

**OUT-PATIENT  
HOSPITALIZATION AND SURGICAL BENEFIT (HS) REQUIREMENT**

Standard Requirement	Substitute Documents
<ol style="list-style-type: none"> <li>1. Duly accomplished Sun Life Grepa Financial Inc (SLGFI) Statement of Claim Form (Inpatient/Outpatient Benefit).               <ul style="list-style-type: none"> <li>• Part 1 &amp; 3 - To be completed by the Member.</li> <li>• Part 2 - To be completed by the Attending Physician.</li> </ul> </li> <li>2. Doctor's request for diagnostic or laboratory test supported with results.</li> <li>3. Prescription of medicines</li> <li>4. Original Official receipts of payments (medicines, laboratory/diagnostic procedures and professional fees).</li> <li>5. 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</li> </ol> <p>NOTES:</p> <ol style="list-style-type: none"> <li>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.</li> <li>2. Official receipts must contain the following information:</li> <li>3. Tax Identification Number (TIN)</li> <li>4. Authority to print from BIR</li> <li>5. Printing Press Name, TIN and date</li> <li>6. Tape receipts, provisional/ acknowledgement/ temporary receipts and official receipts with erasures are not accepted.</li> </ol>	<p>Final Diagnosis - Medical Certificate /hospital records stating the Diagnosis or Diagnosis written in the prescription.</p> <p>Photocopy of prescription is acceptable for maintenance medications and if the insured needs the prescription to buy the remaining meds. Validity of prescription is 1Y from the date it was written.</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.