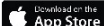


Klik,
Upload
Beres!

Kini Claim Reimbursement
Makin Mudah & Cepat



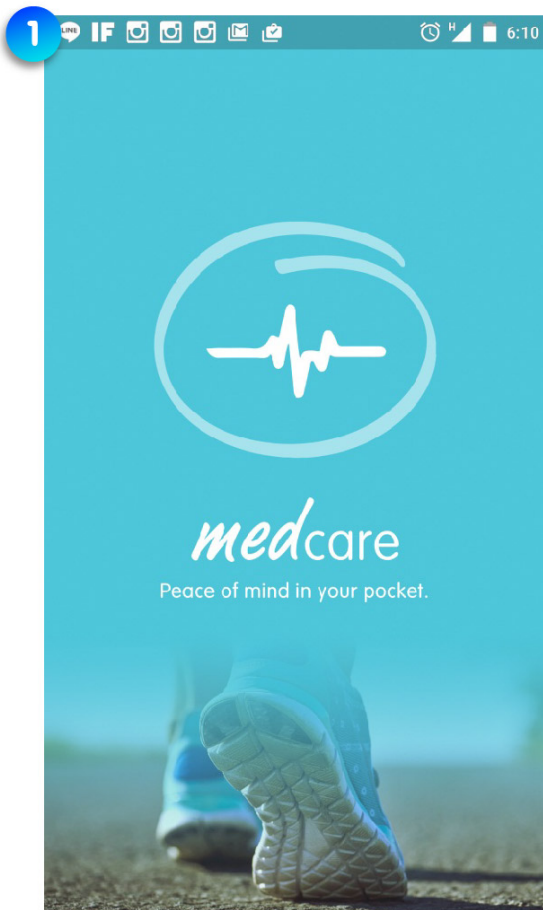
garda mobile
medcare
DOWNLOAD SEKARANG!
 

Registrasi Medcare

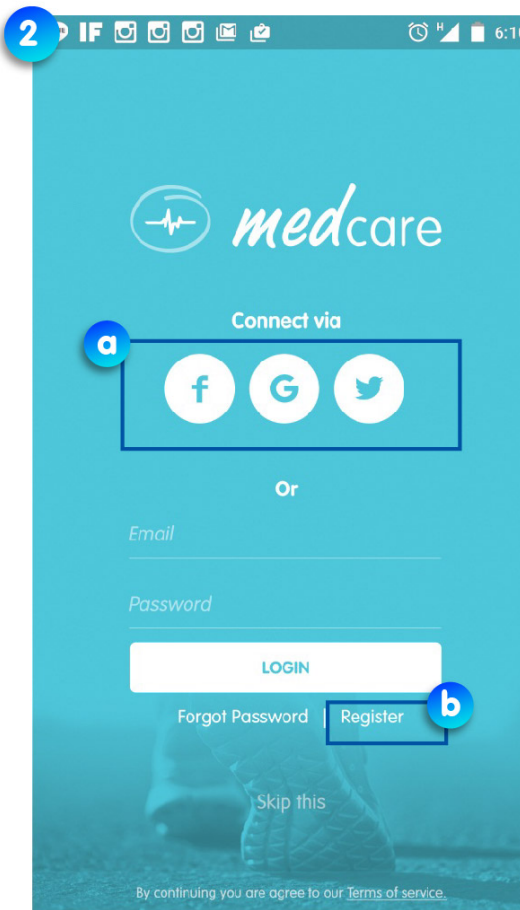
Aktivasi *E-Card* Garda Medika

Proses *E-Claim Reimbursement*

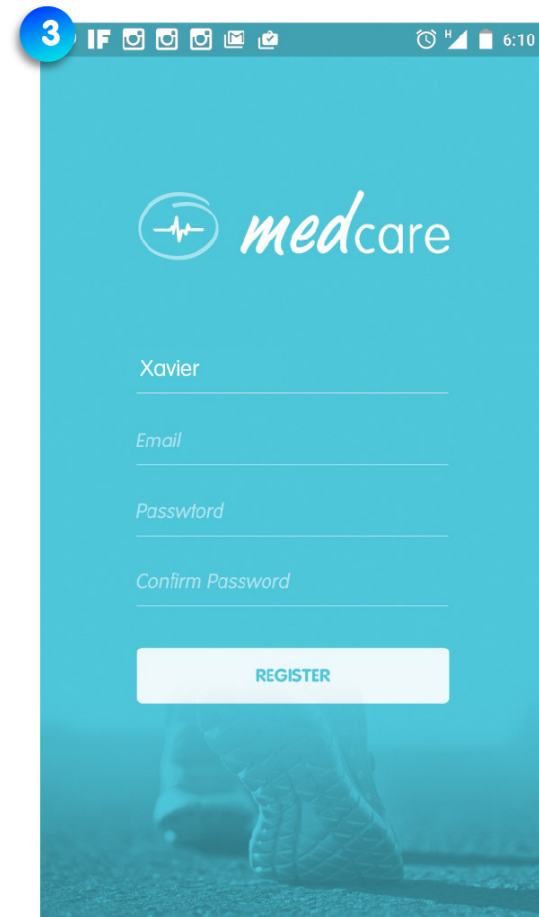
Cara Registrasi Garda Mobile MEDCARE



Splash Screen

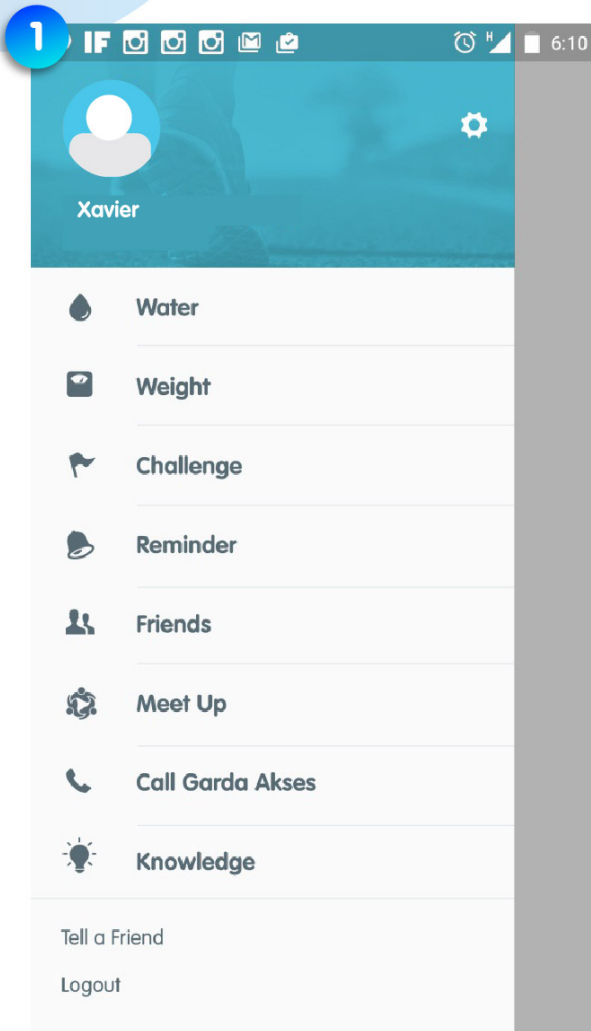


a. Login dengan Sosial Media
(Facebook, GMail, Twitter) atau
b. Register

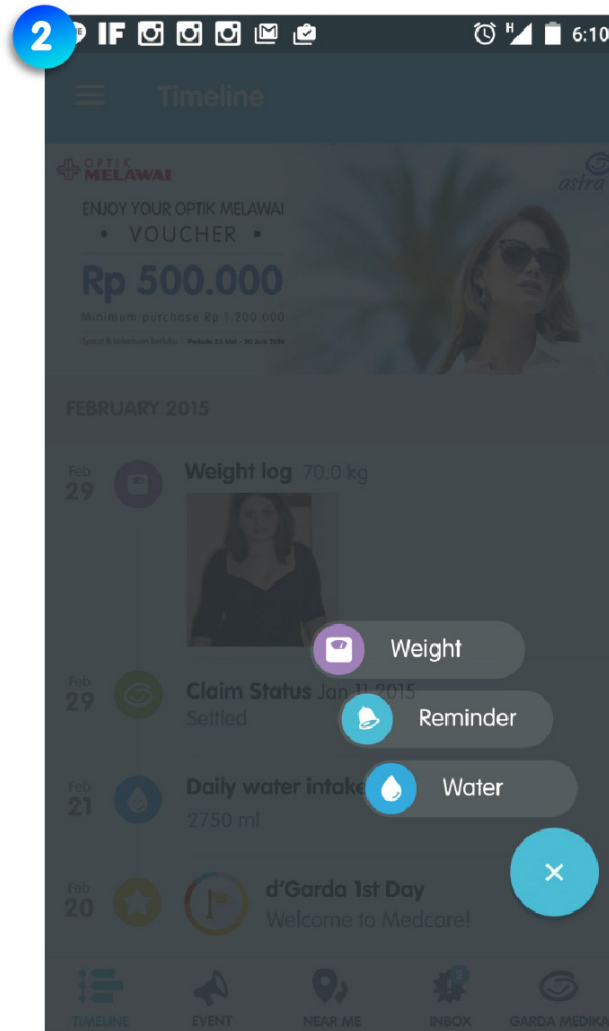


Register

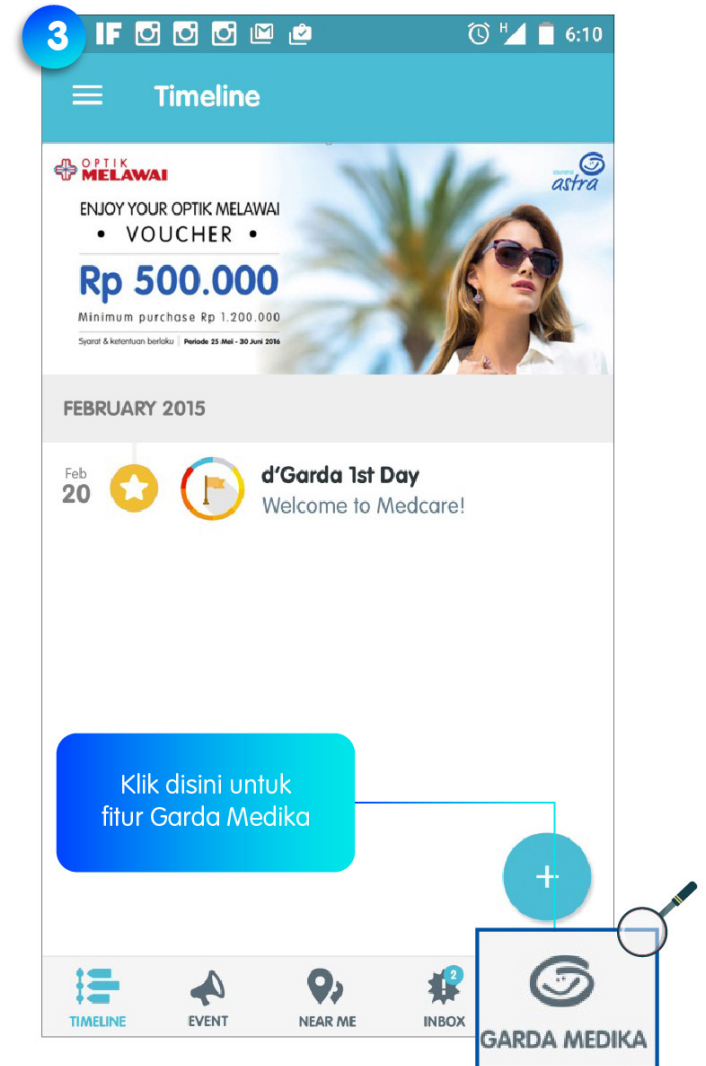
Home



Side Menu
(After Login)



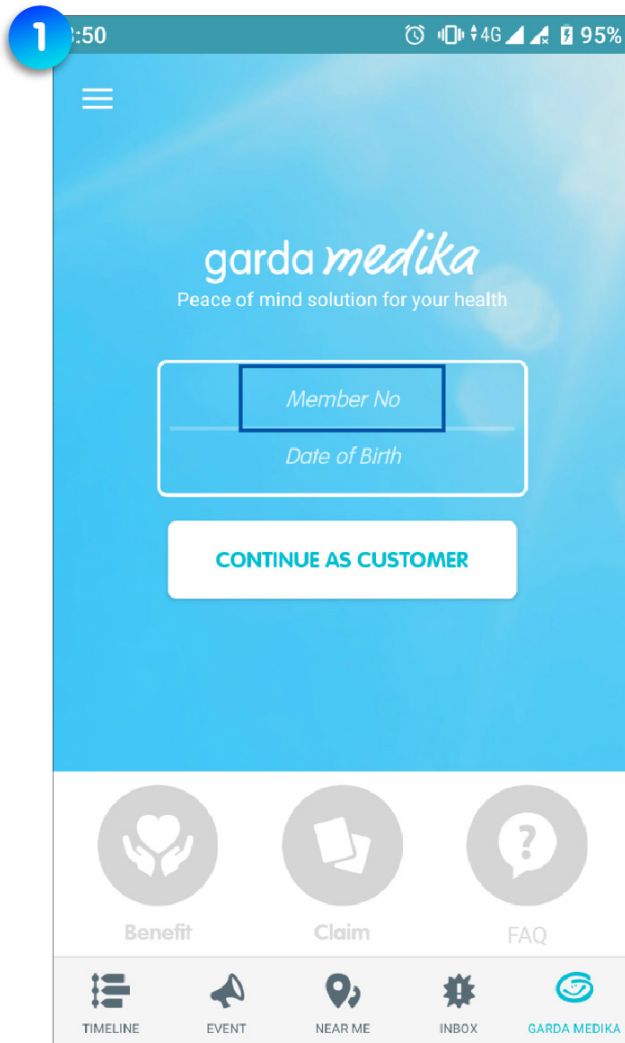
Floating button



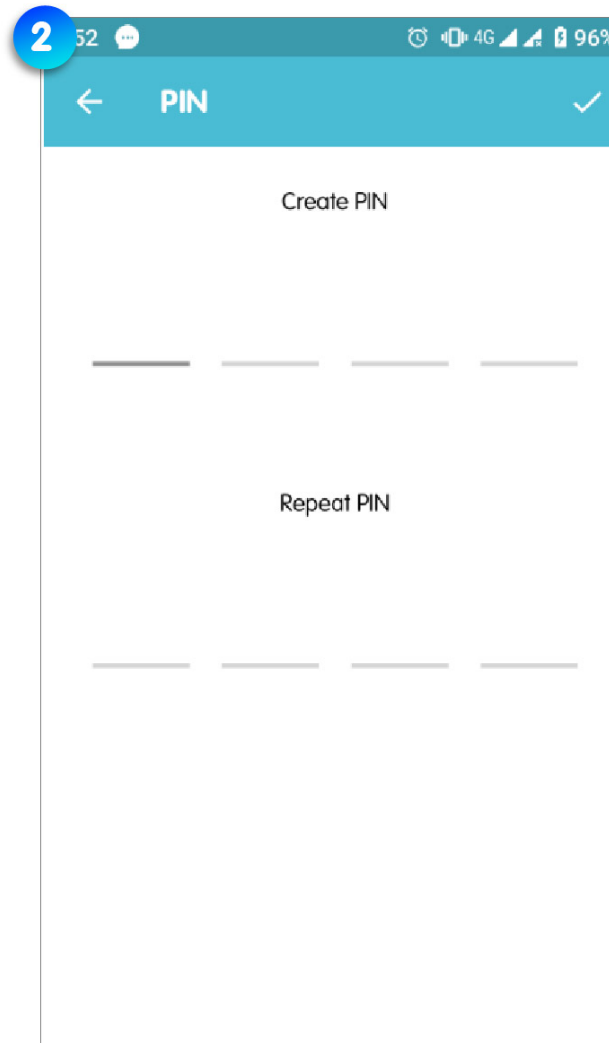
Timeline

Note: Aktivasi akun Medcare Anda, untuk akses fitur Garda Medika.

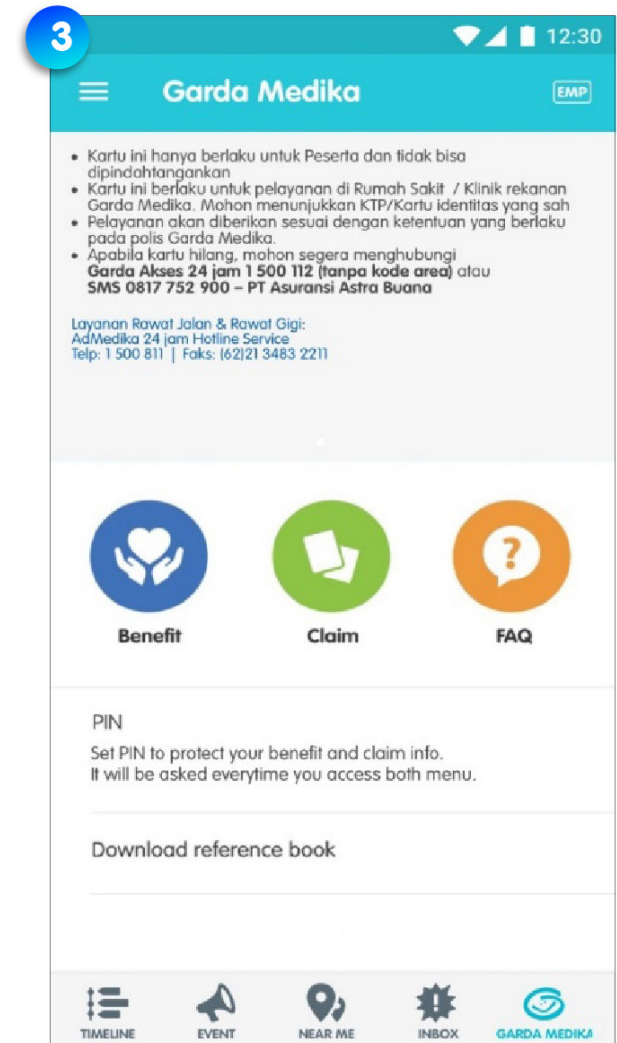
Garda Medika (Jika Nomor Handphone Terdaftar)



Login
Member No

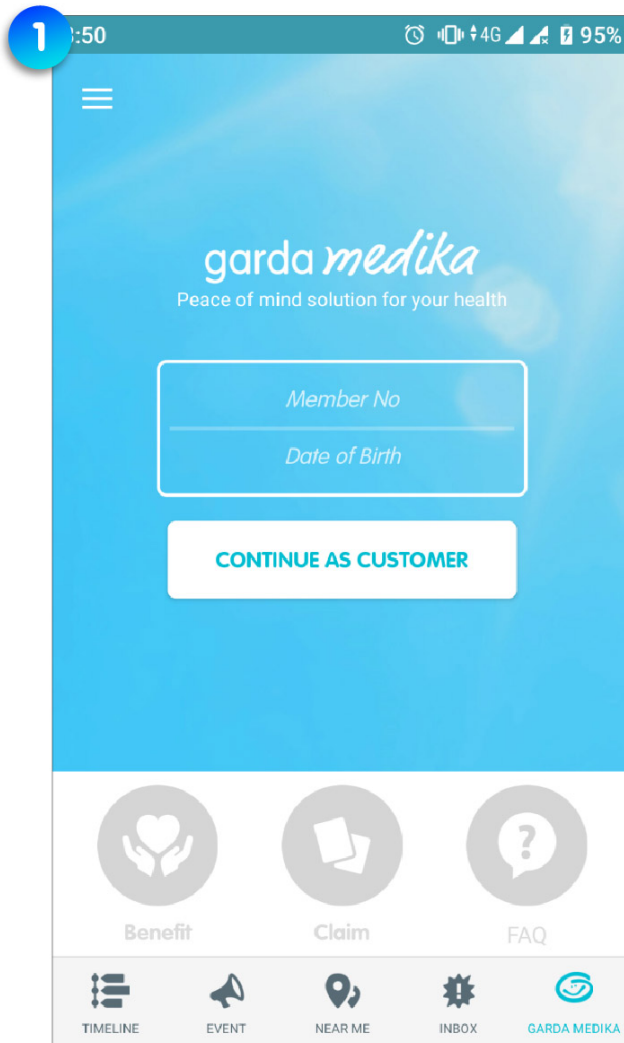


OTP --> PIN

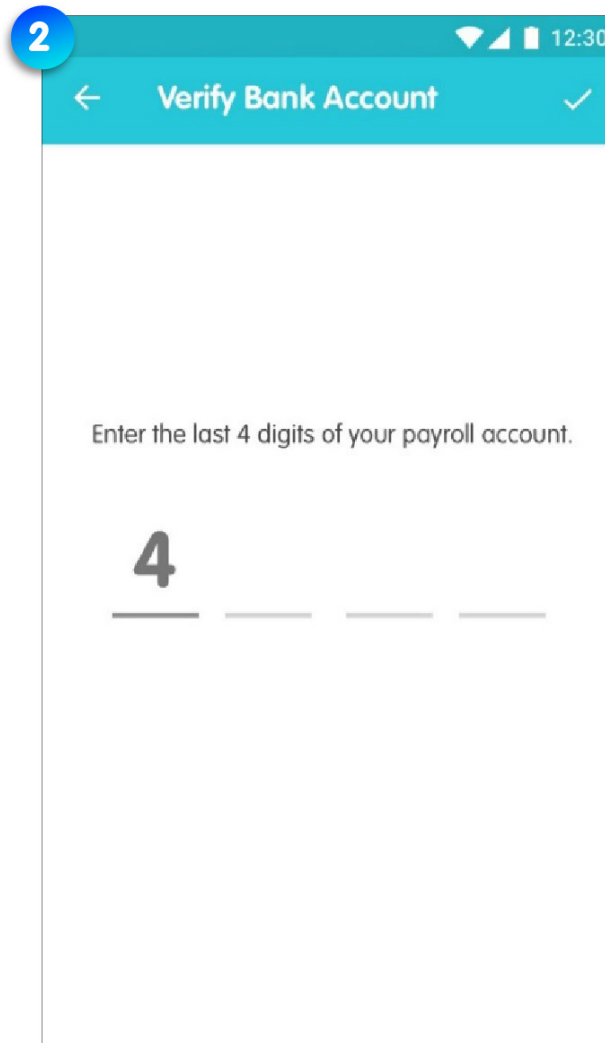


Garda Medika
E-Card

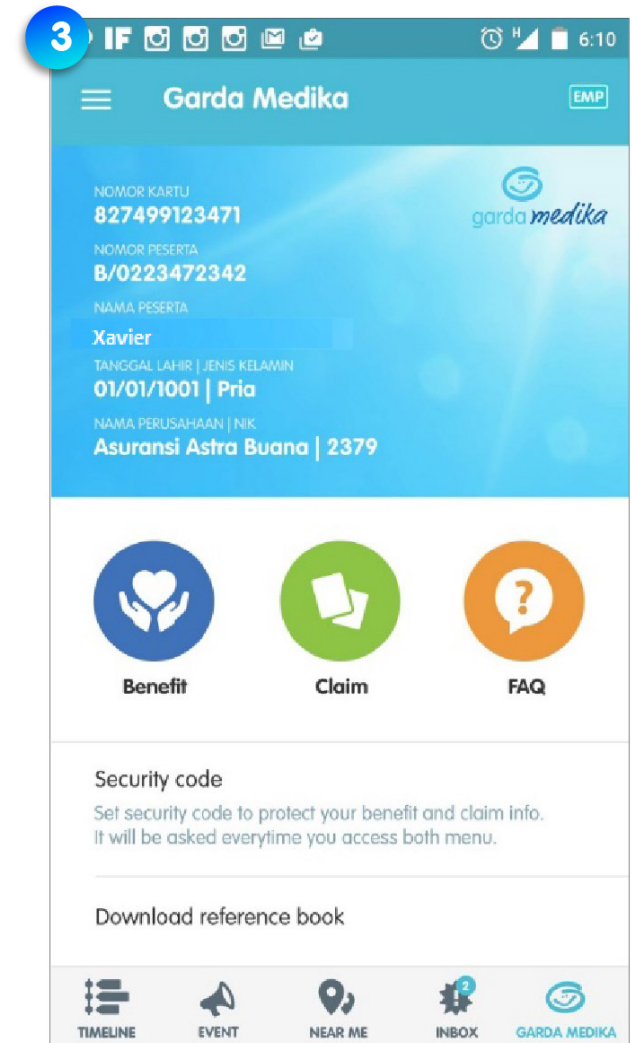
Garda Medika (Jika Nomor Handphone belum terdaftar)



Login

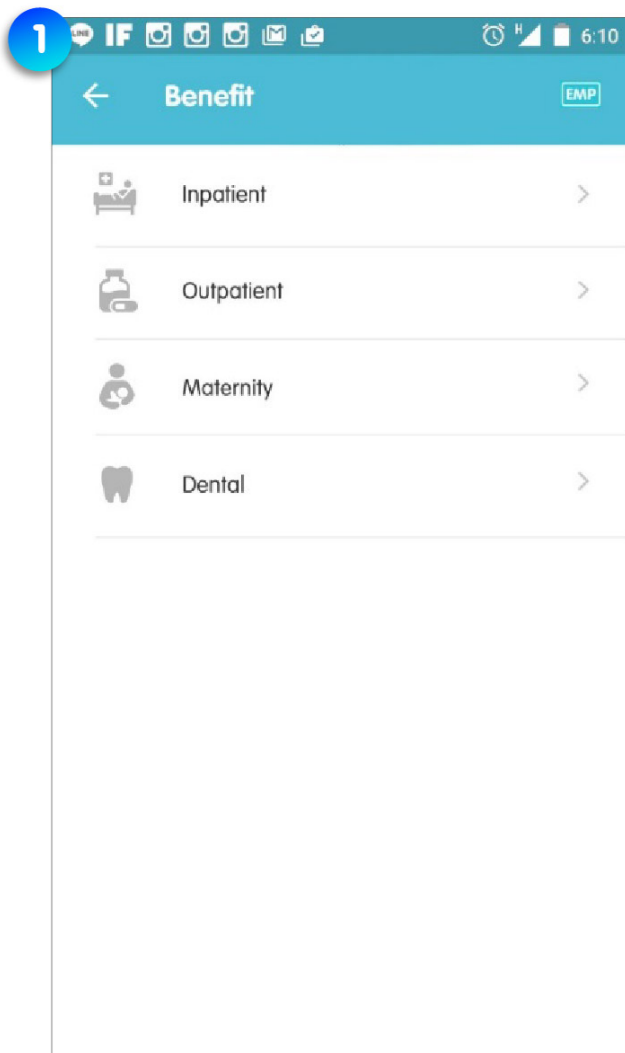


Masukkan 4 digit terakhir
nomer rekening

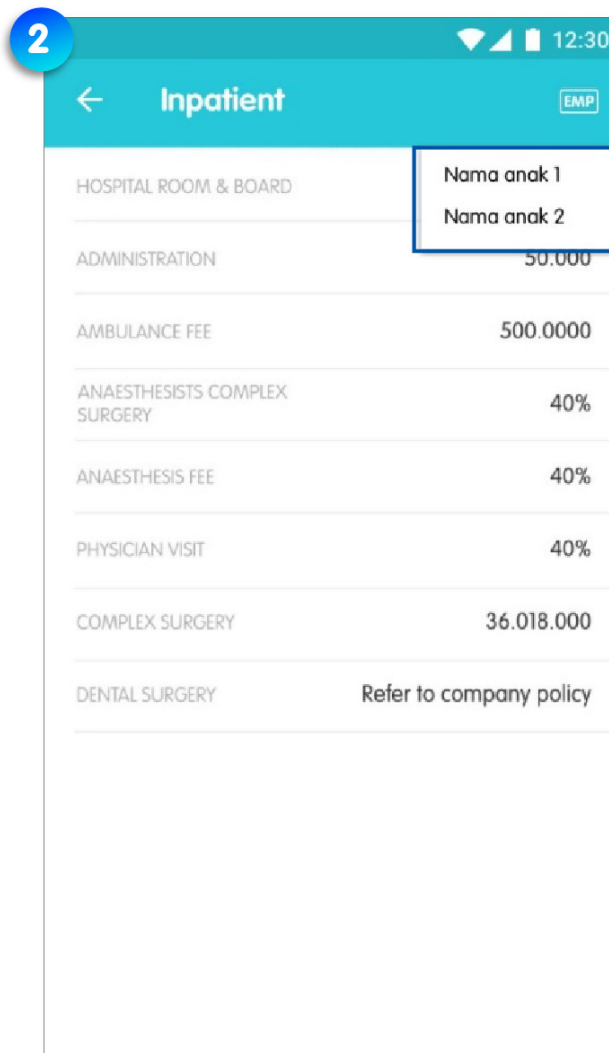


Garda Medika
Home

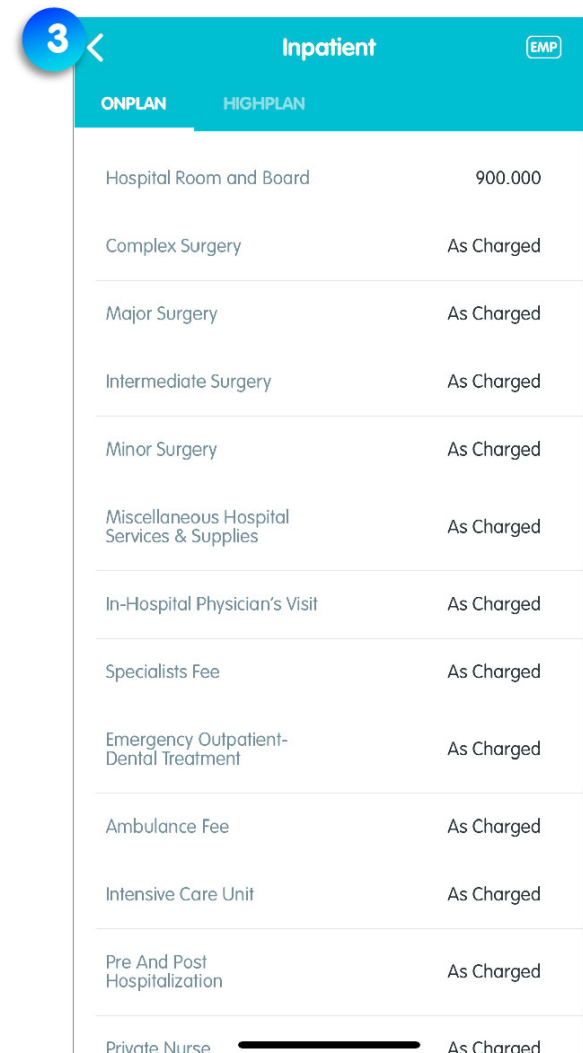
Benefit Peserta



Benefit



Benefit – Inpatient Selection



Benefit Detail

Claim History

1

Claim		
DATE	TYPE	PROVIDER
16 Jun 2016 275.000		PROCESSING
7 Jun 2016 1.070.000		SETTLED
29 Apr 2016 1.070.000		SETTLED

Claim (By Date)

2

Claim		
DATE	TYPE	PROVIDER
Outpatient		
16 Jun 2016 275.000		PROCESSING

Claim (By Type)

3

16 Jun 2016	
NAME	Bram Renaldy Suherman
HOSPITAL	Klinik Kosambi
TREATMENT TYPE	Outpatient
DIAGNOSIS	Acute respiratory infections of multiple and unspecified object
AMOUNT BILLED	275.000
STATUS	Processing
AMOUNT COVERED	147.680
EXCESS	0
SETTLED DATE	
TRANSFER TO	

Claim Detail

Upload Claim Document

1

Garda Medika EMP

NOMOR KARTU
8001001000150248

NOMOR PESERTA
X/00992235

NAMA PESERTA
Xavier

TANGGAL LAHIR | JENIS KELAMIN
02/12/1995 | Pria

NAMA PERUSAHAAN | NIK
Asuransi Astra Buana | 2929

Benefit **Claim** **FAQ**

Reference Book DOWNLOAD

PIN
Set security code to protect your benefit and claim info.
It will be asked every time you access both apps.

TIMELINE EVENT NEAR ME INBOX GARDa MEDIKA

Klik di sini untuk memulai

2

Claim EMP

DATE	TYPE	PROVIDER
31 Jan 2020	300,000	CLAIM SUBMITTED
31 Jan 2020	100,000	CLAIM SUBMITTED
31 Jan 2020	400,000	CLAIM SUBMITTED

Klik tombol "+"
di kanan atas

3

Reimbursement

Member
XAVIER
[Member not yet registered?](#)

Treatment Place

Amount Billed
Rp0

Treatment From
03/02/2020

Treatment To
03/02/2020

Treatment Type

Dental **Glasses** **Immunization** **Outpatient**

Bed / Bed **Bed / Bed**

Isi tanggal mulai dan akhir perawatan

Pilih nama peserta

Pilih nama rumah sakit tempat dirawat

Isi total tagihan

Upload Claim Document

4

← Reimbursement

Rp0

Treatment From
03/02/2020

Treatment To
03/02/2020

Treatment Type

Pilih jenis perawatan

Dental

Glasses

Immunization

Outpatient

Pre / Post Hospitalization

Pre / Post Maternity

Treatment Detail
Wisdom Teeth

NEXT

Pilih detail dari perawatan

Klik "Next untuk lanjut

5

← Reimbursement

Preview Sample Documents >

Medical Receipt *

+

Diagnosis

+

NEXT

Klik di sini untuk lihat contoh dokumen

Klik di sini untuk upload kwitansi pembayaran

Klik di sini untuk upload resume medis

6

← Reimbursement

Member : XAVIER

Treatment Place : BAITURRAHIM GENERAL HOSPITAL JAMBI

Amount Billed : Rp1.500.000

Treatment Date : 05/02/2020

Treatment Type : Dental

BANK ACCOUNT CONFIRMATION

Your claim amount will be transferred to this account:

Bank : BANK PERMATA

Account Number : BNX00202323

Account Holder's Name : XAVIER

☒ I have read and agree to the [Terms & Condition](#).

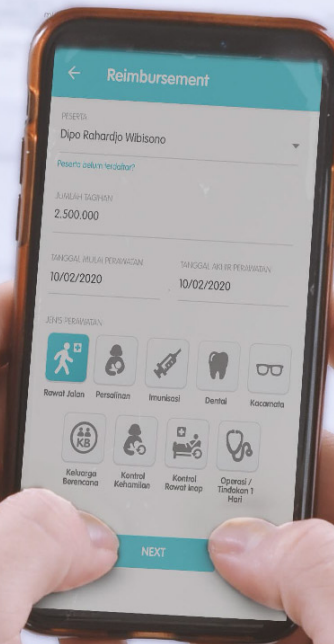
SUBMIT

Cek sekali lagi informasi yang diinput

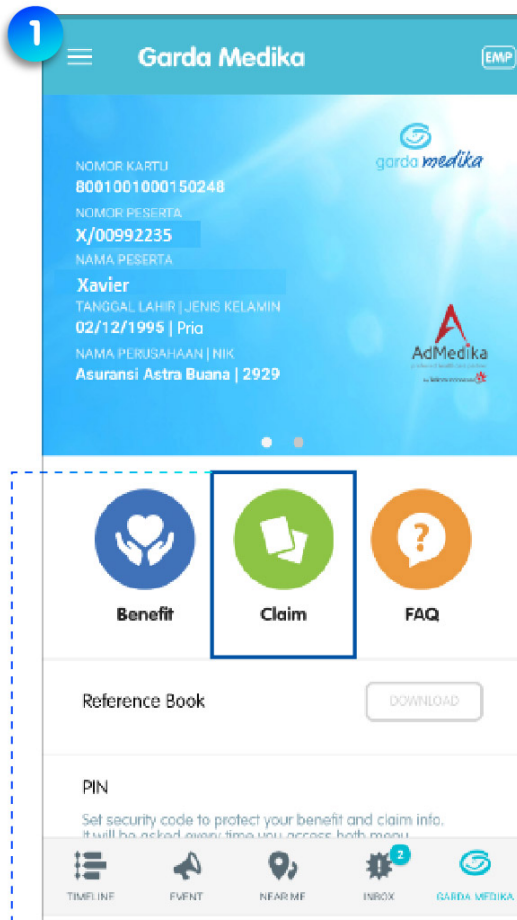
Centang jika anda setuju

Akhiri dengan klik tombol "submit"

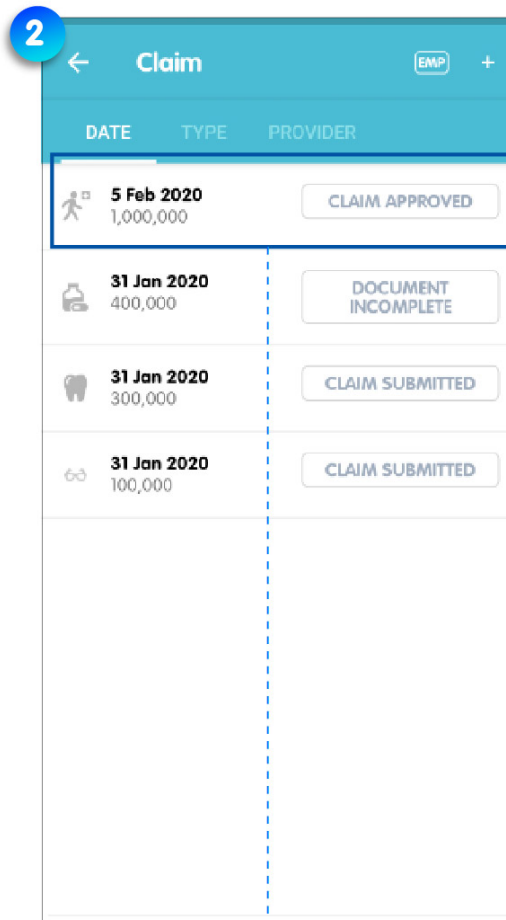
Claim Reimbursement Status Garda Mobile Medcare



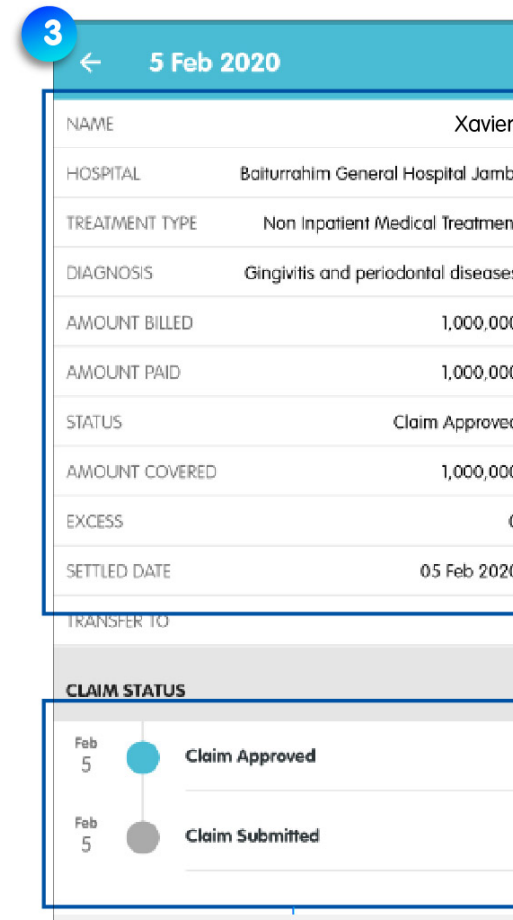
Claim Status



Klik di sini untuk memulai



Pilih salah satu claim yang ingin dilihat detailnya



Lihat di sini untuk kronologis status claim

Lihat di sini untuk detail

Claim Status – Klaim terbayarkan

18.19

LTE

<

17 Feb 2020

DIAGNOSIS

OTHER HEADACHE SYNDROMES

AMOUNT BILLED

194.000

AMOUNT PAID

179.000

STATUS

Claim Paid

AMOUNT COVERED

179.000

EXCESS

0

SETTLED DATE

25 Feb 2020

TRANSFER TO

16482924782 - XAVIER

CLAIM STATUS

Feb 27

Claim Paid

Feb 17

Claim Approved

Claim Status – Menunggu dokumen asli dikirim

11:50 50%

← 16 Mar 2020

NAME	Xavier
HOSPITAL	test aja, tolong diabaikan
TREATMENT TYPE	
DIAGNOSIS	
AMOUNT BILLED	10,000,000,000
AMOUNT PAID	0
STATUS	Waiting For Hardcopy
AMOUNT COVERED	0
EXCESS	0
SETTLED DATE	
TRANSFER TO	

CLAIM STATUS

Mar 17 ● **Waiting For Hardcopy** >

Mar 17 ● **Claim Submitted**

12:38 95%

Reimbursement ✓



Claim submitted.
ClaimID 20031700106

Please send all claim documents to **Garda Medika 3rd Floor** – PT Asuransi Astra Buana Jl. TB Simatupang Kav. 15, Jakarta Selatan 12440.

Download the claim form [here](#), fill the form and put the ClaimID into the form. Send the claim form along with all supporting documents. To track your reimbursement process, go to **Claim Status**.

Claim Status – Dokumen tidak lengkap

1 ← 31 Jan 2020

NAME	Xavier
HOSPITAL	Baiturrahim General Hospital Jambi
TREATMENT TYPE	Outpatient
DIAGNOSIS	Dengue fever
AMOUNT BILLED	400,000
AMOUNT PAID	400,000
STATUS	Document Incomplete
AMOUNT COVERED	400,000
EXCESS	0
SETTLED DATE	
TRANSFER TO	

CLAIM STATUS

Feb 6	Document Incomplete	>
Jan 31	Claim Submitted	

Klik di sini untuk melihat alasan dokumen belum bisa diproses

2 ← Document Incomplete

Medical Receipt

Symptoms or diagnosis is not found.

RESUBMIT DOCUMENT

Cek di sini untuk melihat detailnya

Segera lengkapi dokumen dan jika sudah oke, lanjutkan dengan klik tombol di sini

3 Document Incomplete ✓



Claim re-submitted.
ClaimID: 20013100117

Claim Status – Dokumen ditolak

1

← 31 Jan 2020

NAME	Xavier
HOSPITAL	Cancelled
TREATMENT TYPE	Non Inpatient Medical Treatment
DIAGNOSIS	Cancelled
AMOUNT BILLED	0
AMOUNT PAID	0
STATUS	Claim Rejected
AMOUNT COVERED	0
EXCESS	0
SETTLED DATE	
TRANSFER TO	

CLAIM STATUS

Feb 6	●	Claim Rejected	>
Feb 6	●	Document Incomplete	
Jan --	●	Claim Submitted	

Klik di sini untuk melihat alasan *claim rejected*

2

← Claim Rejected



Incomplete document and has passed submission cutoff time

Ketentuan E-Claim Reimbursement

Nilai Klaim	< Rp 1.000.000	Rp 1.000.001 - Rp 20.000.000	> Rp 20.000.000
Ketentuan Dokumen	Dokumen <i>Softcopy</i>	Dokumen <i>Softcopy</i> + <i>Hardcopy</i>	Dokumen <i>Hardcopy</i>
Dokumen <i>Hardcopy</i> yang dikirim	Tidak Ada	Hanya Kwitansi asli	Seluruh Dokumen Klaim



Keterangan :

- Softcopy documents adalah klaim diupload melalui Garda Mobile Medcare
- Batasan nilai klaim berlaku per transaksi
- Ketentuan diatas berlaku mulai tanggal 1 April 2020
- Penggantian biaya pembelian obat peserta sesuai dengan resep dokter pemeriksa dan ketentuan yang berlaku
- Dokumen Klaim Hardcopy dapat diserahkan ke PIC/Health@ atau dapat dikirimkan ke alamat berikut:

*PT Asuransi Astra Buana

Grha Asuransi Astra Lantai 3

TB Simatupang kav 15

Jakarta 12440

UP. Claim Reimbursement Garda Medika



garda
akses

| ☎ 1 500 112
asuransiastra.com