

Singlife PriorityCare Hotline FAQs

All about Singlife PriorityCare Hotline

1. What is Singlife PriorityCare Hotline?

Singlife PriorityCare Hotline is a one-stop hassle-free customer service hotline for insured members.

2. What are the services provided by Singlife PriorityCare Hotline?

Singlife PriorityCare Hotline can help you with:

- **Specialist Appointment** (only applicable to policy with Outpatient Specialist benefit)
Scheduling an appointment with our curated panel of private medical specialists across various disciplines.
- **Pre-authorisation Service**
Pre-authorisation is a service where Singlife approves coverage for medical costs based on your policy coverage and benefits, and information provided by your doctor prior to an insured member's hospitalisation at a local Private Hospital and/or surgery under Singlife's panel of private medical specialists. This assurance means you can focus on recovery without worrying about medical bills.
- **LoG Service**
A LoG is a Letter of Guarantee issued by Singlife to Government Restructured Hospitals and Private Hospitals (depending on your group policy eligibility) for full or partial waiver of the hospital's requirement for an upfront deposit in the event of hospitalisation and/or surgery.
- **Direct Claim Settlement**
With pre-authorisation and LoG, Singlife can settle your pre-authorised hospitalisation and/or surgical expenses directly with the hospital you are admitted into.

3. What is the hotline number and the operating hours?

You can call the Singlife PriorityCare Hotline at 1800 8800 880. It operates 24/7, all year-round.

4. Why does Singlife introduce this Singlife PriorityCare Hotline?

Previously, it might have been difficult for an insured member to know what to do when a hospital admission was needed. They might have needed to call several providers in order to get assurance that they would have insurance coverage for their treatment. With a one-stop solution, we hope to help insured members get what they need efficiently, especially during times of need.

5. What is Singlife Pre-authorisation service?

Pre-authorisation is a service where Singlife approves coverage for medical costs based on your policy coverage and benefits, and information provided by your doctor prior to an insured member's hospitalisation at a local Private Hospital and/or surgery under Singlife's panel of private medical specialists.

6. What does a sample Certificate of Pre-authorisation look like?

Kindly refer to Appendix 1.

7. Do I still need a Letter of Guarantee (LoG) with Pre-authorisation?

There is no need to apply for a LoG if you've already received the Certificate of Pre-authorisation as Pre-authorisation also includes the waiver of upfront deposit at the point of admission.

8. What does a sample LoG look like?

Kindly refer to Appendix 2.

Singlife PriorityCare Hotline FAQs *(continued)*

9. What is the key difference between a LoG and Pre-authorisation?

A LoG serves to waive the hospital's upfront deposit requirement. However, the insurer may decline the medical treatment claim upon assessment despite having issued the initial LoG.

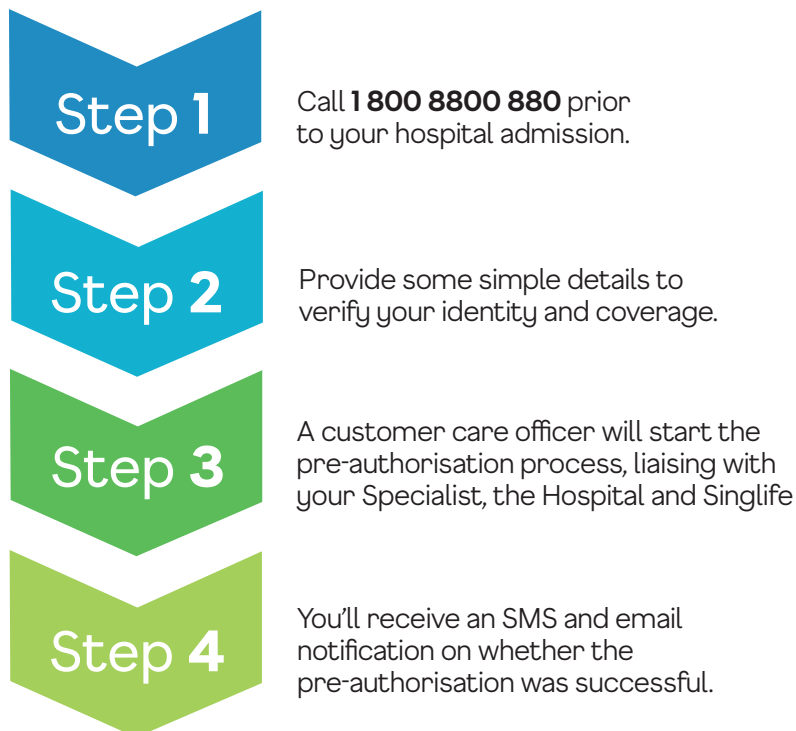
Pre-authorisation, on the other hand, provides greater peace of mind because prior approval is provided by the insurer on the actual hospitalisation and/or surgery cost. Please note that insured members will still be required to pay for medical conditions or expenses not covered under their group health insurance policy.

10. With this Pre-authorisation service, will there be circumstances where I'll be issued a LoG instead of Pre-authorisation?

Pre-authorisation can only be given if you've visited Singlife's panel of medical specialists and will be receiving treatment at a Private Hospital.

For other non-panel specialists, or treatments at Government Restructured Hospitals, the Singlife PriorityCare Hotline will still be able to assist you to obtain a LoG. We encourage you to call Singlife PriorityCare Hotline before you visit a medical specialist.

11. What is the whole process for getting a LoG or Pre-authorisation right through to the outcome?
There are 4 simple steps you need to go through.



Singlife PriorityCare Hotline FAQs *(continued)*

12. How many days in advance do I need to apply for a LoG or Pre-authorisation prior to my admission/surgery?
Please request for a LoG or Pre-authorisation at least 5 working days before your hospitalisation and/or surgery date. Requests with a notice period of fewer than 5 working days will be treated as exceptions and will be reviewed on a case-by-case basis.
13. Can I request for a LoG or Pre-authorisation after I am discharged?
No, you cannot request for a LoG or Pre-authorisation after you are discharged.
14. Can I request for a LoG or Pre-authorisation on behalf of my dependant?
Yes, you can call Singlife PriorityCare Hotline on behalf of your dependant, only if your dependant is covered under your group medical scheme.
15. What can I expect after Singlife approves my Pre-authorisation request?
Once your Pre-authorisation request has been approved, we will issue you a Certificate of Pre-authorisation stating that the approved amount under the insured member's group medical scheme. You will be notified via SMS and email.
16. What happens if my Pre-authorisation request is declined?
We will call you if your Pre-authorisation request is declined and provide the reasons for rejection.
17. What should I do if I need emergency treatment?
An emergency refers to hospitalisation via a hospital Accident & Emergency Department. You can call 1800 8800 880 and we will issue a standard LoG of S\$10,000 within 2 - 4 hours.
18. What if I need to make changes to my LoG or Pre-authorisation?
You can call our hotline number 1800 8800 880, which operates 24/7, all year-round, for help.
19. What should I do if I need a LoG or Pre-authorisation for a higher amount?
You can call our hotline number 1800 8800 880, which operates 24/7, all year-round, for help.
20. Do I need to sign the Medisave Withdrawal Form if I'm using a LoG or Pre-authorisation?
Yes, Singaporeans and Singapore Permanent Residents are required to sign the Medisave Withdrawal Form upon admission even if they use a LoG or Pre-authorisation. If there are any expenses not payable under the group policy, it will be charged to their Medisave Account. This will help to minimise their out of pocket payment from the insured member.
21. Do I (claimant) need to provide Consent for the LoG or Pre-authorisation Certificate?
Yes, while a written consent will be required to issue a LoG, the option of a verbal consent is also available to issue a Certificate of Pre-authorisation by calling us at the Singlife Priority Care Hotline.

Appendix 1: Sample Certificate of Pre-authorisation



CERTIFICATE OF PRE-AUTHORISATION

Pre-authorisation Reference Number:
To:

Date:
Policy No:

INSURANCE COVERAGE DETAILS	
Company Name	
NRIC of Patient	
Name of Patient	
NRIC of Employee	
Name of Employee	
Relationship to Employee	Approved Length of stay
Admission Date	Requested Length of stay

Section A: INFORMATION TO HOSPITAL
<p>Dear Sirs,</p> <p>The above mentioned patient is insured under one of our Group Medical Schemes.</p> <ol style="list-style-type: none"> Subject to terms and conditions in this Certificate of Pre-authorisation ("Certificate"), Singapore Life Ltd guarantees the payment of all medically necessary and related inpatient expenses at your hospital/clinic up to the Pre-Authorisation Approved Amount of <ol style="list-style-type: none"> Up to SGD 0.00 for Room & Board charges, room rates accurate as at 01/01/2020 SGD 0.00 (amount exclusive of Room & Board entitlement) Pre-Authorisation is approved based on information of the Patient established as of 02/12/2021 Pre-Authorisation Approved Amount is calculated based on Plan Eligibility of the Patient established as at 02/12/2021 <p>Please obtain Company Stamp & Employer Signature. Otherwise, Pre-Authorisation is not valid.</p> <p>This Certificate supersedes all prior Certificates from us relating to the above mentioned patient in relation to the above mentioned admission only.</p>

Appendix 1: Sample Certificate of Pre-authorisation

Section B: TO BE COMPLETED BY POLICY HOLDER			
We confirm that our employee/employee's dependant is covered under Plan: 1			
Details of the Employee		Details of the Patient	
Sex	Date of Birth	Sex	Date of Birth
<div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 30%; text-align: center;"> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Signature of Employer/Policyholder </div> <div style="width: 35%; text-align: center;"> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Company's Name and Stamp </div> <div style="width: 20%; text-align: center;"> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Date </div> </div>			

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Appendix 1: Sample Certificate of Pre-authorisation

Section C: TO BE COMPLETED BY EMPLOYEE/PATIENT	
Diagnosis	
A18.5 Tuberculosis of eye	
Nature of Illness/Injury Suffered by Patient	Date of Onset of Symptoms
Z83.5 Family history of eye and ear disorders	28/11/2021
Name of operation (if any)	
SA800M Mucous membrane (ear/nose/eyelid) avulsion/complex laceration, full thickness repair	
(This part must be signed by the patient or patient's parent/legal guardian if the patient is below 21 years of age)	
<p>I/We hereby authorize Singapore Life Ltd to request from any hospital, physician, person or organization, all information with respect to any illness, injury, medical history, consultations, prescriptions or treatment, and copies of all hospital or medical records concerning the patient at any time and authorize the prior mentioned organizations to disclose all such information to Singapore Life Ltd. A reproduction of this authorisation (either printed or digital) shall be considered as effective and valid as the original.</p> <p>I/We understand that the issuance of this Certificate does not constitute admission of claims by Singapore Life Ltd and the use of this Certificate is conditional upon me authorizing the use of my Medisave Account to meet the hospitalization charges.</p> <p>I/We consent to Singapore Life Ltd ("Singlife") (and Singlife related group of companies) collecting, using and/or disclosing my/our personal data for the processing of the above transaction and such other purposes ancillary or related to the administering of the policy(ies), account(s), my insurance coverage and/or managing my relationship with Singlife.</p> <p>I/We also consent to Singlife (and Singlife related group of companies) transferring my personal data to Singlife related group of companies and/or third party service providers, reinsurers, suppliers or intermediaries, whether located in Singapore or elsewhere, for the above purposes.</p> <p>I/We have read and understood Singlife's Data Protection Notice which may be found at www.singlife.com/ndpa.html. Singlife's Data Protection Policy may be updated from time to time without notice. I/We am/are aware that I/we should visit your website regularly to ensure that I/we am/are well informed of the updates.</p> <p>I agree to fully pay or reimburse any sum of money due on the medical bill to:</p> <ol style="list-style-type: none"> the hospital/clinic if Singlife does not pay or is not liable to pay under the terms and conditions of the Policy or this Certificate; or Singlife if Singlife pays any sum of money for the patient's medical bill which is not covered under the policies. <p>I/We understand that the General Exclusions under the policy applies and that the terms in this Certificate shall bind my successors and assignees, and remains valid, notwithstanding death.</p> <p>I/We understand that this Certificate is approved based on my/patient's condition, required treatment and medical history that were provided to Singlife. Singlife reserves the right to withdraw this Certificate and the Pre-Authortisation Approved Amount if there is any undisclosed medical information or any new medical information that is inconsistent with the information provided.</p>	

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Appendix 1: Sample Certificate of Pre-authorization

<p>We also agree:</p> <p>i. That this Certificate does not cover expenses incurred after the date of the expiry of the Policy or date of termination of coverage under the Policy, whichever is earlier; and</p> <p>ii. to indemnify Singlife and keep Singlife fully indemnified against any loss, damages, costs and expenses whatsoever, including any legal cost on a full indemnity basis, which Singlife may incur as a result of, arising from, or in connection with the hospital's/clinic's failure or omission to fully pay or reimburse Singlife for the patient's medical bill or any breach of the terms and conditions of this Certificate</p> <p>I declare that the statements and answers stated are true and complete to the best of my knowledge and belief.</p>		
<p>_____ Signature of Employee</p>	<p>_____ Signature of Patient (if different from Employee)</p>	<p>_____ Date</p>

Appendix 1: Sample Certificate of Pre-authorisation

IMPORTANT NOTE FOR EMPLOYEE:
<ol style="list-style-type: none"> 1) Complete the Certificate of Pre-Authorisation 2) Submit the completed Certificate to the hospital/ clinic 3) Sign the Medisave Withdrawal Form 4) The hospital/clinic reserves the right to reject this Certificate if it is not fully complete 5) Please be informed that the Pre-Authorisation facility is granted to the Policyholder which is your employer. Your employer reserves its rights to recover out of your remuneration (if it is entitled to do so) any amount that is paid under the Certificate of Pre-Authorisation but is not covered by the Policy
IMPORTANT NOTE FOR HOSPITAL/CLINIC: CONDITIONS OF CERTIFICATE OF PRE-AUTHORISATION
<ol style="list-style-type: none"> 1) Please ensure Sections B & C of the Certificate of Pre-Authorisation are duly completed before accepting the said Certificate. 2) This Certificate shall not be valid unless accompanied by a duly completed Medisave Withdrawal Form authorizing the hospital/clinic to deduct the hospitalization/clinic charges incurred from the patient's/employee's Medisave Account. Only the balance after deduction of the sum payable under the relevant Medisave Account shall be billed to Singapore Life Ltd. 3) The bill must be addressed to Group Life & Health Claims for settlement, emailed to SGGROUP_GLHSADMIN@SINGLIFE.COM. For any enquiries, please contact us at 6305 4570. 4) This Certificate does not cover exclusions and expenses listed in the General Exclusions under the policy. 5) Please note that this letter cannot be used for treatment for injuries/ illnesses arising from work-related accidents 6) In order to expedite payment, kindly (i) complete the Medical Records Form or provide Discharge Summary, (ii) attach a copy of this Certificate together with the final original bill and (iii) indicate our policy no. in the hospital bill. 7) Singapore Life Ltd is entitled to recover any payment made if the terms and conditions stated in this Certificate are not fulfilled by the hospital/clinic.

Appendix 2: Sample Letter of Guarantee



SINGAPORE LIFE LTD
4 Shenton Way, #01-01, SGX Centre 2, Singapore
068807
Company Registration No. 196900499K

LOU REFERENCE NO. : 000112000000
DATE : 01/12/2021
TO : Alexandra Hospital
COMPANY NAME : EQUIMAX HEALTH INSURANCE PTE. LTD. POLICY NO. : 0000000
NAME OF PATIENT : Quee Swain Graciele NRIC OF PATIENT : S14015360
NAME OF EMPLOYEE : Quee Swain Graciele NRIC OF EMPLOYEE : S14015360
RELATIONSHIP TO EMPLOYEE : SELF
ADMISSION DATE : 01/12/2021

SECTION A: INFORMATION TO HOSPITAL

Dear Sirs,
The above mentioned patient is insured under one of our Group Medical Schemes. Under the Scheme, benefit is entitled:
(a) to \$5 per day for hospital and charges (H) or to reimbursement of hospital charges for Single Room (P) in Singapore (P) up to a maximum of \$9,777.00 per admission.
Kindly advise the required deposit and admit the above mentioned patient. This letter shall not be valid unless accompanied by a duly completed Medisave Withdrawal Form authorising the hospital to deduct the hospitalisation charges incurred from the patient/employee's Medisave Account.
This letter is valid up to 7 days from the admission date indicated above.
Yours faithfully,
Director - Group Business

SECTION B: TO BE COMPLETED BY POLICY HOLDER

The benefit for our employee/employee's dependent is covered under Plan 1

Details of Employer				Details of Patient			
Date of Birth	Sex	Date of Employment	Occupation	Date of Birth	Sex	Effective Date of Insurance	Occupation
02/12/1978	Female	01/01/2018		02/12/1978	Female	01/01/2018	

Signature of Employee/Policyholder: _____ Company's Name and Stamp: _____ Date: _____

SECTION C: TO BE COMPLETED BY EMPLOYEE/PATIENT

Nature of Illness/Injury (Suffered by Patient)	Name of operation (if any)	Date when first began/Date of Accident
Abdominal and pelvic pain, stomach pain, gastric pain	Abdominal / Pelvic, Laparoscopic, Imaging guided Peritoneal lavage	

(This part must be signed by the patient or patient's parent/legal guardian if the patient is below 21 years of age)
I/We hereby authorize Singapore Life Ltd. (Singlife) to request from any hospital, physician, person or organization, all information with respect to any illness, injury, medical history, consultations, prescriptions or treatment, and copies of all hospital or medical records concerning the patient at any time and authorize the prior mentioned organization to disclose all such information to Singlife. A reproduction of this authorization (either printed or digital) shall be considered as effective and valid as the original.
I/We understand that the issuance of this letter does not constitute admission of claims by Singlife and the use of this letter is conditional upon the authorizing the use of my Medisave Account to meet the hospitalisation charges. In the event that there are any charges not covered under the policy, I am personally liable for such charges.
I/We consent to Singlife (and Singlife related group of companies) collecting, using and disclosing my personal data for the processing of the above transaction and such other purposes ancillary or related to the administering of the policy(ies), account(s), my insurance coverage and/or managing my relationship with Singlife.
I/We also consent to Singlife (and Singlife related group of companies) transferring my personal data to Singlife related group of companies and/or third party service providers, reinsurers, suppliers or intermediaries, whether located in Singapore or elsewhere, for the above purposes.
I/We have read and understood Singlife's Data Protection Policy which may be found at www.singlife.com.sg. Singlife's Data Protection Policy may be updated from time to time without notice. I/We am/are aware that I/we should visit your website regularly to ensure that I/we are/are well-informed of the updates.
I/We declare that the statements and answers stated are true and complete to the best of my knowledge and belief.
Signature of Employee: _____ Signature of Patient (if other than Employee): _____ Date: _____

Information to Hospital: Conditions of Letter of Guarantee

- Please ensure Sections A, B & C of the Letter of Guarantee are duly completed before accepting the said letter.
- Only the balance after deduction of the sum payable under the relevant Medisave Account shall be liable to Singapore Life Ltd. The bill must be addressed to Group Life & Health Claims for settlement. For any enquiries, please contact us on 8027 0020.
- This letter can be used for Day Surgery including Diagnostic/Therapeutic Endoscopic Procedures.
- Please note that this letter cannot be used for substituted treatment, emergency and non-tertiary treatment, cosmetic surgery, hospitalisation outside Singapore and treatment for injuries that arise from industrial accidents.
- If the policy terms and conditions cover Goods & Services Tax (GST), GST charged will be payable by us. Please check the LOU document at the LOU email for this information.
- In order to expedite payment, kindly complete the Medical Records Form or provide Charge Summary and attach a copy of the Letter of Guarantee together with the final original bill and indicate our policy no. in the hospital bill. **Please note that the Medical Records Form is not applicable to Government Restructured Hospitals.**