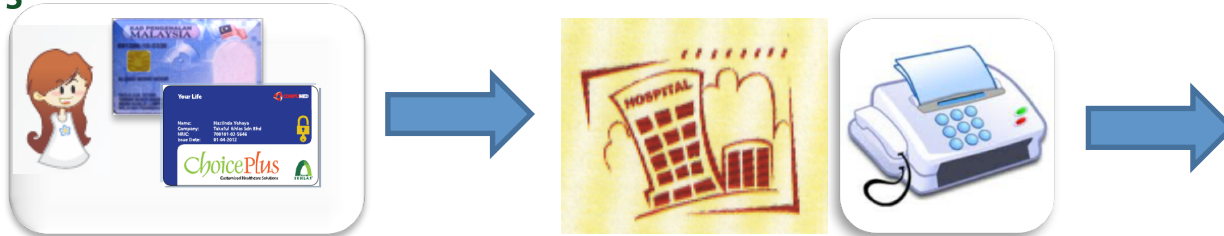
(GL with limit of RM 500 is faxed to hospital, if limit is insufficient, hospital will contact H/C for top up GL)

Emergency Treatment at A & E





Hospitalization: Pre-admission



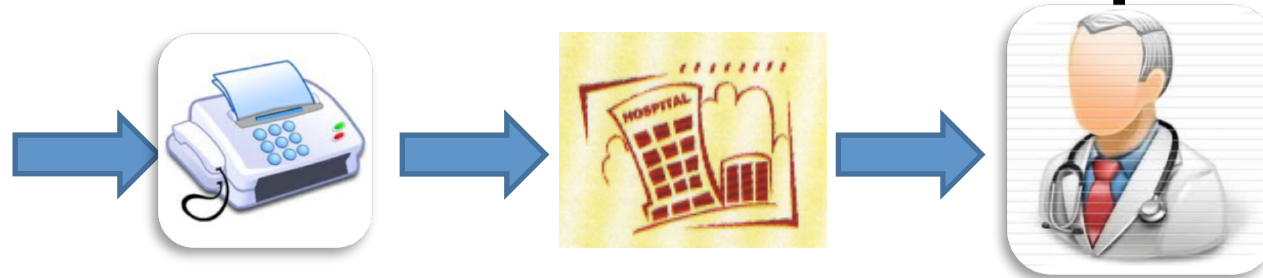
- Member to present Medical card/IC to hospital admission department
- Hospital to call MediExpress for verification of membership
- Doctor to fill in medical form and fax relevant documents to MediExpress
- MediExpress to issue GL within 45 minutes to Hospital if the medical condition and treatment coverage within the policy term & conditions



Important

- *GL is valid for 7 days from the issuance date*
- *Issuance of GL is subject to policy terms & conditions*
- *If the case is not coverable, member will have to pay the entire bill upon discharge or alternatively seek treatment at a government hospital instead*

Hospitalization: Government Hospital



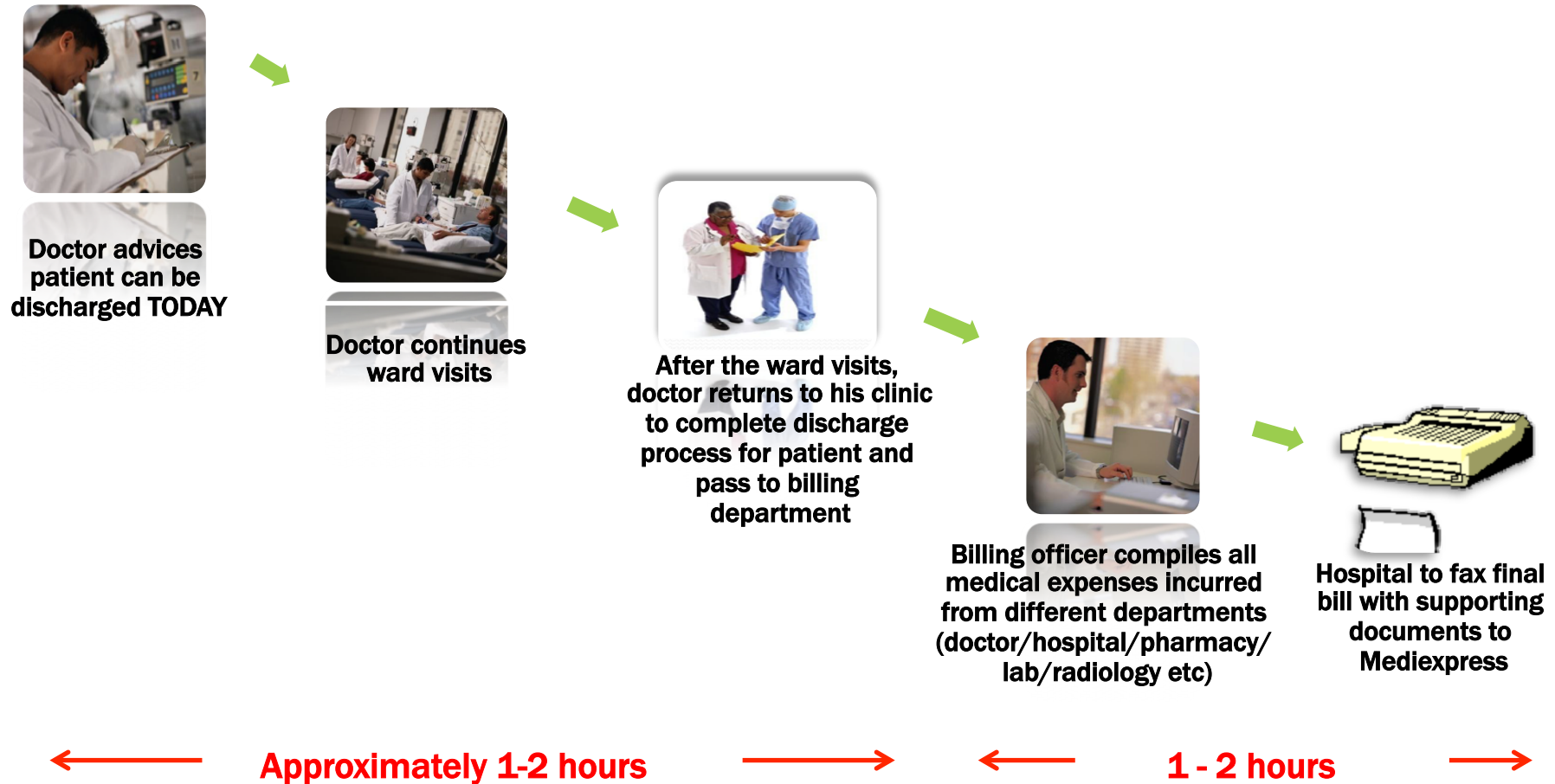
- Member to call MediExpress directly to request for GL
- Member should provide
 - a) Name of member
 - b) Name of hospital
 - c) Diagnosis
 - d) Fax number/email address to fax GL



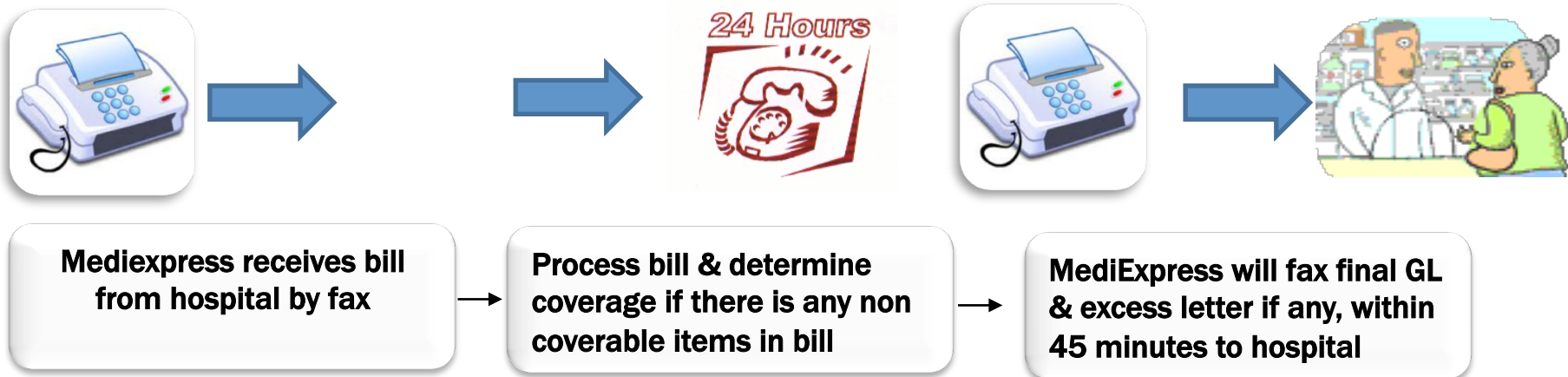
Important

- *GL is valid for 30 days from the issuance date*
- *Government Hospital GL is only valid for bills above RM 50*
- *Issuance of GL is subject to policy terms & conditions*

Hospitalization: Discharge



Hospitalization: Discharge



Important



- *Post Hospitalization GL will be issued upon discharge for 60 days subject to available limit*
- *Post Hospitalization GL will only be valid to the same attending specialist during admission & for the same disability only*
- *Some hospitals may require deposit although GL is issued. This is to cover excluded items under the insurance policy*



***Overseas Treatment**

Out-Patient Clinical	-	Max RM100 per visit
Out Patient Specialist	-	Max RM250 per visit
Hospitalization & Surgical	-	Reimbursed based on the reasonable & customary charges in Malaysia (based on MMA Schedule of Fees)

*** Period of travel should not exceed 90 days**

*** Members who are seconded overseas are not covered under this program**



MediExpress Call Centre

Helpline

Tel No: 1300-80-0020

OR

03 – 7803 2003

- ☒ Enquiries on medical benefits & coverage
- ☒ Letter of Guarantee (LOG) issuance
- ☒ 24 Hour Toll Free Service
- ☒ Enquiries on Panel Listing
- ☒ Others

Fax No: 03 7803 2005

Email: adm@medix.com.my (Inpatient)

hct@medix.com.my (Outpatient)

Reimbursement Workflow

- ▶ Fill up Reimbursement MediExpress Medical Form (obtain from HR)
- ▶ Ensure the form is FULLY completed by attending doctor
- ▶ Attach following documents:
 - Original receipts / invoices (Inclusive Pre & Follow up bills where applicable)
 - Test Reports (X-ray, Ultrasound scan, CT Scan /MRI, HPE, Laboratory, etc)
 - Referral letter to admission (if there is)
- ▶ Send Reimbursement Medical Form + all attached documents to HR
- ▶ Payment within 21 working days on receiving full completed documents.
- ▶ Claim will be paid via e-payment (debit directly to member's account)
- ▶ To follow up on claim status, email to : claims@medix.com.my



Reimbursable & Non reimbursable claims

Reimbursable claims

- Emergency Outpatient Treatment at Hospital Accident & Emergency Unit
- Non Panel Specialist Visit
- Outpatient Government Hospital treatment
- Non Panel GP Clinic visit (due to emergency or if Panel GP closed)

Non reimbursable Claims

- Non Covered or excluded services, treatments and medication
- Specialist Visit claim without GP referral letter (except Paeditrician)





Web Portal Access for members

Member Login Web Portal User Manual

www.mediexpress.com.my



Third party **administer of choice** with
a **passion** for **care** and **excellence**



Welcome to MediExpress

The core competency of MediExpress (Malaysia) Sdn Bhd ["MediExpress"] lies in the area of management and administration of inpatient and outpatient medical benefits on behalf of insurance companies and corporate clients. The range of services offered revolves around the basic premise of the many quantitative and qualitative benefits to be derived by employers and insurance companies from outsourcing the management and administration of medical benefits granted to their employees and accruing to their policyholders respectively.



Member
Sign-in

LOGIN



Log-in ID :

Password :

☐ Keep me logged in on this computer

Login Now

OUR CUSTOMERS

Our heartiest gratitude to all our esteemed clients who have renewed their contract with us and we also welcome new additions to our corporate client. Our customers range from multinational, local conglomerate as well as SME. Some of our clients are as follows:





New User Please [Register](#) here

Log in

Username:

Password :

Log in

[Forgot your password?](#)

Copyright © 2009 MediExpress. All Rights Reserved.



MEMBER VERIFICATION



Third party *administer of choice* with
a *passion* for care and excellence



Already Registered can [Login](#) here

MEMBER REGISTRATION

Membership Number: e.g. XXXX1111111

IC Number: e.g. 6002131XXXXX

Copyright © 2009 MediExpress. All Rights Reserved.



USER REGISTRATION



Third party *administer of choice* with
a *passion* for care and excellence



Already Registered can [Login](#) here

Successfully Validated Membership Details. Please Create Your own Username and Password to complete the Registration

MEMBER REGISTRATION

User Name :

Password :

Confirm Password :

Email Address :

Mobile No :

Copyright © 2009 MediExpress. All Rights Reserved.



Third party *administer of choice* with
a *passion* for *care* and *excellence*



New User Please [Register](#) here

Login

U Account Created successfully. You can Proceed to login now.

P

OK



*Third party administer of choice with
a passion for care and excellence*



New User Please [Register](#) here

Password Recovery

Member Number :

Email Address :

Recover

Copyright © 2009 MediExpress. All Rights Reserved.



Membership

Utilization

Claim

Provider List

Benefit

Policy Exclusions

Policy No: SYABAS2014

* Select Family member to get details

Family Details

Name	Relation	IC No.
Syabas Test Member	Employee	EMT011
Syarikat test dependent	WIFE	EMT022

Member Details

Member No	: EMHA2678310*02	Policy Number	: SYABAS2014
Name	: Syabas Test Member	Effective data	: 01/01/2014 00:00:00
IC No	: EMT011	Expiry Date	: 31/12/2014 00:00:00
PF Number	:	Status	: Active
DOB	: 01/01/1990 00:00:00	Plan	: X010
Address 1	: Temp Address	Department	: Test Department
Address 2	: Temp Address	CostCenter	:
Address 3	: Temp Address	Position	:
Tel	:	Grade	:
Email	: test@email.com.my	Division	:
Company	: SYARIKAT BEKALAN AIR SELANGOR SDN BHD	Insured Type	: Group Family



Outpatient Utilization



Syabas Test Member [log out](#)

Membership

Utilization

Claim

Provider List

Benefit

Policy Exclusions

Family Member:

Syabas Test Member ▼

Policy Year:

2014 ▼

Outpatient

Inpatient

Name : Syabas Test Member
IC No : EMT011
Effective date : 01/01/2014
Expiry Date : 31/12/2014

GP Limits

Annual Limit : FULL
Topup Amt : 0.00
Utilized Amount : 80.00
Balance : N/A
Percentage : N/A

Specialist Limits

Specialist Limit : N/A
Utilized : N/A
Balance : N/A
Percentage : N/A



Inpatient Utilization

Syabas Test Member [log out](#)

Membership

Utilization

Claim

Provider List

Benefit

Policy Exclusions

Family Member:

Syabas Test Member

Policy Year:

2014

Outpatient

Inpatient

Member Utilization Details

Name	: Syabas Test Member
I/C No.	: EMT011
Effective Date	: 01 JANUARY 2014
Expiry Date	: 31 DECEMBER 2014
Ins Type	: GROUP FAMILY
Annual Limit	: FULL
Utilized	: RM 0.00
Balance Limit	: N/A
Limit Type	: C - SEPARATE LIMIT



Outpatient GP Claims



Syabas Test Member  log out

Membership

Utilization

Claim

Provider List

Benefit

Policy Exclusions

Family Member:

Syabas Test Member ▼

Policy Year:

2014 ▼

Outpatient GP

OutpatientSP

Inpatient

Claim No	Visit Date	Clinic Name	Patient Name	Diagnosis	MC Day(s)	Actual Bill	Approved Amt	Payment No	Payment Date	Cheque No	Case Type
DCK001168139	22/01/2014	KLINIK NOOR HAJAR	Syabas Test Member	Asthma, Burns	0	30.00	30.00	N/A	N/A	N/A	Cashless
DCK001167420	07/03/2014	KLINIK ABDULLAH	Syabas Test Member	N/A	0	50.00	50.00	N/A	N/A	N/A	Cashless



Outpatient Claim Details



Syabas Test Member  log out

Membership

Utilization

Claim

Provider List

Benefit

Policy Exclusions

Claim Review

Company SYARIKAT BEKALAN AIR SELANGOR SDN BHD
Clinic KLINIK NOOR HAJAR
Patient Syabas Test Member
Member No. EMHA2678310*02-00
IC No. EMT011

Claim No DCK001168139
Visit Date 22/01/2014
Visit Time 06:00
MC Days(s)
REG Date 07/04/2014

Diagnosis
ASTHMA
BURNS & SCALDS

Medication	Days	Quantity
TEST	1	1

Remarks
<div></div>

Charges	RM
Consultation Fee	10.00
Medication	20.00
Before Co-Payment	30.00
Less Member Pays	0.00
Amount Claimed	30.00

Back



Outpatient SP Claims



Syabas Test Member  log out

Membership

Utilization

Claim

Provider List

Benefit

Policy Exclusions

Family Member:

Syabas Test Member ▼

Policy Year:

2014 ▼

Outpatient GP

OutpatientSP

Inpatient

Claim No	Visit Date	Clinic Name	Patient Name	Diagnosis	MC Day(s)	Actual Bill	Approved Amt	Payment No	Payment Date	Cheque No	Case Type
DCK001156491	01/04/2014	NON-PANEL SPECIALIST	Syabas Test Member	N/A	0	150.00	0.00	N/A	N/A	N/A	Reimbursement



Inpatient Claims



Syabas Test Member  log out

Membership

Utilization

Claim

Provider List

Benefit

Policy Exclusions

Family Member:

Syabas Test Member ▼

Policy Year:

2014 ▼

Outpatient GP

OutpatientSP

Inpatient

Claim No	Bill Amt	App Amt	Cash Type	PV No	PV Date	PV Amt	Status	Approved By
<u>TK00000465-1</u>	2992.35	2960.55	Cashless	CB00004901	06/08/2013	2,960.55	Pending	N/A
<u>TK00000465-2</u>	195.00	195.00	Cashless	CB00007773	13/11/2013	195.00	Pending	N/A



Inpatient Claim Details



Syabas Test Member [log out](#)

Membership

Utilization

Claim

Provider List

Benefit

Policy Exclusions

Worksheet

Member No : TKHA0252057*01-00
 Insured Name : test
 Patient Name :
 Policy No. : 43000007
 Hospital :
 Case Type : CASHLESS
 Group Company : SYARIKAT BEKALAN AIR SELANGOR SDN BHD
 Department : GOMBAK
 Diagnosis : OTHER DISORDERS OF CONJUNCTIVA

Claim No : TK00000465-1
 Payor : TK
 Plan Type : S697
 Policy Eff. Date : 01/04/2013
 Policy Exp. Date : 31/03/2014
 Date of Admission : 12/06/2013
 Date of Discharge : 13/06/2013
 Cost Center :

	Limit	Actual	Approved	Hospital Pay	Member Pay
Room & Board	120.00	150.00	120.00	150.00	(30.00)
ICU rate	0.00	-	-	-	-
Hosp Supplies & Services	1,750.00	1,354.35	1,354.35	1,354.35	-
Operating Theatre	875.00	-	-	-	-
MRI	0%	-	-	-	-
Pre-Hospital X-ray and lab	-	-	-	-	-
Pre-Hospital Specialist Fee	300.00	-	-	-	-
Surgical Fee	2,500.00	1,330.00	1,330.00	1,330.00	-
Anaesthetist Fees	875.00	149.00	149.00	149.00	-
Pre-Hospital Specialist Fee	250.00	-	-	-	-
Daily In-Hospital Physician	35.00	-	-	-	-
Post-Hospitalisation Treatment	250.00	-	-	-	-
Medical Benefit	-	-	-	-	-
Out-Patient Accident	1,000.00	-	-	-	-
Ambulance Fee	250.00	-	-	-	-
Physiotherapy Treatment	10,000.00	-	-	-	-
Kidney Dialysis & Cancer Treatment	-	-	-	-	-
Organ Transplantation	-	-	-	-	-
Govt. Hospital Income Benefit	0.00	-	-	-	-
Child's Guardian Allowance	-	-	-	-	-
Medical Report	50.00	-	-	-	-
Telephone Charges	-	-	-	-	-
Admin / Registration	-	-	-	-	-
Home Nursing Care	-	-	-	-	-
Medical Record	100.00	-	-	-	-
Others - No Co-Pay	-	-	-	-	-
Service Tax - R&B	7.20	9.00	7.20	9.00	(1.80)
Service Tax - ICU	-	-	-	-	-
Service Tax - Lodger	-	-	-	-	-
Total	2,905.55	2,992.35	2,960.55	2,992.35	(31.80)
Co-Payment R&B	-	-	-	-	-
Underwriting Excess	-	-	-	-	-
Total Excess	-	-	-	-	(31.80)
Excess Collected By Hospital	-	-	-	(31.80)	31.80
Limit Exceeded	-	-	-	-	-
Main / Topup Policy	-	-	-	-	-
Hos / Payor To Collect	-	-	-	-	-
Ex-Gratia (Not Payable)	-	-	-	-	-
BTBG	-	-	-	-	-
Processing Fee	-	-	-	-	-
Final Total	2,905.55	2,992.35	2,960.55	2,960.55	0.00
Bordereaux Amount	-	-	2,960.55	-	-

[Back](#)



Online Claim Submission



Syabas Test Member log out

Membership

Utilization

Claim

Online Claim
Submission

Provider List

Benefit

Policy Exclusions

My Account

Member Claim Submission

**Step
1**

Select Receipt : No file selected.

Instructions :

1. Uploadable File Types are *.pdf, *.bmp, *.jpg, *.jpeg, *.gif, *.png, *.tiff
2. File size should not exceed 5 MB of size.
3. All receipts must be submitted for claim within 1 month from receipt date.
4. Every receipt submitted with the relevant diagnosis. 1 receipt per submission.
5. Only 1 receipt is allowed per file.

**Step
2**

Select Patient

Select Diagnosis Or

Instructions :

1. Maximum 5 Diagnosis can be selected per receipt.
2. Click "Add Receipt", if there is another receipt, repeat Step 1.
3. If you have completed with all the receipts, go to Step 3.

* Receipt Amount:

* Receipt Date:

* Receipt Time: : HH:MM (24 HOUR FORMAT)

* Receipt Number:

Selected Receipts

**Step
3**

Phone Number

Email Address

Bank Name

Bank A/c Number

☐ **Disclaimer:** I hereby authorize my medical record to be released to my insurer, Health Connect Sdn Bhd and their parties in order to process this claim.



Provider List(CLINICS)



Syabas Test Member

log out

Membership

Utilization

Claim

Online Claim
Submission

Provider List

Benefit

Policy Exclusions

My Account

State :

JOHOR

Location :

Post Code :

Provider Name :

Get Provider List

Clinics Panel Hospitals

No.	Clinic Code	Clinic Name	Address 1	Address 2	Location	Post Code	City	State
1	A009	KLINIK ADHAM	23 JALAN ENAU 2	TAMAN TERATAI	SKUDAI	81110	SKUDAI	JOHOR
2	A010	KLINIK ADHAM KULAI	PTD 1334 & 1335	JALAN LENGKONGAN	KULAI	81000	KULAI	JOHOR
3	A011	KLINIK ADHAM SENAI	178 JALAN BELIMBING 1		SENAI	81400	SENAI	JOHOR
4	A058	KLINIK AMAN	11, JALAN PEMBANGUNAN,	DESA RAHMAT, TAMPOI	JOHOR BAHRU	81200	TAMPOI	JOHOR
5	A114	POLIKLINIK ANGGERIK	NO. 2, JALAN ANGGERIK 2/3	TAMAN ANGGERIK	JOHOR BAHRU	81200	JOHOR BAHRU	JOHOR
6	A157	KLINIK ASIA DAYA	10 JALAN SAGU 1	TAMAN DAYA	JOHOR BAHRU	81100	JOHOR BAHRU	JOHOR
7	A159	KLINIK ASIA JAYA	NO 4 JALAN DEDAP 15	TAMAN JOHOR JAYA	JOHOR BAHRU	81100	JOHOR BAHRU	JOHOR
8	A162	KLINIK ASIA SKUDAI	NO 14 JALAN SHAHBANDAR 2	TAMAN UNGKU TUN AMINAH	SKUDAI	81300	JOHOR	JOHOR
9	A165	KLINIK ASIA TEBRAU	NO 111 JALAN PERISAI	TAMAN SRI TEBRAU	JOHOR BAHRU	80050	JOHOR BAHRU	JOHOR
10	A176	CLINIC AUSTRALIA	NO. 37 JALAN KUNING 2	TAMAN PELANGI	JOHOR BAHRU	80400	JOHOR BAHRU	JOHOR
11	A225	KLINIK ASIA MASAI	NO: 140, JALAN BESAR	MASAI	MASAI	81750	JOHOR BAHRU	JOHOR
12	A290	KLINIK ADHAM	B-6, JALAN AIR HITAM	PEKAN BUKIT BATU,	BUKIT BATU	81000	JOHOR	JOHOR
13	A292	KLINIK ADHAM	859A, JALAN TERATAI 36/17	TAMAN INDAH PURA	KULAI	81000	JOHOR	JOHOR
14	A293	KLINIK ADHAM	NO. 17, JALAN INDAH 1/2,	TAMAN BUKIT INDAH	JOHOR BAHRU	81200	JOHOR BAHRU	JOHOR
15	A294	KLINIK ADHAM	NO. 10L, JALAN CHENDERWASIH	LARKIN JAYA	LARKIN	80350	JOHOR BAHRU	JOHOR
16	A295	KLINIK ADHAM	NO. 3, JALAN ORKID SATU,	TAMAN WEDO, KELAPA SAWIT	TAMAN WEDO	81030	JOHOR	JOHOR
17	A296	KLINIK ADHAM	NO.7, JALAN SERI WARISAN	KOTA HERITAGE COMMERCIAL CENTRE	KOTA TINGGI	81900	KOTA TINGGI	JOHOR
18	A297	KLINIK ADHAM	NO. 24, KEDAI PEJABAT 3 TINGKAT,	JALAN CYBER 16,	SENAI	81400	SENAI	JOHOR
19	A387	KLINIK ADHAM BANDAR BARU UDA	NO 6 JALAN PADI EMAS 2	BANDAR BARU UDA	JOHOR BAHRU	81200	JOHOR BAHRU	JOHOR
20	A388	KLINIK ADHAM (TMN INDAH PURA)(HQ) (KADG)	13023 JALAN RAJAWALI 1	BANDAR PUTRA KULAI	KULAI JAYA	81000	JOHOR	JOHOR
21	A506	KLINIK ASIA 24 JAM	NO. 41-18	JALAN ABDUL RAHMAN	MUAR	84000	MUAR	JOHOR
22	A544	KLINIK AZLINA & SURGERI	NO 124 JLN RUGAYAH		BATU PAHAT	83000	BATU PAHAT	JOHOR
23	A587	KLINIK ADHAM (MUTIARA RINI)	NO 19, JALAN JASA 25	PRESINT JASA	SKUDAI	81300	SKUDAI	JOHOR
24	A604	KLINIK ANU DAN SURGERI 24 JAM	NO. 185, JALAN PAHLAWAN SATU	TAMAN UNGKU TUN AMINAH	SKUDAI	81300	SKUDAI	JOHOR
25	A605	KLINIK AR-RAUDAH DAMAI	NO. 3096, JALAN MERBAU 1	BANDAR PUTRA	KULAIJAYA	81000	KULAIJAYA	JOHOR
26	A617	KLINIK AISWARYA	NO. 55-G, JALAN MUTIARA EMAS 10/2	TAMAN MOUNT AUSTIN	JOHOR BAHRU	81100	JOHOR BAHRU	JOHOR
27	A622	KLINIK AZLINDA	NO. 9, JALAN KEMPAS 17	TAMAN MEGAH RIA	MASAI	81750	MASAI	JOHOR
28	B012	KLINIK BAKTI	28, JALAN DATUK HJ. HASSAN		KLUANG	86000	KLUANG	JOHOR
29	B016	KLINIK BAKTI	NO. 3, JALAN TUN ALI	BANDAR TENGGARA	KULAI	81000	JOHOR	JOHOR
30	B127	POLIKLINIK BINTANG	NO. 84, JALAN NB 2 1/4	TAMAN NUSA BESTARI 2	SKUDAI	81300	JOHOR BAHRU	JOHOR
31	B147	POLIKLINIK NAVIN SDN BHD	NO. 9 JALAN INDAH 22/14	TAMAN BUKIT INDAH 2	JOHOR BAHRU	81200	JOHOR BAHRU	JOHOR
32	B151	POLIKLINIK BIO-SUCINAS	NO 2 JALAN PADI 2	BANDAR BARU UDA	JOHOR BAHRU	81200	JOHOR BAHRU	JOHOR
33	B152	POLIKLINIK BINTANG	NO 36, JALAN JAYA	TAMAN MAJU JAYA	JOHOR BAHRU	80400	JOHOR BAHRU	JOHOR



Provider List(Hospitals)



Syabas Test Member [log out](#)

Membership

Utilization

Claim

Online Claim
Submission

Provider List

Benefit

Policy Exclusions

My Account

State :

Location :

Post Code :

Provider Name :

[Get Provider List](#)

Clinics **Panel Hospitals**

No.	Hos Code	Hospital Name	Address 1	Address 2	Location	State	Telephone	Room & Board	Min Deposit
1	CAHN	COLUMBIA ASIA HOSPITAL - NUSAJAYA	PERSIARAN AFIAT,	TAMAN KESIHATAN AFIAT,	NUSAJAYA	JOHOR	07-2339999		
2	HPBP	PANTAI HOSPITAL BATU PAHAT	9S, JALAN BINTANG SATU	TAMAN KOPERASI BAHAGIA	BATU PAHAT	JOHOR	07-4338811		
3	JOHSP	KPJ JOHOR SPECIALIST HOSPITAL	39 B	JALAN ABDUL SAMAD	JOHOR BAHRU	JOHOR	07-2253000		
4	KPSMC	KEMPAS MEDICAL CENTRE	LOT PTD 7522, JALAN KEMPAS BARU	81200	JOHOR BAHRU	JOHOR	07-2368999		
5	MEDSJ	MEDICAL SPECIALIST CENTRE	WISMA MARIA JALAN NGEE HENG	80100	JOHOR BAHRU	JOHOR	07-2243888		
6	PENAR	HOSPITAL PENAWAR	NO 17 & 18 PUSAT PERNIAGAAN	81700 PASIR GUDANG	PASIR GUDANG	JOHOR	07-2521800		
7	PGSHS	KPJ PASIR GUDANG SPECIALIST HOSPITAL	Lot PTD 204871, Jalan Persiaran Dahlia 2,	Taman Bukit Dahlia, 81700 PasirGudang,	PASIR GUDANG	JOHOR	07-257 3999		
8	PUTRI	PUTERI SPECIALIST HOSPITAL	33 JALAN TUN ABDUL RAZAK (SUSUR 5)	80000	JOHOR BAHRU	JOHOR	07-2253222		
9	REGE	REGENCY SPECIALIST HOSPITAL	NO 1, JALAN SURIA	BANDAR SERI ALAM	MASAI	JOHOR	07-3817700		
10	SOUBP	PUTRA SPECIALIST HOSPITAL BATU PAHAT	NO 1 JALAN PESERAI	83000	BATU PAHAT	JOHOR	07-4133333		
11	UTAMA	KPJ KLUANG SPECIALIST HOSPITAL	1 SUSUR	1 JALAN BESAR	KLUANG	JOHOR	07-7718999		



Inpatient Benefits



Syabas Test Member [log out](#)

Membership

Utilization

Claim

Provider List

Benefit

Policy Exclusions

Benefit details

Benefit	Days	Sub-Benefit Amount	Perdisability Amount
Room & Board	120	100	12000
Intensive Care Unit	20		350
Hospital Supplies & Services			1750
Operating Theatre			875
Pre-Hospital Specialist Fee			300
Surgical Fees			2500
Anaesthetist's Fee			875
Pre-Hospital Specialist Fee			250
Daily In-Hospital Physician's Visit			35
Post-Hospitalisation Treatment	60		250
Out-Patient Accident			1000
Ambulance Fees			250
Physiotherapy Treatment			10000
Kidney Dialysis & Cancer Treatment	0		10000
Govt. Hospitals Income Benefit			20
Govt. Service Tax			0.06
Medical Report			50
Others			100



My Account



Syabas Test Member  log out

Membership

Utilization

Claim

Online Claim
Submission

Provider List

Benefit

Policy Exclusions

My Account

Membership Details

Membership Details

User ID :

hellome1

Member Number :

EMHA2678310*02

Policy Number :

SYABAS2014

Employee Number :

Member Name :

Syabas Test Member

IC Number :

EMT011

Email :

hellome@yahoo.com

DOB :

01/01/1990

Change Password

Old Password :

Enter Old Password..

New Password

Enter New Password..

Confirm Password

Confirm Password..

Update



MediExpress Mobile Application

- *Applicable only for Android phones only*
- *Search for 'mediexpress'*
- *Registration only required once either on mobile or portal*
- *What is the info on the app???*
 - *Panel Clinic*
 - *Panel Hospital*
 - *Utilization*
 - *GL status*
 - *Claim status*

And more to come...





Q & A





**Thank you
&
We Wish You Good Health!**