

**IN-PATIENT (IP)
HOSPITALIZATION AND SURGICAL BENEFIT (HS) REQUIREMENT**

| Standard Requirement | Substitute Documents |
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| <p>Reimbursement Claims</p> <ol style="list-style-type: none"> 1. Duly accomplished Sun Life Grepa Financial Inc (SLGFI) Statement of Claim Form (Inpatient/Outpatient Benefit). <ul style="list-style-type: none"> • Part 1 & 3 - To be completed by the Member. • Part 2 - To be completed by the Attending Physician. 2. Hospital Statement of Account (SOA) with summary and detailed breakdown of charges or charge slips. 3. Original Official receipts of payments (hospital bill, professional fees and medicines bought (with prescriptions) during confinement. 4. A waiver from insured should be submitted if check is payable to the company. Waiver not needed if the Official Receipt is under the name of the company <p>NOTES:</p> <ol style="list-style-type: none"> 1. Coordination of Benefits will apply if covered by other HMO/Healthcard/Other Government Financial Assistance. SLGFI will cover the excess less non-payable items. 2. Official receipts must contain the following information: <ul style="list-style-type: none"> • Tax Identification Number (TIN) • Authority to print from BIR • Printing Press Name, TIN and date 3. Tape receipts, provisional/ acknowledgement/ temporary receipts and official receipts with erasures are not accepted. | <p>Final Diagnosis - Medical Certificate or hospital records stating the Diagnosis.</p> |

IMPORTANT REMINDER:

SLGFI reserves the right to ask for additional requirements or conduct an investigation if the above-mentioned standard requirements are deemed insufficient in rendering fair and correct judgement.