

Healthcare Providers

# OUTPATIENT SPECIALIST

# USER GUIDE MANUAL

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HealthMetrics

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# INTRODUCTION

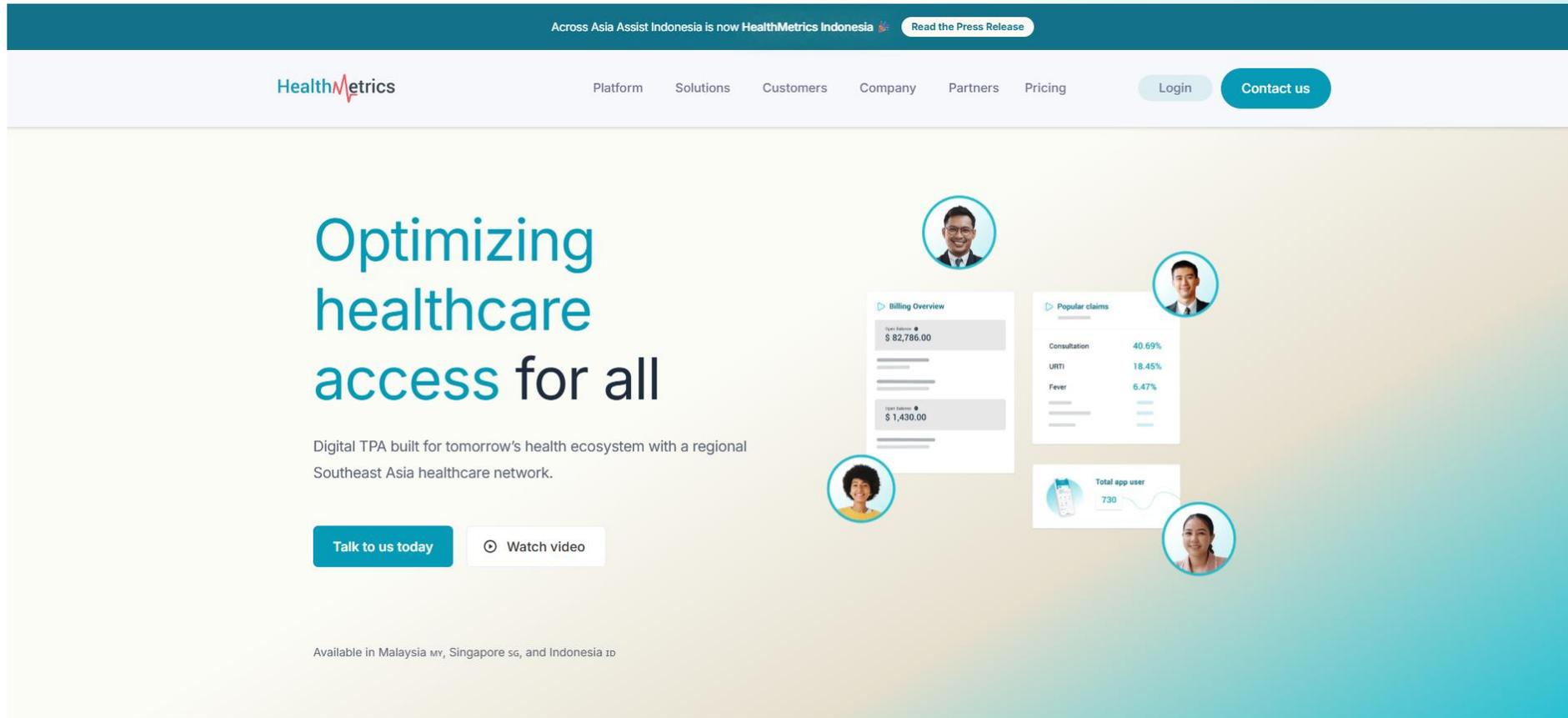
The objective of these Working Guidelines is to provide a clear description of the workflow between panel hospitals and HealthMetrics, as well as guidance on the usage of the portal for HMS Panel Hospitals. Both parties are expected to observe and comply with these guidelines to ensure maximum efficiency and mutual success.

We encourage you to take the time to familiarise yourself with the Guidelines, which should serve as a reference for your daily operations.

HealthMetrics reserves the right to amend, update, or revise these guidelines occasionally, and any such changes will be communicated to the panel hospitals accordingly. Lastly, we welcome and appreciate any feedback from your esteemed establishment regarding these Guidelines.

# HEALTHMETRICS WEBSITE

First, visit our website: [www.healthmetrics.com](http://www.healthmetrics.com) and click on [Login] in the top right corner.



## PANEL CODE & LOGIN DETAILS

A panel code, along with login details as per the below, will be provided to the panel hospital/specialist:

- I. Website: [www.healthmetrics.com](http://www.healthmetrics.com)
- II. Panel code: SXXXXXX
- III. Username: email address or assigned username
- IV. Default password: 2025HMs01!

Please note that:

- I. The provided code is exclusive to the appointed Hospital and shall not be used to represent other branches or affiliated Hospitals
- II. The user will be required to reset his/her password during the first login.

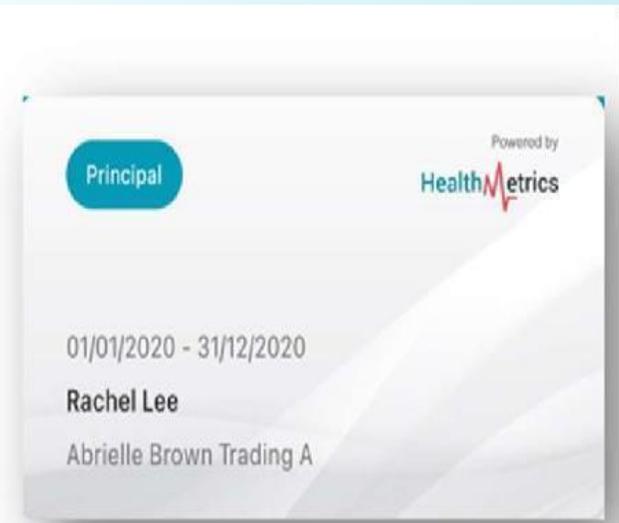
# VERIFICATION OF MEMBER

Hospitals should perform verification to identify HealthMetrics members. All member verifications **MUST** be done through the HealthMetrics portal using either the IC number (for Malaysians) or Passport number (for non-Malaysians). Members may present a digital member card via the mobile application or, alternatively, an identifier sticker on their ID cards or documents.

Please refer to the sample below for reference. *Note: The form of presentation may vary depending on the member.*



**Sample 1:** IC (Malaysian) & Passport (non-Malaysian)



**Sample 2:** HealthMetrics E-Card

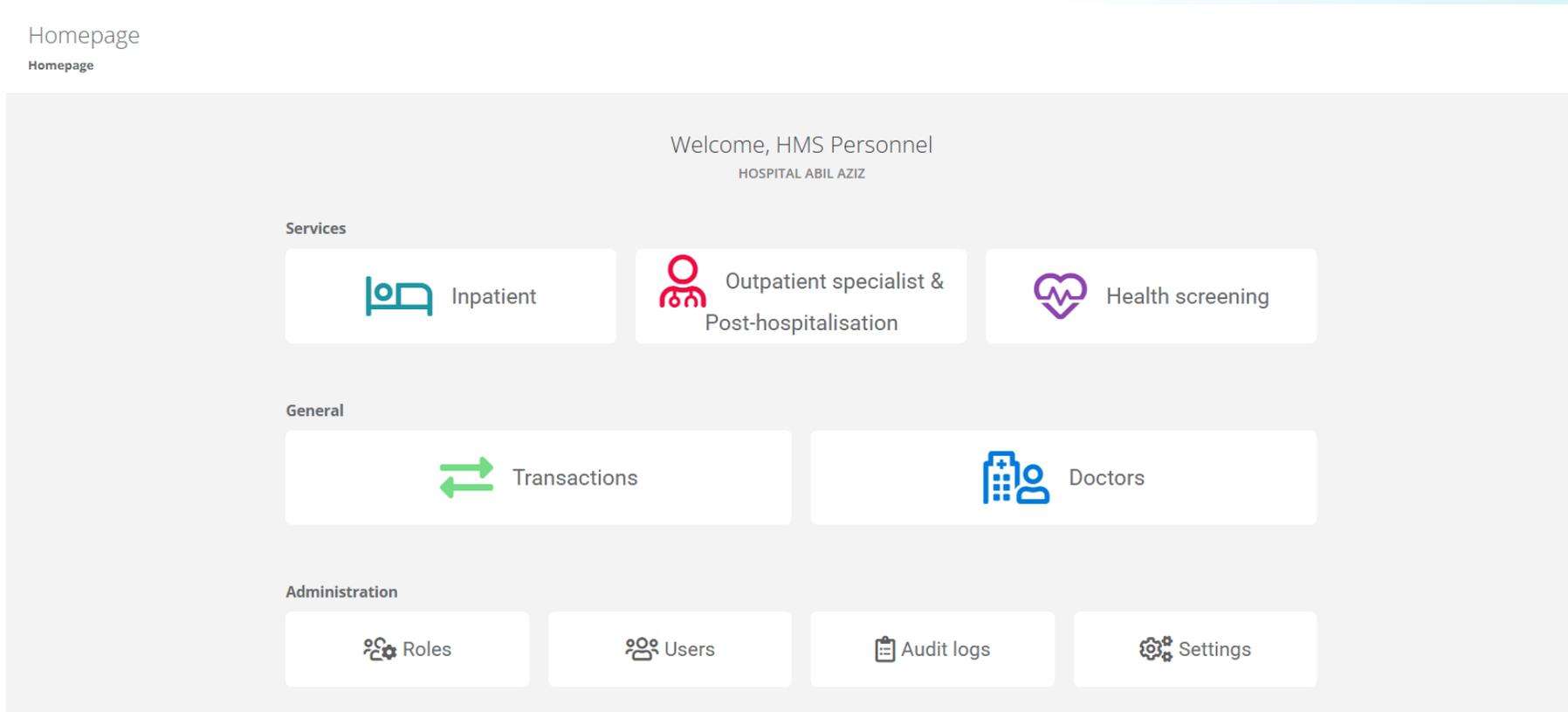
# HEALTHMETRICS PORTAL

HealthMetrics has built the portal with the panel hospital in mind. HealthMetrics' objective is to ease, simplify, and digitize the process of admission for the hospital's staff and members. In return, this makes the entire admission process efficient and reduces manual procedures.

The HealthMetrics Portal is where all the issuance and requests of Guarantee Letters (Initial & Final), Top-Up, Addition of Doctor(s), Adjustment(s), and other administrative processes take place. All requests and documentation must be submitted directly through the HealthMetrics Portal.

# HOMEPAGE

An overview where a user can view services, general, and administration at a glance, without navigating deep diving into the portal.

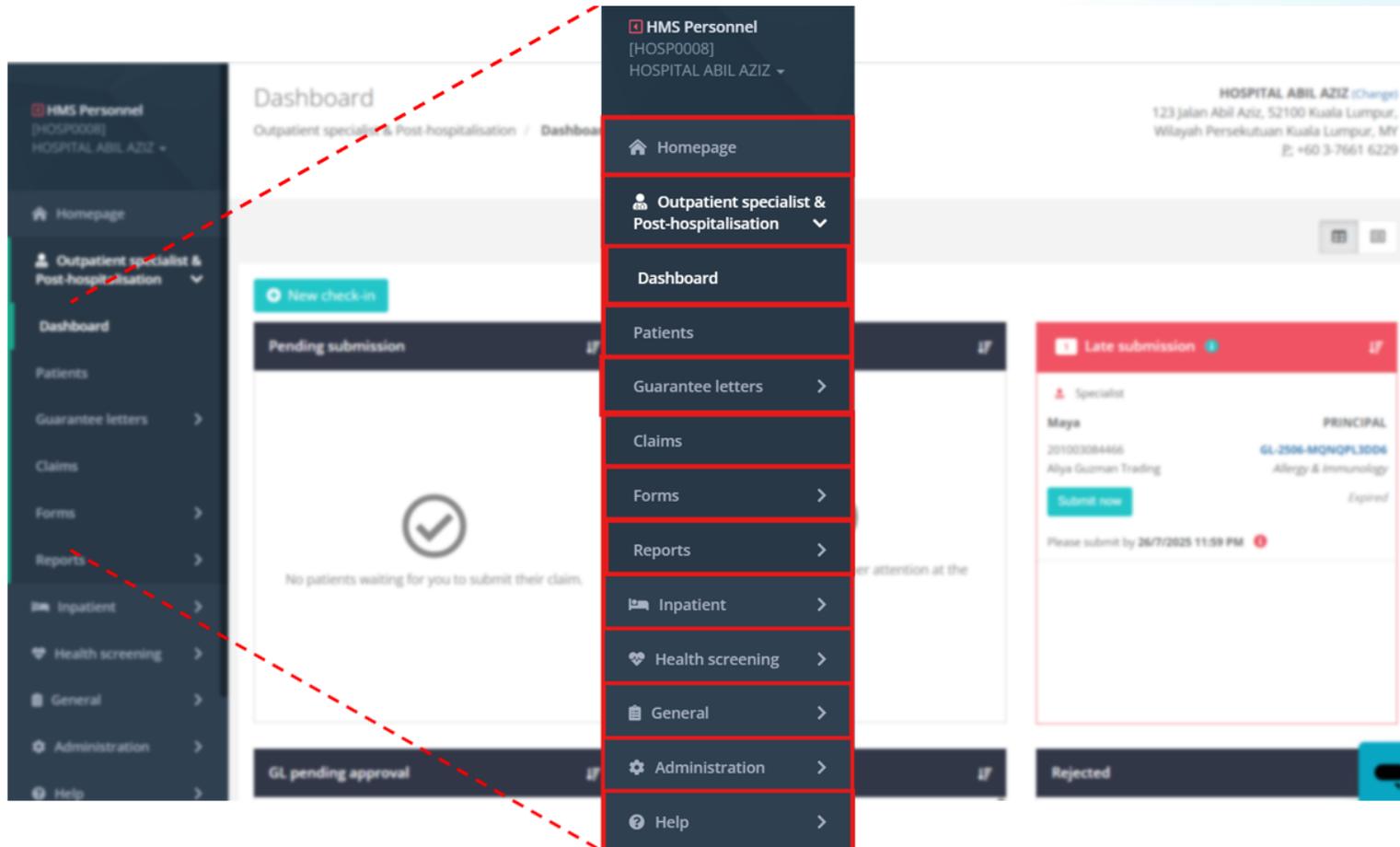


Please find the detailed explanation of the sections on the Homepage on the next page.

SECTIONS	MENU	EXPLANATION
Services	Inpatient	For Guarantee Letter application for Hospitalization, Day Care and Admissions.
	Outpatient Specialist	For Guarantee Letter application for outpatient specialist visits.
General	Transactions	To access into Transaction where all the invoices and payment records are located.
	Doctors	To access into the doctor listing. Here you can add, update, and remove doctors' details.
Administration	Roles	This is the site to manage the access permissions of users in the system. You can set different types of access permission levels for different users.
	Users	This is the site to manage users in HealthMetrics portal. Here you can add, update and remove users and manage user roles.
	Audit Logs	This is where to view all audit logs. Audit logs means the track record of actions done by each user in the portal.
	Settings	This is the site to configure email notifications to be sent to the intended email addresses on respective admission matters.

# OUTPATIENT DASHBOARD

The outpatient dashboard provides a comprehensive overview of the end-to-end journey of outpatient visits. This includes the status of initial guarantee letters, claim submissions, outstanding items, GLs pending approval, rejected claims, and pending claim submissions. Additionally, reply queries and other related requests can also be viewed within this dashboard.



An explanation of the Outpatient Dashboard menu can be found on the next page.

# OUTPATIENT DASHBOARD

NO	MENU	EXPLANATION
1	Outpatient Specialist Dashboard	This is the main page when logging in to HealthMetrics portal, with the summary of items that need your attention
2	Patients	This is where to look up HealthMetrics patient details, print GL, and submit the claim
3	Outpatient Specialist Claims	This is where to look up/track claim status, resubmission of, and edit of a claim
4	Guarantee letters	This is where to look up the guarantee letter information, including approved, utilized, and expired guarantee letters
5	Doctors	This is where to create and add doctors
6	Transactions	This is where to look up invoices, credit notes, and payment status
7	Reports	This is where the reports' location – check-in report
8	Administration	This is where to manage users, logins, audit logs, and settings of the system
9	Forms	This is where to print out a blank consent & claim form

# SPECIALIST DASHBOARD

Dashboard

9

Outpatient specialist & Post-hospitalisation / Dashboard

Pending Submission

7

HOSPITAL ABIL AZIZ (Change)  
an Abil Aziz, 52100 Kuala Lumpur,  
Persekutuan Kuala Lumpur, MY  
P: +60 3-7661 6229



8

New check-in

Pending submission

2



10

No patients waiting for you to submit their claim.

Outstanding

4

Specialist  
**Amira**  
850424105544  
Aliya Guzman Trading  
**PRINCIPAL**  
GL-2506-1AC0J10P6V  
Allergy & Immunology  
Pending approval  
[Reply query](#)  
SC-2506-1A3507L0D0T submitted on 20/6/2025 1:02 PM

Late submission

6

Specialist  
**Anna**  
000000012222  
Riya Golden Trading  
**PRINCIPAL**  
GL-2506-1GLTJSGKN59  
Cardiology & Angiology  
Expired  
[Submit now](#)  
Please submit by 8/8/2025 11:59 PM

GL pending approval

1



No guarantee letters to wait for approval.

Submitted

3

Specialist  
**Angeline Sanford**  
791008196028  
Aliya Guzman Trading  
**PRINCIPAL**  
GL-2506-1A3TXD1TNVQ  
Allergy & Immunology  
Pending approval  
[View claim](#)  
SC-2506-1A3UF0K8695 submitted on 20/6/2025 1:12 PM

Specialist  
**M Fajri Michael Ramadhan**  
851123148010  
Welcome to Cake Land Sdn Bhd  
**DEPENDANT**  
GL-2506-RYR3HHL53U  
Allergy & Immunology  
Pending approval  
[View claim](#)

Rejected

5



No rejected claims for your reference.

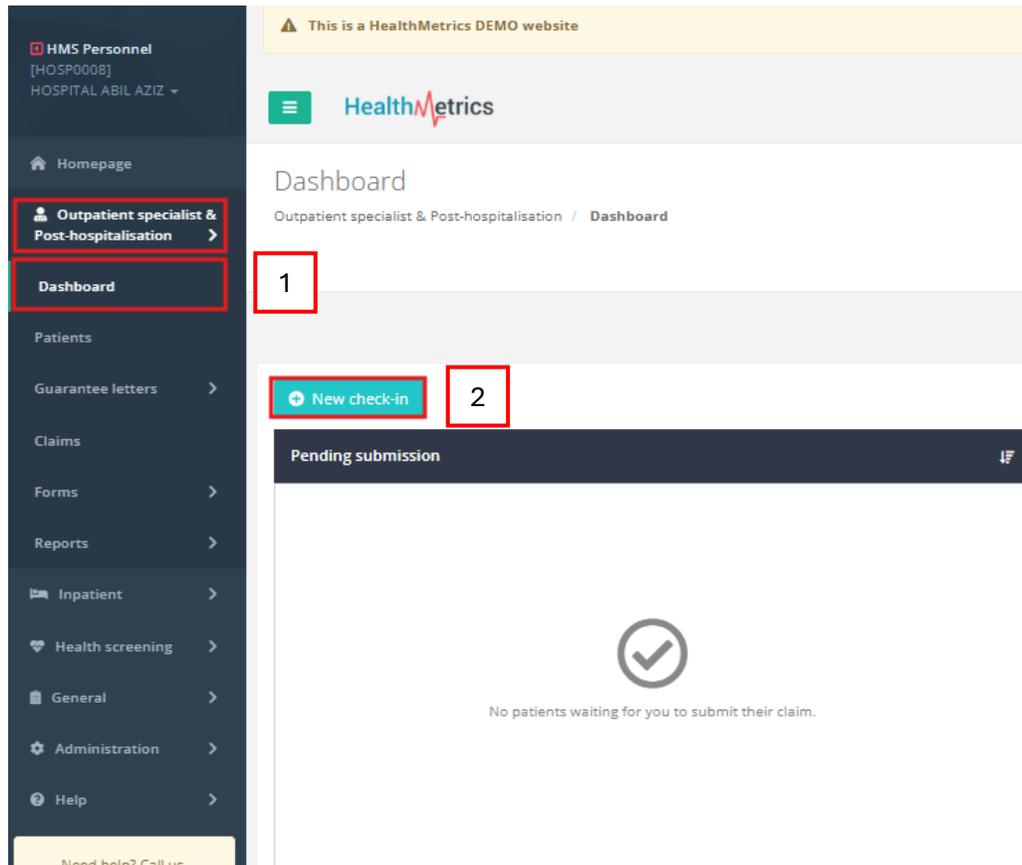
An explanation of the Specialist Dashboard can be found on the next page.

# SPECIALIST DASHBOARD

NO	MENU	EXPLANATION
1	Guarantee Letter Pending Approval	Displays all submitted Guarantee Letter (GL) requests that are currently awaiting approval from HealthMetrics
2	Pending Submission	Displays claims that have been prepared but are pending submission to HealthMetrics
3	Submitted (Claim)	Shows all claims that have been submitted, along with their current status such as pending approval, full approval, rejected and need attention
4	Outstanding	Lists all approved claims that are pending payment
5	Rejected	Displays claims that have been reviewed and rejected by HealthMetrics
6	Late Submission	Shows claims submitted after the allowable submission period, which may be subject to rejection or special review.
7	Dashboard View	Displays an overview of the tab in the Specialist Dashboard
8	Tab View	Displays each section. Allowing focused navigation, one tab at a time.
9	New Check In	Button used to check in a patient and initiate a new Guarantee Letter (GL) request for outpatient services.
10	Reply Query	To respond to queries raised by HealthMetrics team

# CHECKING IN OF PATIENT/MEMBER

## DASHBOARD VIEW



This section shows the steps to check in a patient/member via the [Dashboard].

1. Click on [Dashboard] on the menu toggle

2. Find the [New check-in] button to check in a new patient.

It will redirect you to the patient check-in page. Then, you can check in a new patient as usual.

# CHECKING IN OF PATIENT/MEMBER

## TAB VIEW

This section shows the steps to check in a patient/member via the **[Tab View]**.

1. Go to the **[Dashboard]** menu in the menu toggle.
2. Click and change to the **[Tab View]** on the top right.
3. Click on the **[GL Pending Approval] tab**
4. Below you will find the **[New check-in]** button to check in the new patient/member.

It will redirect you to the patient check-in page. Then, you can check in a new patient as usual.

# CHECKING IN OF PATIENT/MEMBER

TAB VIEW

The screenshot displays the HealthMetrics dashboard interface. On the left is a dark sidebar with navigation options: HMS Personnel, Homepage, Outpatient specialist & Post-hospitalisation (highlighted with a red box and labeled '1'), Dashboard (highlighted with a red box), Patients, Guarantee letters, Claims, Forms, Reports, Inpatient, Health screening, General, Administration, and Help. The main content area is titled 'Dashboard' and shows a list of status cards: Pending submission (0), Outstanding (1), Late submission (1), GL pending approval (0, highlighted with a red box and labeled '3'), Submitted (2), and Rejected (0). A modal window titled 'GL pending approval' is open, showing a checkmark icon and the text 'No guarantee letters to wait for approval.' (labeled '4'). The modal has a teal 'New Check-In' button at the bottom. In the top right corner of the dashboard, there is a header for 'HOSPITAL ABIL AZIZ' with contact information (labeled '2'). A red dashed line indicates the sidebar is in a collapsed state.

# SEARCH & CHECK IN PATIENT/MEMBER

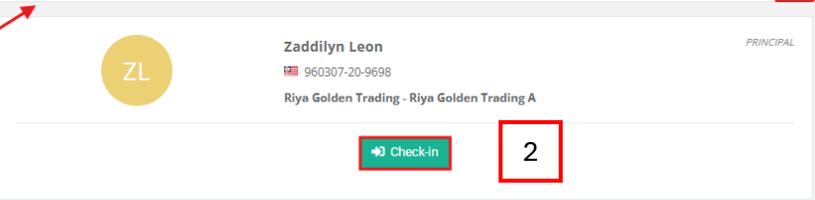
This section will show you how to search and check in patient/member. Below is the step-by-step to search and check in.

1. In the Patients section, fill in the **[IC / Passport number]** and fill in the field section, then click the search button [  ].
2. Then click on the **[Check In]** button to check in the patient and request a Guarantee Letter.
3. In the next prompt page, click the **[Apply Guarantee Letter]**.
4. Next, choose **[Yes/No]** to notify if the patient is in the hospital or not.
5. Proceed with the next step to select the reason for the visit. Select the **[Specialist Disciplines]** accordingly.
6. Upload by clicking the **[+]** to upload documents such as a referral letter, appointment card, vaccination schedule, or prescription lists. Do note: depending on the member company, this section can be required/compulsory, while in other companies it could be optional for the hospital staff to upload.
7. Lastly, click on the **[Submit]** button to send a request for the Guarantee Letter.

## Patients

Outpatient specialist / Patients

960307209698 1 Q

 Zaddilyn Leon  
960307-20-9698  
Riya Golden Trading - Riya Golden Trading A  
PRINCIPAL  
2 Check-in

Select existing guarantee letter(s)

Patient name Zaddilyn Leon

Identification no. 960307209698

Please select one of the guarantee letters below to check in.

Guarantee letter no.	Specialist disciplines	Status	Appointment date
----------------------	------------------------	--------	------------------

No guarantee letter applied

3 Apply guarantee letter

✕ Close

## Apply guarantee letter & check-in

Patient name Zaddilyn Leon (960307-20-9698)

Company name Riya Golden Trading - Riya Golden Trading A

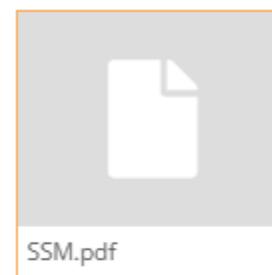
Is the patient in the hospital now?

4  Yes  No

Specialist disciplines \*

Cardiology & Angiology 5

 Upload referral letter/appointment card/vaccination schedule/prescription list \*



7

Cancel

7 Submit

# GUARANTEE LETTER (GL) REQUEST

This section outlines the process for requesting a Guarantee Letter (GL) for outpatient specialist visits through HealthMetrics. It includes the types of request scenarios, who can initiate the request, and the expected processing times.

## GL Request Scenarios

There are two main scenarios for outpatient GL requests:

1. **Pre-approved GL**
  - The GL is requested and approved **before** the patient’s visit.
2. **Patients Without GL**
  - The patient arrives **without a pre-approved GL**, and a request needs to be initiated at the hospital.

## Who Can Submit a GL Request?

GL requests under the outpatient category can be submitted by **any of the following parties depending on our clients’ policy**:

1. **Member (Employee/Patient)**
  - Members can submit a GL request via the **HealthMetrics mobile application**.
2. **HR Representative**
  - HR personnel can apply on behalf of the employee/member.
3. **Hospital / Healthcare Provider**
  - Hospitals may submit a GL request on behalf of the patient/member.

## Service Level Agreement (SLA) for GL Approvals

The processing time for GL approvals depends on the party submitting the request:

HR Representative	Within 24 hours upon full documentation
Hospital / Provider	Within 30 minutes to 2 hours upon full documentation
Member (via app)	Within 24 hours upon full documentation

## Urgent GL Requests

For any **urgent cases** requiring immediate GL approval, please call **HealthMetrics Support** directly at:

 016-699 9464

## PATIENT(S) WITH PRE-APPROVED GUARANTEE LETTER

 Disclaimer: Pre-Approved Guarantee Letter (GL)

A Pre-Approved GL means the Guarantee Letter was **approved in advance**, before the patient's appointment date.

This indicates that:

- The GL is already confirmed and valid as of the appointment day.
- The hospital may proceed with patient registration and treatment based on the approval.

 Always verify the validity period and details stated in the GL.

## PRE-APPROVED GUARANTEE LETTER (GL)

This section will show you how to check in a patient/member with pre-approved GL. Below is the step-by-step to check in with the pre-approved GL.

1. Click on the **[Check-in]** button
2. Click on the Guarantee Letter **with [Guarantee Letter Ready]** matching the specialist discipline the patient has a scheduled appointment with, or wants to seek treatment for
3. Type in or copy and paste the **[Name of the Discipline]** into the empty field to confirm check-in.
4. Click on **[Confirm check-in]**
5. Then, click the **[Yes]** button on the pop-up message box **[Are you sure?]** to confirm the check-in
6. You will be redirected to the patient search page again with the patient card on the **RIGHT** side of the screen, and print out the guarantee letter by clicking **[Print GL]**.

HMS Personnel  
[HOSP0008]  
HOSPITAL ABIL AZIZ

HealthMetrics

Patients  
Outpatient specialist / Patients

960307-20-9698

ZL

**Zaddilyn Leon** PRINCIPAL  
960307-20-9698  
Riya Golden Trading - Riya Golden Trading  
A

Check-in 1

Select existing guarantee letter(s)

Patient name Zaddilyn Leon  
Identification no. 960307209698  
Guarantee letter no. GL-MY-SPE-2507-13VE5MTCST2  
Specialist disciplines Allergy & Immunology

3

Please type in **Allergy & Immunology** to confirm you want to select this guarantee letter for check-in.

Allergy & Immunology

Once you check in, this guarantee letter will be tied to this check-in.

Confirm check-in

4

Back

Select existing guarantee letter(s)

Patient name Zaddilyn Leon

Identification no. 960307209698

Please select one of the guarantee letters below to check in.

Guarantee letter no.	Specialist disciplines	Status	Appointment date
GL-MY-SPE-2507-13VE5MTCST2	Allergy & Immunology	Guarantee Letter Ready	

2

Apply guarantee letter

Close



Are you sure?

Are you sure to check-in with guarantee letter GL-MY-SPE-2507-13VE5MTCST2?

Cancel

Yes

5

# GUARANTEE LETTER STATUS

NO.	STATUS	EXPLANATION	Guarantee Letter Ready
1	Guarantee Letter Ready	GL has been approved. Ready to be printed out.	Guarantee Letter Ready
2	Guarantee Letter in Progress	GL is pending approval by the HealthMetrics team.	Guarantee Letter In Progress

## Patients

Outpatient specialist / Patients

**HOSPITAL ABIL AZIZ** (Change)  
123 Jalan Abil Aziz, 52100 Kuala Lumpur,  
Wilayah Persekutuan Kuala Lumpur, MY  
P: +60 3-7661 6229



960307-20-9698



**Zaddilyn Leon**

PRINCIPAL

🇲🇾 960307-20-9698

Riya Golden Trading - Riya Golden Trading A

➔ Check-in

Check-in session 1  
Since 17 July, 2025 12:53 PM

↔ Cancel check-in

**GL-MY-SPE-2507-13VMUQ480M3** Approved

Call us at +60157591021 regarding guarantee letter's status and coverage.

Pending claim submission



**Zaddilyn Leon**

PRINCIPAL

🇲🇾 960307-20-9698

Riya Golden Trading - Riya Golden Trading A

**GL-MY-SPE-2507-13VMUQ480M3**  
17 July, 2025

Guarantee letter

**GL-MY-SPE-2507-13VMUQ480M3**

Allergy & Immunology Add discipline

6

Print GL

Please submit claim by  
18 July, 2025 11:59 PM

\$ Top-up

Submit claim

**CHECKED-IN**

Since 17 July, 2025 12:53 PM

↔ Cancel check-in

## PATIENT(S) WITHOUT GUARANTEE LETTER (GL)

This section will show you how to request a guarantee letter for a patient/member without the GL. Below is the step-by-step to request the GL.

1. Firstly, obtain the IC/ Passport number from the patient, and search the patient on HealthMetrics portal. Select the patient card and click on the **[Check-in] button**
2. Click on the **[+Apply guarantee letter]** button to apply for the patient.
3. Next step of verification: Is the patient in the hospital now? Click on **[Yes]**.
4. Input the visiting **[Specialist disciplines]** (mandatory).
5. Attach and **[+Upload]** referral letter/appointment (if applicable).  Do note: Uploading documents (e.g. referral letter, appointment card, vaccination schedule, or prescription list) may be mandatory or optional, depending on the corporate member's policy.
6. Lastly, click on **[Submit]**.
7. You will see a pop-up notification to notify you that the GL will be issued soon. Click on **[Yes]** to make the message disappear.
8. Once submitted, the GL will be in the status of **[Pending for Approval]**. You will be redirected to the patient search page again with the patient card on the **LEFT** side of the screen.

HMS Personnel  
[HOSP0008]  
HOSPITAL ABIL AZIZ

HealthMetrics

Homepage

Outpatient specialist & Post-hospitalisation

Dashboard

**Patients**

Guarantee letters

Claims

Forms

Reports

Inpatient

Health screening

Patients  
Outpatient specialist / Patients

960307-20-9698

ZL

**Zaddilyn Leon** PRINCIPAL

960307-20-9698

Riya Golden Trading - Riya Golden Trading A

1

Check-in

Select existing guarantee letter(s)

Patient name Zaddilyn Leon

Identification no. 960307209698

Please select one of the guarantee letters below to check in.

Guarantee letter no.	Specialist disciplines	Status	Appointment date
No guarantee letter applied			

Apply guarantee letter

2

Close

Apply guarantee letter & check-in

Patient name Zaddilyn Leon (960307-20-9698)

Company name Riya Golden Trading - Riya Golden Trading A

Is the patient in the hospital now?

3

Yes No

Specialist disciplines \*

Select

Allergy & Immunology

Cardiology & Angiology

Endocrinology

Oral and Maxillofacial

Obstetrics & Gynaecology

Urology

Otorhinolaryngology (ENT - Ear, Nose & Throat)

4

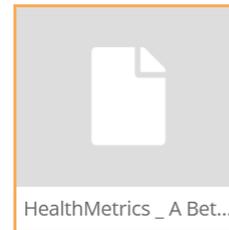
Check-in

session 1  
July, 2025 12:53 PM

Specialist disciplines \*

Allergy & Immunology

Upload referral letter/appointment card/vaccination schedule/prescription list \*



HealthMetrics \_ A Bet...



5

6

Cancel

Submit



## What happens next?

GL will be issued as soon as possible. We will call you when it is ready. For urgent cases, kindly call +60157591021.

OK

7

HMS Personnel  
[HOSP0008]  
HOSPITAL ABIL AZIZ ▾

Homepage

Outpatient specialist &  
Post-hospitalisation >

Inpatient >

Health screening >

General >

Administration >

Help >

Need help? Call us.

+60 3-7661 6229

support@anzen.healthdemo

## Patients

Outpatient specialist / Patients

960307-20-9698



**Zaddilyn Leon**

PRINCIPAL

960307-20-9698

Riya Golden Trading - Riya Golden Trading  
A

Current session: Session 2  
Since 17 July, 2025 1:39 PM

Cancel check-in

GL-MY-SPE-2507-13MQGKYS9KA

Pending approval

8

Check-in session 1  
Since 17 July, 2025 12:53 PM

Cancel check-in

GL-MY-SPE-2507-13VMUQ480M3

Approved

Call us at +60157591021 regarding guarantee letter's status and coverage.

# GUARANTEE LETTER STATUS

NO.	STATUS	EXPLANATION	
1	APPROVED	GL has been approved. Ready to be printed out.	Approved
2	PENDING APPROVAL	GL is pending to be processed by the HealthMetrics team.	Pending approval
3	EXPIRED	GL has expired due to no check-in / no claim submitted	Expired
4	CANCELLED	GL is cancelled by the employee/hospital	Cancelled
5	UTILISED	The hospital has submitted the claim for this approved GL	Utilised
6	EXPIRED	GL has been rejected	Expired
7		GL processed by HR only	

# UNABLE TO CHECK IN PATIENTS/MEMBERS

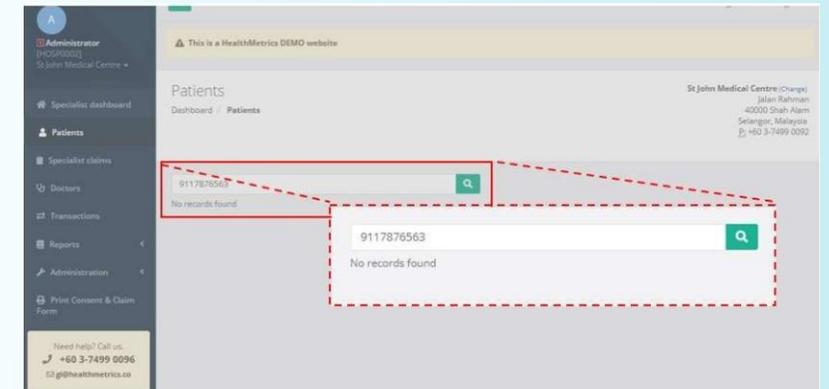
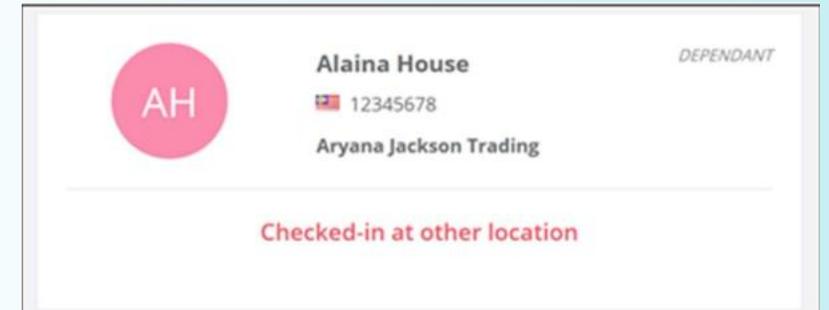
This section will tell you **2 scenarios** that can happen when you are unable to check in patients/members in the HealthMetrics portal:

## 1. Scenario A: Patient checks in at another location

- Patient(s) who have already checked into another panel hospital.
- Please contact us at 016-699 9464 if you see the above situations

## 2. Scenario B: Unable to find/obtain patient details from HealthMetrics Portal – No records found

- Typed in the patient's IC number, but no record found
- Patient may not be covered for cashless outpatient specialist coverage, please contact us at 016-699 9464



## HEALTHMETRICS GUARANTEE LETTER

This section explains the next steps once the GL (Guarantee Letter) has been approved and is ready for use.

1. When the Guarantee Letter is ready, the patient card will be transferred to the **RIGHT** panel of the patient page.
2. Click on the **[Print GL]** button to access or to print out the Guarantee Letter
3. After clicking the button, you will be directed to the printing page for your **[printing]** convenience.

Please refer to the next page to see the step-by-step process to print the Guarantee Letter

# HEALTHMETRICS GUARANTEE LETTER

Patients

1

Outpatient specialist / Patients

**HOSPITAL ABIL AZIZ** (Change)  
123 Jalan Abil Aziz, 52100 Kuala Lumpur,  
Wilayah Persekutuan Kuala Lumpur, MY  
P: +60 3-7661 6229



960307-20-9698



**Zaddilyn Leon**

PRINCIPAL

960307-20-9698

Riya Golden Trading - Riya Golden Trading A

➔ Check-in

Check-in session 1  
Since 17 July, 2025 12:53 PM

↔ Cancel check-in

**GL-MY-SPE-2507-13VMUQ480M3** Approved

Call us at +60157591021 regarding guarantee letter's status and coverage.

Pending claim submission



**Zaddilyn Leon**

PRINCIPAL

960307-20-9698

Riya Golden Trading - Riya Golden Trading A

**GL-MY-SPE-2507-13VMUQ480M3**  
17 July, 2025

Guarantee letter

**GL-MY-SPE-2507-13VMUQ480M3**

Allergy & Immunology Add discipline

2

Print GL

Please submit claim by  
18 July, 2025 11:59 PM

\$ Top-up

Submit claim

**CHECKED-IN**

Since 17 July, 2025 12:53 PM

↔ Cancel check-in

Please refer to the next page to see a sample of the Guarantee Letter

7/17/25, 2:53 PM HealthMetrics | A Better Benefits Experience For All.

**International Medicare Group Sdn Bhd**  
 Business registration number: 199801011498 [467626-A]  
 B-04, Level 4, The Place @, Jalan USJ 25/1, One City, 47650 Subang Jaya,  
 Selangor, MY  
 Support number: +60 3-7661 6229

**INITIAL GUARANTEE LETTER**

**To :** HOSPITAL ABIL AZIZ  
**Attention :** FINANCE AND BILLING  
**Guarantee Letter No. :** GL-MY-SPE-2507-13NHUGF0TX2  
**Approval Time :** 17/7/2025 2:52:56 pm +08:00  
**Checked-in Time :** 17/7/2025 2:51:59 pm +08:00  
**Diagnoses :**

Dear Sir/Madam,

**Patient :** Lane Glass (700223-20-3510)  
**Age :** 55 years, 4 months, 24 days  
**Gender :** Female  
**Company Name :** Riya Golden Trading A

This initial guarantee letter is valid for claim submitted with the invoice dated: 17/7/2025

**Initial Guaranteed Amount :** MYR 500.00 (Top-up is available)  
**Co-payment :** 10.00%  
**Claim Submission Validity Period :** 17/07/2025 to 18/07/2025 11:59 pm  
**Medication Allowance :** 30 day(s)

**TERMS & CONDITIONS:**

- This guarantee letter is valid for **ONE check-in only**, with invoice date 17/7/2025.
- The detailed tax invoice of the treatment must be submitted into the system for International Medicare Group Sdn Bhd during submission validity period stated via HealthMetrics portal only.
- Any submission of claim which has passed the submission period is deemed as a late submission. International Medicare Group Sdn Bhd may not guarantee the same initial guaranteed amount indicated in this letter for a late claim submission.
- This letter only covers medications up to the stated days, any exceeded or additional medications requested by the patient must be paid by the patient.
- Claim document in hardcopy should be sent to International Medicare Group Sdn Bhd should approval being granted.

We are pleased to guarantee an amount of **MYR 500.00** for the patient to seek specialist treatments on any diagnosis **EXCEPT:**

**GENERAL**

7/17/25, 2:53 PM HealthMetrics | A Better Benefits Experience For All.

- Alternative therapies  
 Acupuncture and Traditional Medicine Practitioner (ie: Traditional Chinese Medicine), Chiropractor, Homeopathic, Occupational, Pain Management Therapy, Reflexology, Speech
- Dental conditions including dental treatment(s) or surgeries except as a result of an accident
- Eye examination/elective surgery for visual impairments due to nearsightedness, farsightedness or astigmatism or radial keratotomy
- Pre and Post pregnancy check up/treatment(s) / Pre & Post-natal care (including pregnancy related treatment(s) and test(s))
- In/Fertility treatment(s) / Investigation(s)
  - Surgical, mechanical or chemical contraceptive treatment
  - Hormone replacement therapies which is not medically necessary
  - Abortion/Miscarriage (except as a result of an accident)
- Immunisation
  - Malaysian Government Vaccine(s)
  - Preventative and Travel Vaccine(s)

BCG Booster, Chicken Pox, Cholera, Diphtheria, HPV Vaccine, Haemophilus influenzae type B (Hib), Hepatitis A, Hepatitis B and Hepatitis C, Influenza, Japanese Encephalitis, Malaria, Measles, Mumps and Rubella, Pertussis, Pneumococcal, Poliomyelitis, Rabies, Rotavirus, Shingles Vaccine, Tetanus Vaccine, Typhoid Vaccine, Yellow Fever
- Sexually Transmitted Diseases/Infections or HIV/AIDS related complication (ie: are infections that are passed from one person to another through sexual contact)
- Circumcision, sexual dysfunction, sex transformation whether by surgical or chemical
- Purchase or acquisition of medical/external/internal equipment/devices (ie: knee guard, thermometer, wheelchair, crutches, hearing aid, colostomy bag, syringes, implants, all corrective glasses, contact lenses or the use or acquisition of external prosthetic appliances or devices and etc), private nursing, rest cures or sanatoria care, illegal drugs, intoxication, sterilisation
- Vitamins and Food Supplements/Herbal Cures, Preventative medicine which is not medically necessary
- Elective/Aesthetic/Plastic/Cosmetic treatment(s) and test(s)
 

Botox, Breast Augmentation, Burns, Face Lift, Facial Fillers, Facial Augmentation, Facial treatment for acne, Laser Facial Rejuvenation, Laser Hair Removal, Liposuction, Scar and Keloid Management, Tattoo removal
- Any investigation and treatment not related or required to the diagnosis
- Investigation and treatment of sleep and snoring disorders
- Treatment for congenital abnormalities, deformities and disabilities
- Treatment for injuries sustained under conditions below shall not be covered:
  - Racing of any kind (except foot racing)
  - Underwater activities requiring breathing apparatus
  - Professional sports
  - Criminal/terrorist activities
  - Under the influence alcohol or narcotics or whilst in participation in any illegal dangerous activities
  - Suicide, attempted suicide, self-inflicted injury or overdose of any kind of intentional or otherwise while sane or insane
  - War or any act of war, declared or undeclared, active duty in any armed forces, direct participation in strikes, riots and civil commotion or insurrection
- House calls by Doctors for any reason
- Treatment(s) or purchase of goods for condition below shall not be covered:
  - Rehabilitation Drugs (ie: smoking, alcohol dependence, drug addiction etc)
  - Eye lubricants, cleansing or cosmetic products and any other counter purchases of supplements or medicines which is not medically necessary
  - Anti-Obesity / Weight Reducing Agents or Induction Agents

## GUARANTEE LETTER DETAILS

NO.	EXPLANATION
1	HealthMetrics logo
2	HealthMetrics details, address, and support number
3	Guarantee Letter Approval Time and Guarantee Letter Number
4	Patient details, Name, Age, Gender, and Company name
5	Outpatient coverage for the patient. Note for your attention whether TOP-UP or Copayment is available or not
6	Terms and conditions for the Hospital/Specialist to read for the patients
7	An amount statement coverage for a patient with a list of EXCEPTIONS

7/17/25, 2:53 PM

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- 18. Psychotic, mental or nervous disorders, psychiatric conditions (including any neuroses and their physiological or psychosomatic manifestations)
- 19. Ionising radiation or contamination by radioactivity from any nuclear fuel or nuclear waste from process of nuclear fission or from any nuclear weapons material
- 20. Self-require or self-request or non-treatment related health screening, routine medical or physical examinations, health check-up, investigating procedures or tests not incidental to treatment or diagnosis of a covered Disability, or any treatment which not Medically Necessary is including any preventive treatments, must have Health-Screening Benet coverage, subject to its limitations.
- 21. Care or treatment for which payment is not required or to the extent which is payable by any other insurance or indemnity covering the Insured Person and Disabilities arising out of duties of employment or profession that is covered under a Workman's Compensation Insurance Contract.

**UROLOGY**

- 22. Any investigation(s) and treatment(s) not related or required to the diagnosis shall not be covered;
- 23. Supplements (Non Clinically Use Only);

**Allergy & Immunology**

- 1. Use or acquisition of all external appliances
- 2. Dental conditions including dental treatment(s) or surgeries; except as necessitated by Accidental Injuries to sound natural teeth.

\*\* This is an auto-generated letter, no signature is required.



# OUTPATIENT CONSENT AND CLAIM FORM (SAMPLE)

7/17/25, 2:53 PM

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**International Medicare Group Sdn Bhd**  
 Business registration number: 199801011498 [467626-A]  
 B-04, Level 4, The Place @, Jalan USJ 25/1, One City, 47650 Subang Jaya, Selangor, MY  
 Support number: +60 3-7661 6229

**OUTPATIENT SPECIALIST CONSENT AND CLAIM FORM**

**A: PATIENT AUTHORISATION & INDEMNITY**

Hospital :	<b>HOSPITAL ABIL AZIZ</b>	Discipline(s) :	<b>Allergy &amp; Immunology</b>
Tel No. :	<b>+60376616229</b>	Guarantee Letter No. :	<b>GL-MY-5PE-2507-13NHUGF0TK2</b>
Patient :	<b>Lane Glass</b>	Check-in Time :	<b>17/07/2025 2:51:59 pm</b>
NRIC/Passport No. :	<b>700223-20-3510</b>		
Patient Phone No. :			

I, being the abovementioned Patient hereby authorise my physician, hospital, nurse, medical staff or other person who has attended to me or my child, to disclose my all my medical information including past medical history to International Medicare Group Sdn Bhd and HealthMetrics Sdn Bhd (collectively, the "Group") in the event that the Group issues a final Guarantee Letter to the hospital for payment under the terms and conditions of the policy.

I agree that the Group reserves the right at its absolute discretion to refuse, withdraw and/or suspend the insurance and/or continuance of the guarantee letter without providing any reason whatsoever.

I hereby authorise my employer company to reimburse all my outpatient specialist expenses guaranteed by the Group who shall receive and retain all guaranteed claims sum and execute the receipt and discharge form in respect of my claims on my behalf and their discharge shall be deemed as a full final settlement of my claims.

I further undertake to be fully liable for any or all outpatient specialist expenses that are not guaranteed by the Group.

I understand and agree to pay the any amount which exceeds the covered treatment amount by my employer company and the Group.

**IMPORTANT:** Employee/Patient/Principal/Guardian signing on behalf is deemed to fully understand and agree to be bound by this letter of Authorisation and Indemnity.

Patient/Principal/Guardian to sign

Name in full: **Lane Glass**  
 NRIC No. : **700223-20-3510**  
 Relationship: **Principal**

**B: DIAGNOSIS**

<p>1. Final diagnosis</p> <p>_____</p> <p>2. a. History of presenting illness</p> <p>_____ Since: _____</p> <p>2. b. Underlying cause</p> <p>_____ Since: _____</p> <p>3. When is illness/symptoms first consulted?</p> <p>_____</p> <p>4. Has patient ever had same or similar relation conditions/symptoms before?</p> <p><input type="checkbox"/> Yes. When? _____</p> <p><input type="checkbox"/> No.</p> <p><input type="checkbox"/> Uncertain</p> <p>5. How long is your professional opinion has the condition existed?</p> <p>_____</p> <p>6. Past medical/surgical history(Please state any history of HPT, DM, Heart Disease or any other signication impairment)</p> <p>_____ Since _____</p>	<p>7. Is illness related to:</p> <table border="0"> <tr> <td>Congenital</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td>Alcohol/drugs abuse</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>Pregnancy</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td>Self-inflicted</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>HIV/STD</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td>Psychiatric</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> </table> <p>8. Treatment plan: _____</p> <p>9. Can the condition be treated on out-patient basis? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>10. Name and address of Referring Physician (if any): _____</p> <p>11. Medical Certificate</p> <p><input type="checkbox"/> Yes From _____ To _____</p> <p><input type="checkbox"/> No</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>I, the undersigned hereby declare that the information in the form is true in every respect. I have supplied full information on all particulars relevant to this patient.</p> <p><b>Dr's Signature &amp; Stamp:</b></p> <p>Date: _____</p> </div>	Congenital	<input type="checkbox"/> Yes <input type="checkbox"/> No	Alcohol/drugs abuse	<input type="checkbox"/> Yes <input type="checkbox"/> No	Pregnancy	<input type="checkbox"/> Yes <input type="checkbox"/> No	Self-inflicted	<input type="checkbox"/> Yes <input type="checkbox"/> No	HIV/STD	<input type="checkbox"/> Yes <input type="checkbox"/> No	Psychiatric	<input type="checkbox"/> Yes <input type="checkbox"/> No
Congenital	<input type="checkbox"/> Yes <input type="checkbox"/> No	Alcohol/drugs abuse	<input type="checkbox"/> Yes <input type="checkbox"/> No										
Pregnancy	<input type="checkbox"/> Yes <input type="checkbox"/> No	Self-inflicted	<input type="checkbox"/> Yes <input type="checkbox"/> No										
HIV/STD	<input type="checkbox"/> Yes <input type="checkbox"/> No	Psychiatric	<input type="checkbox"/> Yes <input type="checkbox"/> No										

Consent & Claim Form is a form for the patient and the specialist to fill up

It is divided into two parts:

1. A is the CONSENT FORM for the patient to sign
2. B is the DIAGNOSIS FORM for the attending specialist to fill up

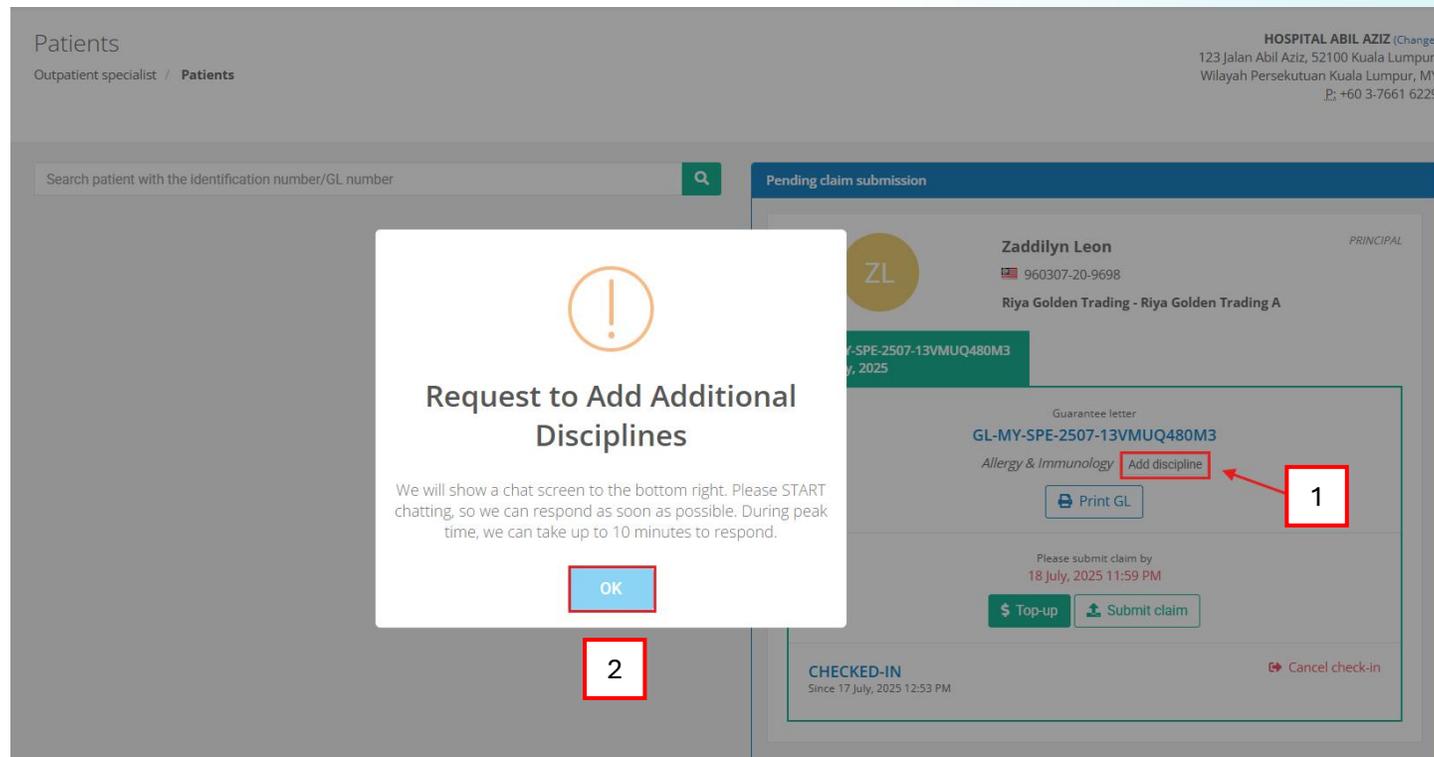
Consent & Claim Form will be printed along with the guarantee letter, or the blank one from the portal, directly

Employee/ Patient Authorization & Identity (Part A) is mandatory for the patient to sign, whereas Diagnosis (Part B) must be completed by treating doctor.

# ADDING SPECIALIST DISCIPLINE

In this section, we will guide you through the process of adding a specialist discipline for a patient in the HealthMetrics portal. This action can be performed under the Patients tab. Follow the step-by-step instructions below to successfully add a discipline to a patient's record.

1. If a patient is being referred to another specialist discipline, click the **[Add Discipline]** button located on the patient's card.
2. A **pop-up message box** will appear, along with our **support chat tool (Zendesk)** on the bottom right of the screen. Proceed to initiate a chat with our support team to request the additional discipline.



# CLAIM SUBMISSION & TOP-UP OF GUARANTEE AMOUNT

This section explains the claim submission process and the steps to request a top-up of the guarantee amount, when applicable.

## Claim Submission Criteria

To ensure smooth and successful claim processing, the following documents are required:

- Valid Detailed Tax Invoice
- Completed HealthMetrics Consent & Claim Form
- Medical Certificate (MC) (if applicable)
- Supporting documents such as test reports, X-ray copies, etc.

Please ensure the **Grand Total Amount** stated in the invoice is accurate and reflects the actual billed charges.

## **Important Note on Claim Submission Deadline**

All claims must be submitted by 11:59 PM on the next working day following the patient's visit. Failure to meet this deadline will result in the expiration and voiding of the Guarantee Letter (GL).

**⚠ Once a GL expires, HealthMetrics cannot guarantee the same initial guarantee amount.**

If a claim is not submitted on time and the GL expires, the previously allocated guarantee amount will be **released and returned to the patient entitlement pool for their next utilization.**

# CLAIM SUBMISSION PROCESS

This section outlines the claim submission process in the HealthMetrics portal. Claims can be submitted through two different areas within the portal interface:

1. **Specialist Dashboard** – under the Pending Submission panel
2. **Patients Section** – on the right side of the page, within the patient's card

Both areas provide access to the claim submission function.

In addition to submitting claims, you may also request a top-up of the guarantee amount for the patient in the same sections.

Please refer to the step-by-step guide below for a clearer understanding of how to submit claims and request top-ups through the HealthMetrics portal.

# CLAIM SUBMISSION PROCESS

## SPECIALIST DASHBOARD

In this section, you will find an overview of how to track the progress of claims submitted through the Specialist Dashboard. This feature allows you to monitor each claim's status in real-time, from submission to final approval or rejection. You will also learn how to identify claims that require further action and where to view relevant updates or remarks from the claims team.

1. Refer to the **LEFT** panel [**Claim(s) Pending Submission**] in the **Specialist Dashboard** to proceed with claim submission
2. Click on [**Submit claim**] to submit a claim, without top-up. OR
3. Click on [**\$ Top-up**] to request for top-up
4. Billing details
  - Hospital bill reference no.
  - Grand total amount
  - Upload "**Detailed tax invoice.**"
5. Click the box to select "**Attending doctor(s).**"
6. Treatment details. Select "**Upload now**" or "**Upload later.**"
7. If selected [**Upload now**], upload "**Consent & Claim Form**" + "**MC**" + "**Test Report**" + "**Radiology Image**" OR select [**Upload later**]. If you select "**Upload later**", you may update the claim by uploading the complete documents later
8. Click [**Submit for review**].

# CLAIM SUBMISSION PROCESS

## SPECIALIST DASHBOARD

**HMS Personnel**  
[HOSP0008]  
HOSPITAL ABIL AZIZ ▾

Homepage

**Outpatient specialist & Post-hospitalisation** ▾

**Dashboard** **1**

Patients

Guarantee letters >

Claims

Forms >

Reports >

Inpatient >

Health screening >

General >

Administration >

**HealthMetrics**

Dashboard

Outpatient specialist & Post-hospitalisation / **Dashboard**

**+ New check-in**

**1 Pending submission**

Specialist

**gordon** **PRINCIPAL**

000201101111 **GL-MY-SPE-2507-1JRMQ867XM1**

Riya Golden Trading *Allergy & Immunology*

**Submit now** **Top-up** **3**

Please submit by 25/7/2025 11:59 PM

Specialist claims

Dashboard / Employees / Specialist claims

< Back **4**

You're now submitting the claim for invoice dated on:  
**24/7/2025**

**Billing details**

Patient	gordon (000201-10-1111)
Company	Riya Golden Trading A
Checked-in time	24/7/2025 3:07 PM
Guarantee letter expiry time	25/7/2025 11:59 PM
Guarantee letter	GL-MY-SPE-2507-1JRMQ867XM1 <a href="#">(View)</a>
Initial guaranteed amount	MYR 500.00
Hospital bill reference no. *	<input type="text"/>
Grand total bill amount *	MYR <input type="text"/>
Grand total bill amount is the final amount that is charged for entire visit of the patient.	
Please do not deduct the co-payment amount (if any) from this grand total bill.	
Exceeded amount	MYR 0.00
Please collect from patient	MYR 0.00
Detailed tax invoice *	<input type="button" value="+"/>

# CLAIM SUBMISSION PROCESS

## SPECIALIST DASHBOARD

Consent & Claim Form / Diagnostic Form / Test Report / Radiology Report / MC \*

5 **Attending doctors \*** DR ABIL AZIZ ×

6

7

8 **Submit for review**

# CLAIM SUBMISSION PROCESS

## PATIENTS SECTION

In this section, you will find an overview of how to track the progress of claims submitted through the Specialist Dashboard. This feature allows you to monitor each claim's status in real-time, from submission to final approval or rejection. You will also learn how to identify claims that require further action and where to view relevant updates or remarks from the claims team.

1. Go to the **[Patients Section]** and refer to the panel on the **RIGHT** labeled **[Pending Claim Submission]** to proceed with submitting a claim.
2. Click on **[Submit claim]** to submit a claim, without top-up. OR
3. Click on **[\$ Top-up]** to request for top-up
4. Billing details
  - Hospital bill reference no.
  - Grand total amount
  - Upload **“Detailed tax invoice.”**
5. Click the box to select **“Attending doctor(s).”**
6. Treatment details. Select **“Upload now”** or **“Upload later.”**
7. If selected **[Upload now]**, upload **“Consent & Claim Form”** + **“MC”** + **“Test Report”** + **“Radiology Image”** OR select **[Upload later]**. If you select **“Upload later”**, you may update the claim by uploading the complete documents later
8. Click **[Submit for review]**.

# CLAIM SUBMISSION PROCESS

## PATIENTS SECTION

**HMS Personnel**  
[HOSP0008]  
HOSPITAL ABIL AZIZ

HealthMetrics

English Logout

**HOSPITAL ABIL AZIZ (Change)**  
123 Jalan Abil Aziz, 52100 Kuala Lumpur,  
Wilayah Persekutuan Kuala Lumpur, MY  
P: +60 3-7661 6229

Patients  
Outpatient specialist / Patients

Search patient with the identification number/GL number

**1**

**Pending claim submission**

**G** **gordon** PRINCIPAL  
000201-10-1111  
Riya Golden Trading - Riya Golden Trading A

**GL-MY-SPE-2507-1JRMQ867XM1**  
24 July, 2025

Guarantee letter  
**GL-MY-SPE-2507-1JRMQ867XM1**  
Allergy & Immunology Add discipline  
Print GL

Please submit claim by  
25 July, 2025 11:59 PM

**3** **Top-up** **Submit claim** **2**

**CHECKED-IN** Since 24 July, 2025 3:07 PM Cancel check-in

Need help? Call us.  
**+60 3-7661 6229**  
support@anzen.healthdemo

# CLAIM SUBMISSION PROCESS

## PATIENTS SECTION

Specialist claims  
Dashboard / Employees / Specialist claims

< Back

You're now submitting the claim for invoice dated on:  
24/7/2025

**Billing details**

Patient	gordon (000201-10-1111)
Company	Riya Golden Trading A
Checked-in time	24/7/2025 3:07 PM
Guarantee letter expiry time	25/7/2025 11:59 PM

Guarantee letter: GL-MY-SPE-2507-1JRMQ867XM1 [\(View\)](#)

Initial guaranteed amount: MYR 500.00

Hospital bill reference no. \*

Grand total bill amount \* MYR

Grand total bill amount is the final amount that is charged for entire visit of the patient.

Please do not deduct the co-payment amount (if any) from this grand total bill.

Exceeded amount: MYR 0.00

Please collect from patient: MYR 0.00

Detailed tax invoice \*  

# CLAIM SUBMISSION PROCESS

## PATIENTS SECTION

Consent & Claim Form / Diagnostic Form / Test Report / Radiology Report / MC \*

5 **Attending doctors \*** DR ABIL AZIZ ×

Upload now

6

7

8 **Submit for review**

HealthMetrics \_ A Bet...

Upload now

Select an option

Upload now

Upload later

# CLAIM SUBMISSION VALIDITY

In this section, you will learn the importance of submitting claims accurately and on time. Ensuring all required documents are submitted within the stipulated timeframe is crucial for smooth processing and timely payment. This section outlines key submission rules, claim status definitions, and how to manage follow-up actions effectively.

## Treatment & Payment Policy:

- All HealthMetrics patients can enjoy cashless facility provided they have specialist coverage with sufficient balance.
- Patients are required to pay any **excess** or **uncovered treatment amount** at the time of check-out.

## Submission Deadline:

- All outpatient claims must be submitted **before 11:59 PM on the next working day following the check-in date.**  
*(For example, if the patient checks in on 7 October 2025, the claim must be submitted before 11:59 PM on 8 October 2025)*
- **Detailed Tax Invoice** is compulsory at the time of submission.
- Timely submission guarantees payment.

## Supporting Documents (can be submitted later):

- Completed Consent & Claim Form
- Treatment/Test Reports
- Medical Certificate (MC)

## Patients Tab

## Dashboard Tab

# CLAIM STATUSES FOR HOSPITAL CLAIMS

STATUS	EXPLANATION	REMARKS / REQUIRED ACTION
Pending Approval	Claim submitted and waiting for HealthMetrics approval.	No action needed unless further info is requested.
Pending Medical Query	<p>Issues with submitted documents:</p> <ul style="list-style-type: none"> <li>– Invalid/unclear uploads</li> <li>– Broken files</li> <li>– Unclear Diagnosis</li> <li>– Wrong Attachment Submitted/Wrong patient info</li> <li>– No patient signature</li> <li>– Hospital sign on behalf of the patient for the consent form</li> <li>– If you need to cancel a GL, there is no need to send an email. Simply upload a memo attachment in the portal during claim submission stating the reason for cancellation <b>OR</b> you may cancel check-in for the patient and put the reason for the canceled check-in.</li> </ul>	<p>Hospital should re-upload correct and clear versions of:</p> <ul style="list-style-type: none"> <li>[v] Itemised Tax Invoice</li> <li>[v] Completed Patient Consent Form</li> <li>[v] Completed Doctor’s Diagnosis form</li> </ul>
Full Approval	All required documents submitted and approved.	Claim will be billed to HealthMetrics on next invoice cycle.

# REVIEW, ACTION & TIMELINES

This section covers how HealthMetrics communicates claim statuses and required actions after submission. You will also understand when to expect updates, what to do when action is needed, and how to ensure your claims stay valid and trackable within the platform.

## Daily Summary Report (sent by 10 PM):

- Check-in(s)
- Claims Needing Attention
- Approved Claims

## HealthMetrics Review Timeline:

- Claims reviewed within **3 working days** from submission date (Upon full documentation).
- Only claims with complete documentation (incl. Consent, Test Reports, MC) will be approved and billed at month-end.

## Important Notes:

- Hospitals have **48 hours from patient check-in time** to submit claims. After this period, the GL will expire.
- A grace period of **45 calendar days** is provided for **late claim submission**, after the GL has expired. However, the approval is not guaranteed in view that the GL has expired. The approval amount is subject to the balance available in the patient's entitlement during the claim processing stage.

## Action Required Cases:

- Email will be sent to PIC with reason
- Edit & resubmit claim with valid details
- Track all claims via the **Claims Dashboard**

# GUARANTEE LETTER AMOUNT TOP-UP

In this section, you will learn how to handle cases where a Guarantee Letter (GL) is **not valid for top-up**. This typically means that the patient’s coverage limit has been reached, and any **excess treatment costs must be collected directly from the patient**.

## Not Valid for Top-Up

If the patient is **not eligible for a top-up**, a message will appear on the Initial Guarantee Letter:

Initial Guaranteed Amount : **MYR 400.00 (No top-up)**

“This patient is not eligible for a guarantee letter top-up. Please collect any excess amount from the patient.”

In such cases:

- You must collect **all exceeded treatment amounts** from the patient at the time of check-out.
- Proceed with the **claim submission as usual** via the **Specialist Dashboard** or **Patients Section**.

This initial guarantee letter is valid for claim submitted with the invoice dated: 22/9/2025

Initial Guaranteed Amount : **MYR 400.00 (No top-up)**

Co-payment : N/A

Claim Submission Validity Period : **22/09/2025 to 23/09/2025 11:59 pm**

Medication Allowance : **30 day(s)**

**TERMS & CONDITIONS:**

1. This guarantee letter is valid for **ONE check-in only**, with invoice date 22/9/2025.
2. The detailed tax invoice of the treatment must be submitted into the system for International Medicare Group Sdn Bhd during submission validity period stated via HealthMetrics portal only.
3. Any submission of claim which has passed the submission period is deemed as a late submission. International Medicare Group Sdn Bhd may not guarantee the same initial guaranteed amount indicated in this letter for a late claim submission.
4. This letter only covers medications up to the stated days, any exceeded or additional medications requested by the patient must be paid by the patient.
5. Claim document in hardcopy should be sent to International Medicare Group Sdn Bhd should approval being granted.

This screenshot is an example from IGL showing an outpatient N/A top-up request.

## GUARANTEE LETTER AMOUNT TOP-UP

In this section, you will learn how to perform a top-up request when the patient's Guarantee Letter (GL) is eligible for additional coverage.

### Valid for Top-Up

If the GL is **valid for top-up**, you will see the following message on the **Initial Guarantee Letter**:

**“Please request top-up for the patient if the initial guaranteed amount is insufficient.”**

In such cases, follow the steps below to request a top-up and proceed with claim submission on the next page:

# PROCESS TO REQUEST FOR TOP-UP

Follow the steps below to request a top-up and continue with the claim process:

1. Go to the Patient Card, locate the patient's profile from the **[Specialist Dashboard]** or **[Patients section]**.
2. Click on the **[\$ Top-up]** button inside **[Pending Claim Submission]**. This will open the top-up request form.
3. Submit claim as per normal procedures.
  - Enter the **[Hospital Bill Reference Number]**
  - Key in the **[Grand Total Amount]**. This should reflect the full cost of the treatment.
  - Upload the **[Detailed Tax Invoice]**.
4. Select the **[Attending Doctor]**. Choose the doctor responsible for the case.
5. Choose Your Upload Option. **[Upload Now]**: if documents are ready. **[Upload Later]**: if documents will be submitted later.
6. Click **[Request for Top-Up]**
  - A message box will appear with further instructions. Open the Chat Box (**Bottom Right Corner**). Initiate a live chat with HealthMetrics [to verify the top-up](#). Wait for Approval in Real-Time. Stay on the chat. The system will refresh automatically once the top-up is approved.
  - Print the Revised Guarantee Letter (Optional). If needed, print the updated GL showing the final approved amount. If the Final Guarantee Amount Is Still Insufficient, collect the remaining balance directly from the patient.
  - **Submit the Claim** as usual once everything is complete.
  - Our **claims team will process** this top-up request and the SLA is within **30 – 2 hours**.
  - **Once the claim top-up request has been approved, the hospital team can view the approved amount in the FGL under the Claims tab. Go to the Claims Table, locate the claim number, and check the Item Claim Details section. The Top-Up Amount and approval status will appear on the right side of the page.**
  - **Kindly collect the remaining balance from the patient for the respective procedure or treatment.**

# PROCESS TO REQUEST FOR TOP-UP

HMS Personnel [HOSP0008] HOSPITAL ABIL AZIZ

HealthMetrics

Homepage

Outpatient specialist & Post-hospitalisation

Dashboard

Patients

Guarantee letters

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Administration

Help

Dashboard

Outpatient specialist & Post-hospitalisation / Dashboard

New check-in

Pending submission

Specialist

gordon PRINCIPAL

000201101111 GL-MY-SPE-2507-1JRMQ867XM1

Riya Golden Trading Allergy & Immunology

Submit now Top-up

Please submit by 25/7/2025 11:59 PM

Need help? Call us. +60 3-7661 6229 support@anzen.healthdemo

Patients Section

HMS Personnel [HOSP0008] HOSPITAL ABIL AZIZ

HealthMetrics

Homepage

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Search patient with the identification number/GL number

Pending claim submission

gordon PRINCIPAL

000201-10-1111

Riya Golden Trading - Riya Golden Trading A

GL-MY-SPE-2507-1JRMQ867XM1

24 July, 2025

Guarantee letter

GL-MY-SPE-2507-1JRMQ867XM1

Allergy & Immunology Add discipline

Print GL

Please submit claim by 25 July, 2025 11:59 PM

Top-up Submit claim

CHECKED-IN

Since 24 July, 2025 3:07 PM

HOSPITAL ABIL AZIZ (Change)

123 Jalan Abil Aziz, 52100 Kuala Lumpur, Wilayah Persekutuan Kuala Lumpur, MY

+60 3-7661 6229

Specialist Dashboard

# PROCESS TO REQUEST FOR TOP-UP

Specialist claims

Dashboard / Employees / Specialist claims

< Back

You're now applying for top-up for invoice date  
24/7/2025

**Billing details**

**Patient** gordon (000201-10-1111)  
**Company** Riya Golden Trading A  
**Checked-in time** 24/7/2025 3:07 PM  
**Guarantee letter expiry time** 25/7/2025 11:59 PM

**\$ Guarantee letter top-up**

For guarantee letter top-up, please fill up this section (including uploading the detailed tax invoice), and click on **Request for Top-up**. You can only request for top-up when there is exceeded amount.

**Guarantee letter** GL-MY-SPE-2507-1JRMQ867XM1 [\(View\)](#)

**Initial guaranteed amount** MYR 500.00

**Hospital bill reference no. \***

**Grand total bill amount \***

Grand total bill amount is the final amount that is charged for entire visit of the patient.

Please do not deduct the co-payment amount (if any) from this grand total bill.

Upload now

Select an option

Upload now

Upload later

3

**Initial guaranteed amount** MYR 500.00

**Hospital bill reference no. \***

**Grand total bill amount \***

MYR 850

Grand total bill amount is the final amount that is charged for entire visit of the patient.

Please do not deduct the co-payment amount (if any) from this grand total bill.

**Top-up request amount**

MYR 350.00

**Detailed tax invoice \***



**4 Attending doctors \***

Nothing selected

**Consent & Claim Form / Diagnostic Form / Test Report / Radiology Report / MC \***

Select an option

5

Request for top-up

6

# SPECIAL TOP-UP REQUEST / INQUIRY

In certain cases, procedures such as MRI and CT scans may exceed the patient's initial Guarantee Letter (GL) limit. To facilitate these high-cost procedures, panels may request a special top-up by reaching out to HealthMetrics directly. This section outlines the steps and outcomes involved in making a special top-up request.

## 1. Submit Request via Chat Box (Zendesk)

For any MRI or CT scan requiring additional approval or clarification, please contact HealthMetrics via the in-app **chat box (Zendesk)**. This allows for quicker response and immediate clarification on the patient's eligibility and available limit.

## 2. Await Notification from HealthMetrics

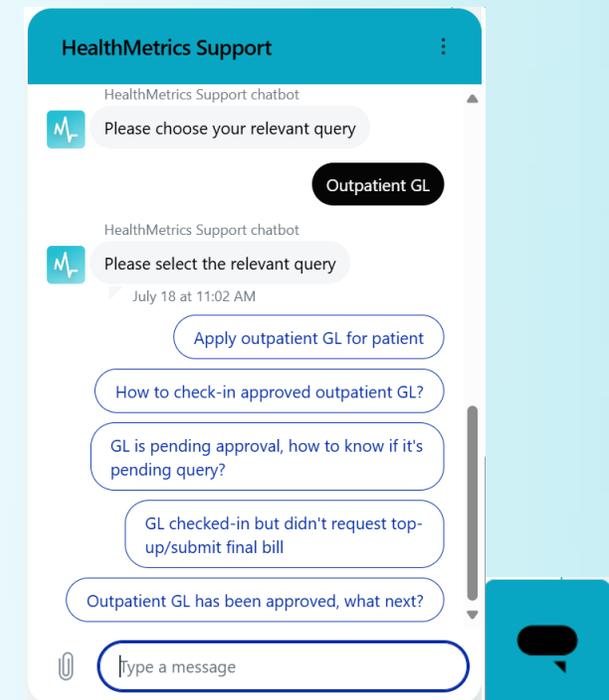
HealthMetrics will evaluate the request and provide updates through the same chat channel:

### ✓ If Top-Up is Approved:

- A **revised Guarantee Letter** will be issued.
- The new **guarantee amount** reflecting the approved top-up will be updated in the system.
- Panel must **print and retain the revised GL for records** and patient reference.

### ✗ If Top-Up is Rejected:

- HealthMetrics will inform via the chat box.
- The **exceeded amount** for the procedure must be **collected directly from the patient** by the panel.



# CO-PAYMENT

Some patient visits may involve **co-payment**, where a portion of the bill is shared between the employer and the patient. This section explains how to identify and manage co-payment cases within the HealthMetrics platform.

- Co-payment condition is clearly **stated on the Guarantee Letter (GL)**.
- HealthMetrics will guarantee **the amount** up to the patient's limit.
- If unsure about the calculation, go to the Claim Submission page:
  - Enter the **Grand Total Amount**.
  - The system will auto-calculate the **co-payment amount**.
- Collect the amount shown under:
  - “Total exceeded the amount to be collected from the patient”.

1. Billing details

<b>Patient</b>	Alaina House (12345678)
<b>Company</b>	Aryana Jackson Trading
<b>Checked-in time</b>	3/12/2018 4:39 PM

**\$ Guarantee letter top-up**  
 This patient is not eligible for guarantee letter top-up. Please collect any exceeded amount from patient.

<b>Guarantee letter</b>	GL-1812-01898-010317 <a href="#">(View)</a>
<b>Initial guarantee amount</b>	RM500.00
<b>Hospital bill reference no. *</b>	<input type="text" value="AST"/>
<b>Grand total amount*</b>	RM <input type="text" value="480"/>

Grand Total Amount is the final amount that is charged for the entire visit of the patient.

<b>Copayment 20%</b>	RM96.00
<b>Exceeded amount</b>	RM0.00
<b>Total exceeded amount to be collected from patient</b>	RM96.00

**Detailed tax invoice \***

+

Next

# TRACKING SPECIALIST CLAIMS

This section shows you how to track all submitted specialist claims directly from your dashboard.

- Every claim is assigned a HealthMetrics Claim Number for easy reference.
- All submitted claims will appear on your Hospital Dashboard for tracking purposes.
- You can search for claims using:
  - Patient's Name
  - IC/Passport Number
  - Hospital Reference Number
  - Claim Number

**HMS Personnel**  
[HOSP0008]  
HOSPITAL ABIL AZIZ

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- Forms
  - Print Consent & Claim Form
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### Claims

Outpatient specialist & Post-hospitalisation / Claims

**Claim type**

All

**Transaction no.**

**Query status**

**Hospital bill reference no.**

**Specialist discipline**

Nothing selected

**Claim status**

**Claim no.**

**Claim date range**

**Amount**

MYR

**Guarantee letter number**

**Billing status**

All

**Patient**

Export to Excel Search

	Claim no.	Claim date	Guarantee lett.:	Type	Claim status	Query status	Patient	Subsidiary	Panel location	Hospital bill re.:	Total claim am.:	Total covered	Billing status
<a href="#">View</a>	SC-2504-1RCH2...	27/4/2025	GL-2504-1RC95...	👤	Full approval		Lane Glass (700...	Riya Golden Tra...	HOSPITAL ABIL ...	12345	MYR 400.00	MYR 400.00	Billed IN-MY-2504
<a href="#">View</a>	SC-2505-4BW0B...	2/5/2025	GL-2505-4BUL6...	👤	Full approval		Elena Chong Ba...	HQ	HOSPITAL ABIL ...	123456	MYR 500.00	MYR 500.00	Billed IN-MY-2505
<a href="#">View</a>	SC-2505-4J5BG6...	2/5/2025	GL-2505-4HAQ1...	👤	Full approval		Lane Glass (700...	Riya Golden Tra...	HOSPITAL ABIL ...	12345	MYR 300.00	MYR 300.00	Billed IN-MY-2505
<a href="#">View</a>	SC-2505-D55B1...	6/5/2025	GL-2505-D5QM...	👤	Full approval		Maya (201003-0...	Aliya Guzman Tr...	HOSPITAL ABIL ...	12345678	MYR 1,050.00	MYR 1,000.00	Billed IN-MY-2505
<a href="#">View</a>	SC-2506-1A3S07...	20/6/2025	GL-2506-1AC0...	👤	Pending approval	Pending	Amira (850424-1...	Aliya Guzman Tr...	HOSPITAL ABIL ...	12345	MYR 600.00	MYR 0.00	Unbilled
<a href="#">View</a>	SC-2506-1A3UF...	20/6/2025	GL-2506-1A3TX...	👤	Pending approval	Replied	Angeline Sanfor...	Aliya Guzman Tr...	HOSPITAL ABIL ...	12345	MYR 300.00	MYR 0.00	Unbilled
<a href="#">View</a>	SC-2506-1GSXY...	23/6/2025	GL-2506-MQNQ...	👤	Pending appr...		Maya (201003-0...	Aliya Guzman Tr...	HOSPITAL ABIL ...	1243535	MYR 500.00	MYR 0.00	Unbilled

# CLAIMS STATUSES

CLAIM STATUS	EXPLANATION
Pending Approval	Claim submitted and awaiting review by HealthMetrics.
Partial Approval	Part of the claim is approved. Ensure to upload the remaining requirement document to obtain full approval for the claim.
Full Approval	The claim has been fully approved and will be included in the upcoming invoice.

## GUARANTEE LETTER LISTING

This section allows you to view and manage Guarantee Letters (GLs) directly from a searchable listing page.

- All issued GLs are displayed here for reference and action-taking.
- Actions can be performed using the drop-down menu on each GL entry.

You can filter or export the GL list using the following options:

- Claim Status
- Guarantee Letter Number
- Transaction Number
- Claim Number
- Billing Status
- Status (Full Approved, Pending Approval, Rejected)
- Query Status

# GUARANTEE LETTER LISTING

NUMBER	EXPLANATION
1	Query status filter.
2	Query status display.
3	New claim status on the claim lists table.
4	Request adjustment.

Claims

Outpatient specialist & Post-hospitalisation / Claims

Claim type

All

Claim status

Guarantee letter number

Transaction no.

Claim no.

Billing status

All

Query status

▼ Show advanced filters

Export to Excel

Search

	Claim no.	Claim date	Guarantee lett.:	Type	Claim status	Query status	Patient	Subsidiary	Panel location	Hospital bill re.:	Total claim am.:	Total covered .:	Billing status
<a href="#">View</a>	SC-2507-6PHT1...	3/7/2025	GL-2507-282B2...		Approval		Elena Chong Ba...	HQ	HOSPITAL ABIL ...	1234	MYR 300.00	MYR 0.00	Unbilled
<a href="#">View</a>	SC-2507-2CLEG...	1/7/2025	GL-2507-2CFG7...		Approval		Lane Glass (700...	Riya Golden Tra...	HOSPITAL ABIL ...	12345HMS	MYR 650.00	MYR 650.00	Unbilled
<a href="#">View</a>	SC-2506-RYTDU...	25/6/2025	GL-2506-RYR3H...		Pending appr.		M Fajri Michael ...	HQ	HOSPITAL ABIL ...	12345	MYR 100.00	MYR 100.00	Billed IN-MY-2506
<a href="#">View</a>	SC-2506-1GSXY...	23/6/2025	GL-2506-MQNNQ...		Pending appr.		Maya (201003-0...	Aliya Guzman Tr...	HOSPITAL ABIL ...	1243535	MYR 500.00	MYR 0.00	Unbilled
<a href="#">View</a>	SC-2506-1A3UF...	20/6/2025	GL-2506-1A3TX...		Pending approval	Replied	Angeline Sanfor...	Aliya Guzman Tr...	HOSPITAL ABIL ...	12345	MYR 300.00	MYR 0.00	Unbilled
<a href="#">View</a>	SC-2506-1A3S07...	20/6/2025	GL-2506-1AC0J...		Pending approval	Pending	Amira (850424-1...	Aliya Guzman Tr...	HOSPITAL ABIL ...	12345	MYR 600.00	MYR 0.00	Unbilled
<a href="#">View</a>	SC-2505-D55B1...	6/5/2025	GL-2505-D5QM...		Full approval		Maya (201003-0...	Aliya Guzman Tr...	HOSPITAL ABIL ...	12345678	MYR 1,050.00	MYR 1,000.00	Billed IN-MY-2505
<a href="#">View</a>	SC-2505-4BWOB...	2/5/2025	GL-2505-4BUL6...		Full approval		Elena Chong Ba...	HQ	HOSPITAL ABIL ...	123456	MYR 500.00	MYR 500.00	Billed IN-MY-2505
<a href="#">View</a>	SC-2505-4JSBG6...	2/5/2025	GL-2505-4HAQ1...		Full approval		Lane Glass (700...	Riya Golden Tra...	HOSPITAL ABIL ...	12345	MYR 300.00	MYR 300.00	Billed IN-MY-2505
<a href="#">View</a>	SC-2504-1RCH2...	27/4/2025	GL-2504-1RC95...		Full approval		Lane Glass (700...	Riya Golden Tra...	HOSPITAL ABIL ...	12345	MYR 400.00	MYR 400.00	Billed IN-MY-2504

# HOW TO FILTER A CLAIM THAT HAS QUERY STATUS

This section guides you on how to quickly locate claims that require your response based on their **Query Status**.

NUMBER	EXPLANATION
1	Click the “Query status dropdown” menu filter.
2	Select the query status that you want to filter. You can choose ‘Pending reply’ to view all the GL that requires reply from hospital
3	Click the “Search” button.

## Claims

Outpatient specialist & Post-hospitalisation / **Claims**

The screenshot shows the 'Claims' filter interface. It includes several filter fields: 'Claim type' (set to 'All'), 'Claim status', 'Guarantee letter number', 'Transaction no.', 'Claim no.', and 'Billing status' (set to 'All'). The 'Query status' dropdown is highlighted with a red box and labeled '1'. A red dashed box labeled '2' encompasses the dropdown menu, which is open and shows options: 'All', 'Pending reply', 'Replied', and 'Resolved'. The 'Pending reply' option is highlighted in blue. A red box labeled '3' highlights the 'Search' button at the bottom right of the interface. There is also an 'Export to Excel' button next to it.

# NEW CLAIM STATUS ON THE CLAIM LISTS TABLE

This section highlights the updated claim status labels now visible on the Claims List table to help you track claims more effectively.

Claims

Outpatient specialist & Post-hospitalisation / c

Claim type  
All

Transaction no.

Query status

▼ Show advanced filters

NUMBER	EXPLANATION
1	This “  ” icon represent “Adjustment”.
2	This “  ” icon represents “Late submission”.
3	“Rejected” status is the claim that has been rejected.

Export to Excel

Search

	Claim no. ▼	Claim date ▼	Guarantee lett.▼	Type ▼	Claim status ▼	Query status ▼	Patient ▼	Subsidiary ▼	Panel location ▼	Hospital bill re.▼	Total claim am.▼	Total covered ▼	Billing status ▼
<a href="#">View</a>	SC-2507-6PHT1...	3/7/2025	GL-2507-282B2...	2	Pending appr...		Elena Chong Ba...	HQ	HOSPITAL ABIL ...	1234	MYR 300.00	MYR 0.00	Unbilled
<a href="#">View</a>	SC-2507-2CLEG...	1/7/2025	GL-2507-2CFG7...		Full approval		Lane Glass (700...	Riya Golden Tra...	HOSPITAL ABIL ...	12345HMS	MYR 650.00	MYR 650.00	Unbilled
<a href="#">View</a>	SC-2506-RYTDU...	25/6/2025	GL-2506-RYR3H...	1	Pending appr...		M Fajri Michael ...	HQ	HOSPITAL ABIL ...	12345	MYR 100.00	MYR 100.00	Billed IN-MY-2506
<a href="#">View</a>	SC-2506-1GSXYT...	23/6/2025	GL-2506-MQNQ...		Pending appr...		Maya (201003-0...	Aliya Guzman Tr...	HOSPITAL ABIL ...	1243535	MYR 500.00	MYR 0.00	Unbilled
<a href="#">View</a>	SC-2506-1A3UF...	20/6/2025	GL-2506-1A3TX...		Pending approval	Replied	Angeline Sanfor...	Aliya Guzman Tr...	HOSPITAL ABIL ...	12345	MYR 300.00	MYR 0.00	Unbilled
<a href="#">View</a>	SC-2506-1A3S07...	20/6/2025	GL-2506-1AC0JQ...		Pending approval	Pending	Amira (850424-...	Aliya Guzman Tr...	HOSPITAL ABIL ...	12345	MYR 600.00	MYR 0.00	Unbilled
<a href="#">View</a>	SC-2505-D5SB1...	6/5/2025	GL-2505-D5QM...		Full approval		Maya (201003-0...	Aliya Guzman Tr...	HOSPITAL ABIL ...	12345678	MYR 1,050.00	MYR 1,000.00	Billed IN-MY-2505
<a href="#">View</a>	SC-2505-4BW0B...	2/5/2025	GL-2505-4BUL6...		Full approval		Elena Chong Ba...	HQ	HOSPITAL ABIL ...	123456	MYR 500.00	MYR 500.00	Billed IN-MY-2505
<a href="#">View</a>	SC-2505-4JSBG6...	2/5/2025	GL-2505-4HAQ1...	3	Rejected		Lane Glass (700...	Riya Golden Tra...	HOSPITAL ABIL ...	12345	MYR 300.00	MYR 300.00	Billed IN-MY-2505
<a href="#">View</a>	SC-2504-1RCH2...	27/4/2025	GL-2504-1RC95...		Full approval		Lane Glass (700...	Riya Golden Tra...	HOSPITAL ABIL ...	12345	MYR 400.00	MYR 400.00	Billed IN-MY-2504

## TRACKING SPECIALIST QUERY

This section explains how to respond when HealthMetrics requires additional documents for your specialist claims.

If additional documents are needed, HealthMetrics will now raise a **query**, and you will also receive an **email notification**. To proceed, you must **reply to the query** with the required documents for your claim to be processed.

You can access and respond to queries via:

- The **Dashboard**
- The **Email Notification**

# TRACKING QUERY VIA DASHBOARD

In this section, we'll show you how to view and track any queries raised by HealthMetrics directly from your dashboard.

NUMBER	EXPLANATION
1	<p>Find and click the “Reply query” button for each GL listed inside the “Outstanding” widget at the top middle of the “Dashboard view”.</p> <p>You will be redirected to the “Query details” page.</p>

Dashboard  
Outpatient specialist & Post-hospitalisation /

The screenshot shows a dashboard with three main widgets:

- Pending submission:** Shows a checkmark icon and the text "No patients waiting for you to submit their claim."
- Outstanding (1):** Contains a list of specialists. The first entry is for Amira (Specialist, PRINCIPAL, GL-2506-1AC0JQ10P6V, Allergy & Immunology, Pending approval). A red box highlights the "Reply query" button. Below the list, it says "SC-2506-1A3S07L0D0T submitted on 20/6/2025 1:02 PM".
- Late submission (5):** Contains a list of specialists. The first entry is for Anna (Specialist, PRINCIPAL, GL-2506-1GLTJSGKN59, Cardiology & Angiology, Expired). Below the list, it says "Please submit by 8/8/2025 11:59 PM".

# QUERY DETAILS PAGE

Outpatient specialist

Outpatient specialist / Claims / Claim SC-2506-1A3507L0D0T / Query QN-2506-1A3T2UJJK

Query details

Attention to: DR ABIL AZIZ

Type: Missing/Unclear Documents

Please provide copies of the following documents

Remark: 1

Download document(s)

Diagnosis form

Uploaded documents are not clear (Please re-upload)

- DATE ACTIVE - 16/2/2017

Upload documents

Please check off your uploaded documents

[GP\_DENTAL\_OPTICA...]

2

3

Diagnosis form\*

Created at: 20/6/2025 1:08 PM +08:00

4

Submit reply

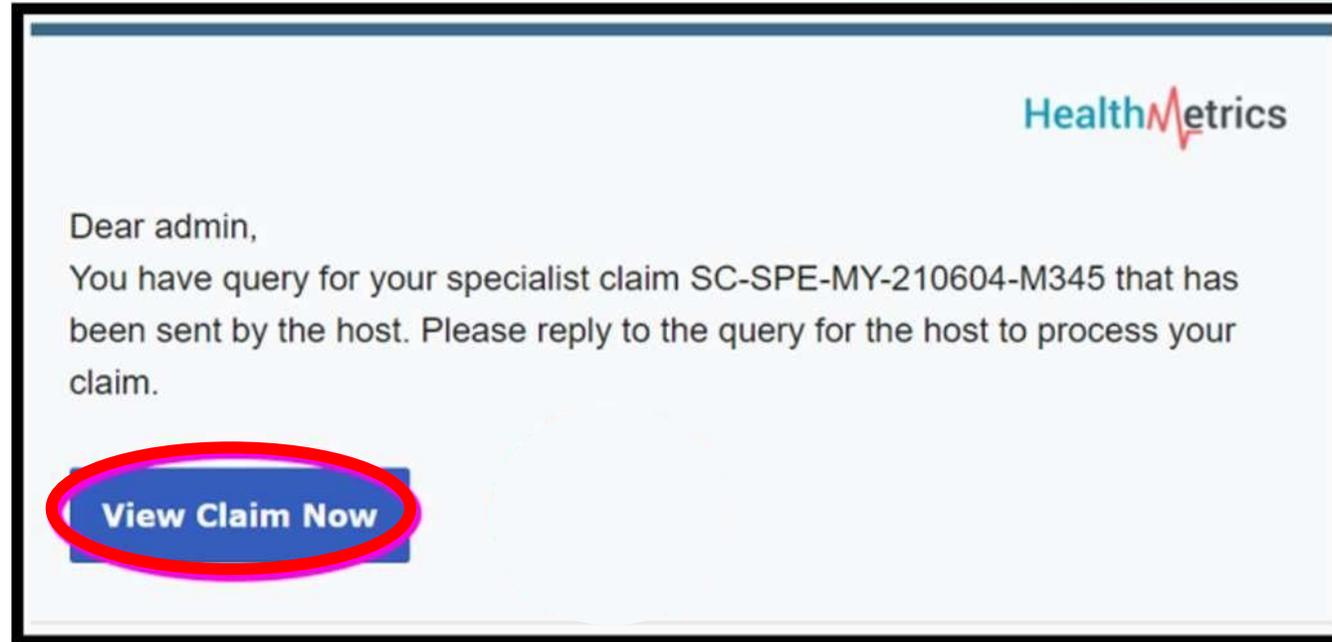
Next, once you click on the **Reply Query** button from the dashboard, you will be automatically redirected to the **Query Details** page.

Please refer to the image below and the table for more explanation.

NUMBER	EXPLANATION
1	Read the “ <b>Query details</b> ” information. Download the attachment and complete the document.
2	Attach the document requested by clicking the “+” icon to select the document.  Click the “+” icon again if you would like to attach more documents.
3	Tick “ <input checked="" type="checkbox"/> ” all the checkboxes.
4	Click the “ <b>Submit reply</b> ” button to submit the query reply.

# TRACKING QUERY VIA EMAIL NOTIFICATION

If a query is raised, you'll also receive an **email notification** from HealthMetrics.



You will receive an email from HealthMetrics when they have a **query**.

Once you open the email, click the “**View claim**” button. You will be redirected to the “**Claim details**” page. You should ensure the correct PIC email address input in the ‘Administration’ in HMS portal to ensure this notification goes to the correct email for next action to be taken.

# CLAIMS DETAILS PAGE

You can also view the queries raised in each Claims details.

The screenshot shows the 'Claims' page in a web application. On the left is a dark sidebar with navigation options: HMS Personnel, Homepage, Outpatient specialist & Post-hospitalisation (highlighted with a red box and '1'), Dashboard, Patients, Guarantee letters, Claims (highlighted with a red box and '2'), and Forms. The main content area has a header 'Claims' and a breadcrumb 'Outpatient specialist & Post-hospitalisation / Claims'. Below this are several filter sections: 'Claim type' (set to 'All'), 'Claim status', 'Transaction no.', 'Claim no.', and 'Query status'. A 'Show advanced filters' link is also present. At the bottom, a table lists claims with columns for 'Claim no.', 'Claim da..', 'Guarantee I..', and 'Type'. A 'View' button (highlighted with a red box and '3') is shown next to a claim entry. A red arrow points from the 'View' button to the next screenshot.

NUMBER	EXPLANATION
1	Go to the "Outpatient Specialist" Tab
2	Click on the "claims" tab
3	Find the "View" icon and click on it
4	Click the "Queries" button
5	Click the "Reply" button. You will be redirected to the "Query details" page.

The screenshot shows the 'Query details' page. At the top, it displays 'Claim SC-2506-1A3UF0K8695' and a breadcrumb 'Claims / Outpatient specialist / Claim SC-2506-1A3UF0K8695'. On the left, there are tabs for 'Claim details' and 'Timeline'. A 'Queries' button (highlighted with a red box and '4') is located at the bottom left. The main area shows a table with columns: 'Query number', 'Creation time', 'Replied by', 'Reply time', 'Resolved by', 'Resolved at', and 'Creator name'. A 'Reply' button (highlighted with a red box and '5') is shown next to a query entry.

# QUERY DETAILS PAGE

Outpatient specialist

Outpatient specialist / Claims / Claim SC-2506-1A3507L0D0T / Query QN-2506-1A3T2DU2UJKK

The screenshot shows the 'Query details' page. At the top left is a '< Back' button. Below it is the 'Query details' header. The main content area is divided into two sections. The first section, 'Attention to: DR ABIL AZIZ', contains a 'Type' field with the value 'Missing/Unclear Documents', a 'Remark' field with the text 'Please provide copies of the following documents', and a 'Download document(s)' button. A red box labeled '1' highlights the 'Remark' field. The second section, 'Upload documents', contains a 'Please check off your uploaded documents' label, a document icon with the filename '[GP\_DENTAL\_OPTICA...', a red box labeled '2' around a '+' icon, and a checkbox labeled '3' next to 'Diagnosis form\*'. At the bottom right, a red box labeled '4' highlights the 'Submit reply' button. The page footer shows 'Created at: 20/6/2025 1:08 PM +08:00'.

Next, once you click on the **Reply Query** button from the “Claims Details” page, you will be automatically redirected to the **Query Details** page.

Please refer to the image below and the table for more explanation.

NUMBER	EXPLANATION
1	Read the “Query details” information. Download the attachment and complete the document.
2	Attach the document requested by clicking the “+” icon to select the document.  Click the “+” icon again if you would like to attach more documents.
3	Tick “ <input checked="" type="checkbox"/> ” all the checkboxes.
4	Click the “Submit reply” button to submit the query reply.

## ADJUSTMENT

HealthMetrics has introduced a helpful feature called “**Request Adjustment**”, which allows you to amend a claim that has already been successfully approved.

This tool is useful if you need to make corrections or updates after a claim reaches the “**Full Approval**” status.

 **Disclaimer 1:**

You have **30 calendar days** from the date a claim is marked as “**Full Approval**” to request an adjustment.

After this period, the system will no longer allow any adjustment requests.

# HOW TO REQUEST AN ADJUSTMENT

In this section, you will learn how to submit a request to adjust a claim that has already been fully approved. Follow the steps below to ensure your adjustment is submitted correctly within the **30 calendar days** from the claim's approval date.

## Claim Details Page

NUMBER	EXPLANATIONS
1	Click the <b>“View”</b> button next to the claim with the <b>“Full Approval”</b> status. You will be redirected to the <b>“Claim Details”</b> page.
2	Click the <b>“Request Adjustment”</b> button. This will bring you to the <b>“Request Adjustment”</b> page.

### **DISCLAIMER 2:**

Even after your adjustment has been approved by HealthMetrics, you can still submit another adjustment as long as the claim is still within 30 calendar days from its original Full Approval date.

HMS Personnel  
[HOSP0008]  
HOSPITAL ABIL AZIZ -

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## Claims

Outpatient specialist & Post-hospitalisation / Claims

Claim type:

Transaction no.:

Query status:

Claim status:

Claim no.:

Guarantee letter number:

Billing status:

Show advanced filters

Export to Excel Search

	Claim no. ▾	Claim da.:	Guarantee l.:	Type ::	Claim statu.:	Query st.:	Patient	Subsidiary	Panel location ::	Hospital bill.:	Total claim ::	Total cover.:
<a href="#">View</a>	SC-2504-1RC...	27/4/2025	GL-2504-1RC...		Full approval		Lane Glass (700...	Riya Golden Tra...	HOSPITAL ABIL ...	12345	MYR 400.00	MYR 400.00
<a href="#">View</a>	SC-2505-4B...	2/5/2025	GL-2505-4B...		Full approval		Elena Chong Ba...	HQ	HOSPITAL ABIL ...	123456	MYR 500.00	MYR 500.00
<a href="#">View</a>	SC-2505-4JS...	2/5/2025	GL-2505-4H...		Full approval		Lane Glass (700...	Riya Golden Tra...	HOSPITAL ABIL ...	12345	MYR 300.00	MYR 300.00
<a href="#">View</a>	SC-2505-D5S...	6/5/2025	GL-2505-D5...		Full approval		Maya (201003-0...	Aliya Guzman Tr...	HOSPITAL ABIL ...	12345678	MYR 1,050.00	MYR 1,000.00
<a href="#">View</a>	SC-2506-1A3...	20/6/2025	GL-2506-1AC...		Pending appro...	Replied	Amira (850424...	Aliya Guzman Tr...	HOSPITAL ABIL ...	12345	MYR 600.00	MYR 0.00
<a href="#">View</a>	SC-2506-1A3...	20/6/2025	GL-2506-1A3...		Pending appro...	Replied	Angeline Sanfor...	Aliya Guzman Tr...	HOSPITAL ABIL ...	12345	MYR 300.00	MYR 0.00
<a href="#">View</a>	SC-2506-1GS...	23/6/2025	GL-2506-MQ...		Pending a...		Maya (201003-0...	Aliya Guzman Tr...	HOSPITAL ABIL ...	1243535	MYR 500.00	MYR 0.00
<a href="#">View</a>	SC-2506-RYT...	25/6/2025	GL-2506-RYR...		Pending a...		M Fajri Michael ...	HQ	HOSPITAL ABIL ...	12345	MYR 100.00	MYR 100.00

### Claim SC-MY-2508-CXQQ79W7HM

Claims / Outpatient specialist / Claim SC-MY-2508-CXQQ79W7HM

[Back](#)

[Claim details](#)

[Timeline](#)

[Queries](#)

Specialist claim

**Claim no.** SC-MY-2508-CXQQ79W7HM Full approval

**Ticket no.** TI-2508-CY1VG5LF3C  
[View ticket](#)

**Remarks**  
Claim fully approved. demo

2

Request adjustment

# HOW TO REQUEST ADJUSTMENT

## Request Adjustment Page

NUMBER	EXPLANATIONS
3	Click the “Adjustment Reason” dropdown menu and select a reason for the adjustment. <ul style="list-style-type: none"> <li>If you select “Others”, you must provide your reason in the text box provided.</li> </ul>
4	Enter the final adjustment bill amount (MYR) in the field provided.
5	Click the “Next” button to proceed to the next step.
6	If you do not wish to continue, click the “Cancel” button to exit the process.

### Request adjustment

Claims / Outpatient specialist / Claim SC-MY-2508-CXQQ79W7HM / Request adjustment

The screenshot shows the 'Request Adjustment' form with the following elements highlighted by red boxes and numbered callouts:

- 3**: Points to the 'Adjustment reason\*' dropdown menu where 'Others' is selected.
- 4**: Points to the 'Adjustment final bill amount\*' field where 'MYR' is entered.
- 5**: Points to the green 'Next' button.
- 6**: Points to the 'Cancel' button.

The form also includes a progress indicator at the top with three steps: 1. Adjusted final bill details (active), 2. Upload documents, and 3. Preview & submit.

**DISCLAIMER 3**  
 You are allowed to cancel and resubmit adjustment requests, but only within 30 calendar days from the initial claim’s Full Approval date.

# HOW TO REQUEST ADJUSTMENT

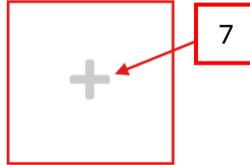
## Request Adjustment Page

NUMBER	EXPLANATIONS
7	Attach the document requested by clicking the “+” icon to select the document. Click the “+” icon again if you would like to attach more documents.
8	Tick the necessary checkbox.
9	Click the “Next” button to proceed the next process.
10	Click the “Back” button if you wish to go to the previous process.
11	Click the “Cancel” button to cancel the process. <b>Check that all the information is correct before you submit the adjustment request.</b>
12	If you found there’s information that you need to be corrected on Process 1, click the “Edit” button, then it will redirect you to the selected process page.
13	If you found there’s information that you need to be corrected on Process 2, click the “Edit” button, then it will redirect you to the selected process page.
14	Click the “Submit for approval” button on the bottom right of the page to submit your adjustment request.
15	Click the “Cancel” button if you wish to cancel the request adjustment.

Request Adjustment

- 1. Adjusted final bill details
- 2. Upload documents
- 3. Preview & submit

Please check off your uploaded documents



- Adjusted final bill (summary and breakdown)\*
- Additional investigation report(s)

11

Cancel

10

Back

Next

9

- 1. Adjusted final bill details
- 2. Upload documents
- 3. Preview & submit

Adjusted Final Bill Details

Confirm adjusted final bill amount

Adjustment reason Others: Billing Error

Adjustment final bill amount MYR 150.00

Edit

12

Upload Documents

Upload Adjustment Documents

- ✓ Adjusted final bill (summary and breakdown)
- ✓ Additional investigation report(s)

HealthMetrics\_A Better Benefits Experience For All\_optical\_fajri.pdf

no top up.pdf

Edit

13

15

Cancel

14

Submit for approval

DISCLAIMER 3  
You are allowed to cancel and resubmit adjustment requests, but only within 30 calendar days from the claim's Full Approval date.

# CANCEL ADJUSTMENT REQUEST

In this section, you will learn how to cancel a previously submitted adjustment request if it was submitted with incorrect information or is no longer needed.

This function is only available within **30 calendar days** from the original **'Full Approval'** date of the claim. Once this period has passed, the cancellation option will no longer be accessible.

## Claim Details Page

NUMBER	EXPLANATION
1	Click the <b>"View"</b> icon that has a claim <b>"Pending approval"</b> status with  icon with a tooltip <b>"Adjustment"</b> on it. You will be redirected to the <b>"Claim details"</b> page.
2	Click the <b>"Cancel adjustment request"</b> button. Then, the <b>"Cancellation"</b> pop-up page will appear.

HMS Personnel  
[HOSP0008]  
HOSPITAL ABIL AZIZ

- Homepage
- Outpatient specialist & Post-hospitalisation
- Dashboard
- Patients
- Guarantee letters
- Claims**
- Forms
- Reports
- Inpatient
- Health screening

# Claims

Outpatient specialist & Post-hospitalisation / Claims

Claim type: All  
 Claim status:   
 Guarantee letter number:   
 Transaction no.:   
 Claim no.:   
 Billing status: All  
 Query status:   
 Show advanced filters  
 Export to Excel Search

	Claim no.	Claim da.	Guarantee l.	Type	Claim statu.	Query st.	Patient	Subsidiary	Panel location
<a href="#">View</a>	SC-MY-2508...	6/8/2025	GL-MY-SPE-2...		Pending a...		gordon (000201...	Riya Golden Tra...	HOSPITAL ABIL
<a href="#">View</a>	SC-2507-6PH...	3/7/2025	GL-2507-282...		Pending a...		Elena Chong Ba...	HQ	HOSPITAL ABIL
<a href="#">View</a>	SC-2507-2CL...	1/7/2025	GL-2507-2CF...		Full approv		Lane Glass (700...	Riya Golden Tra...	HOSPITAL ABIL
<a href="#">View</a>	SC-2506-RYT...	25/6/2025	GL-2506-RYR...		Pending a...		M Fajri Michael ...	HQ	HOSPITAL ABIL

## Claim SC-MY-2508-CXQQ79W7HM

Claims / Outpatient specialist / Claim SC-MY-2508-CXQQ79W7HM

- Back
- Claim details**
- Timeline
- Queries

Specialist claim

Claim no. SC-MY-2508-CXQQ79W7HM Pending approval

Remarks: Claim adjustment submitted. Others: Billing Error

**2** Cancel adjustment request

Patient info

Patient: gordon (000201-10-1111)

Company: Riya Golden Trading A

Panel location: HOSPITAL ABIL AZIZ

# CANCEL ADJUSTMENT REQUEST

## Cancellation “Pop-Up” Page

NUMBER	EXPLANATION
3	Select the cancellation reason by clicking the “drop-down” menu.
4	If you select “Others” as your option, please write your reason.
5	Click the “Submit” button to cancel the adjustment request.
6	Click the “Close” button if you do not wish to cancel the adjustment request.

Cancel adjustment request

Why cancel?

Others 3

Not needed at this time

Request wrongly (Wrongly press)

Training / Demo

Others

Close Submit

Cancel adjustment request

Why cancel?

4

Others

No changes needed

6
Close
Submit
5

# REQUEST LATE SUBMISSION

This feature allows you to **submit a claim even after the GL has expired**, provided you meet certain conditions. (When you did not submit the claim for check-in GL by the next working day 11.59 pm)

## Disclaimer 1

You have only **45 calendar days** from the date the claim status becomes “**Expired**” to submit a **late submission** in the portal. Once the 45-day window has passed, the system will no longer allow any late submissions.

## Disclaimer 2

Late submissions are **no longer considered under a valid Guarantee Letter (GL)**.

This means:

- There is **no guarantee** the claim will be approved.
- The approval amount is **subjected to patient’s balance in entitlement pool** and employment status during claim processing stage.
- If the **patient is no longer active** under the company or the **benefit limit has been exhausted**, the claim may be **rejected**
- All claims will be processed **according to the company’s internal policies**.

Refer to the next page to see how to request a late submission.

## “Dashboard” View Page

NUMBER	EXPLANATION
1	Click the “Submit now” button inside the “Late submission” widget on the right of the “Dashboard view”. You will be redirected to the “Late submission” page.

**HMS Personnel**  
[HOSP0008]  
HOSPITAL ABIL AZIZ ▾

Homepage

Outpatient specialist & Post-hospitalisation ▾

**Dashboard**

Patients

Guarantee letters >

Claims

Forms >

Reports >

Inpatient >

Health screening >

### Dashboard

Outpatient specialist & Post-hospitalisation / **Dashboard**

**HOSPITAL ABIL AZIZ** (Change)  
123 Jalan Abil Aziz, 52100 Kuala Lumpur,  
Wilayah Persekutuan Kuala Lumpur, MY  
P: +60 3-7661 6229

+ New check-in

**Pending submission**

No patients waiting for you to submit their claim.

**Outstanding**

No claims require your further attention at the moment.

**4 Late submission**

Specialist

**Zaddilyn Leon** PRINCIPAL  
960307209698  
Riya Golden Trading  
GL-MY-SPE-2507-13VMUQ480M3  
Allergy & Immunology  
Expired

**Submit now**

Please submit by 1/9/2025 11:59 PM

Specialist

**Lane Glass** PRINCIPAL  
700223203510  
GL-MY-SPE-2507-

## “Late Submission” Page

NUMBER	EXPLANATION
2	Read all the important <b>notes</b> .
3	Key in the <b>hospital bill reference number</b> .
4	Key in the <b>grand total bill amount</b> .
5	Attach <b>the detailed tax invoice</b> by clicking the “+” icon to select the document.
6	Select the <b>attending doctor</b> by clicking the section. It will show the list of doctors for you to select it. Repeat the same process if you would like to add a doctor. Click the “x” button to remove it.
7	Attach the <b>Consent &amp; Claim Form, Diagnostic Form, Test Report, Radiology Report, or Medical Certificate</b> by clicking the “+” icon to select the document.  Click the “+” icon again if you would like to attach more documents.
8	Please select <b>the late submission reason</b> by clicking the dropdown menu.
9	Please tick all the late <b>submission checklists</b> and make sure you have already attached it.
10	Click the “ <b>Submit for review</b> ” button to proceed with the late submission.

## Specialist claims

Dashboard / Employees / Specialist claims

< Back

You're now submitting the LATE SUBMISSION claim for invoice dated on:

17/7/2025

### Note

- This claim will be processed under specialist claims as a **LATE SUBMISSION**
- Late submission is no longer under GL because the GL is already expired
- Late submission is only allowed within 45 calendar days from expiry
- We will take 3 to 5 working days to review your late submission
- There will be no guarantee for the claim to be fully approved if the patient is inactive to the company or the balance benefits amount is zero
- The claim will be processed according to the company's policies

2

### Billing details

Patient Zaddilyn Leon (960307-20-9698)

Company Rya Golden Trading A

Checked-in time 17/7/2025 12:53 PM

Guarantee letter expiry time 18/7/2025 11:59 PM

Guarantee letter [GL-MY-SPE-2507-13VMUQ480M3 \(View\)](#)

Initial guaranteed amount MYR 400.00

Hospital bill reference no. \* 13252637FSSG

Grand total bill amount \* MYR 400

Grand total bill amount is the final amount that is charged for entire visit of the patient.

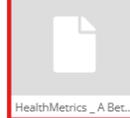
3

4

Exceeded amount MYR 0.00

Please collect from patient MYR 0.00

Detailed tax invoice \*



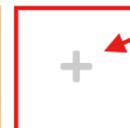
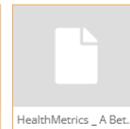
5

Attending doctors \*

DR ABIL AZIZ X

6

Consent & Claim Form / Diagnostic Form / Test Report / Radiology Report / MC \*



7

Late submission reason\* Please explain

Late submission checklist\*

- Signed consent form\*
- Detailed tax invoice\*
- Complete diagnosis form\*

Submit for review

Please explain

- Internet issue
- Forgot to submit
- Person-in-charge unavailable
- Unsure how to use/access system
- Too many patients/busy
- New Person-in-charge/no proper handover
- Others

## REJECTED CLAIM

A claim will be marked as *Rejected* when it is determined to be **100% uncovered**. This means no portion of the claim falls under the coverage of the employee's benefits or HealthMetrics policies.

Once a claim is rejected, the hospital will receive an **email notification** to inform them of the rejection.

### Where to Find Rejected Claims:

You can track rejected claims through two channels:

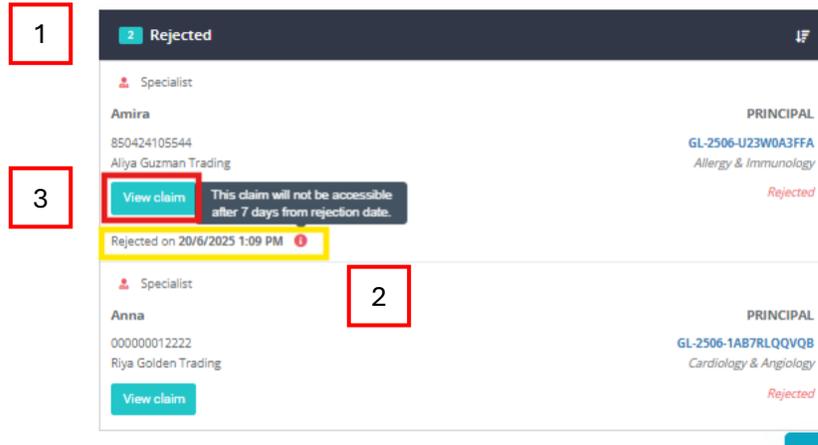
- **Dashboard** – Go to the **Panel > Rejected Claim** section to view any recently rejected submissions.
- **Email** – You will also receive an email notification with the rejection details for your reference.

### DISCLAIMER

Rejected claims will **no longer be accessible** in the portal after **7 calendar days** from the rejection date. Please ensure you review and take necessary actions (if any) within this timeframe.

# WHERE TO ACCESS REJECTED CLAIMS

## Via Dashboard



NUMBER	EXPLANATION
1	Focus on viewing the “Rejected” widget on the bottom right of the dashboard.
2	This shows the rejected date and time. The red “Info” icon will show a tooltip that warns you of the accessible date to view the rejected claim.
3	Click the “View claim” button. You will be redirected to the “Claim details” page. Then, you can view the claim rejection reason as usual.

## Via Email Notification



NUMBER	EXPLANATION
1	You will receive the email from HealthMetrics when they rejected your claim. Once you open the email, click the “View claim” button. You will be redirected to “Claim details” page. Then, you can view the claim rejection reason as usual. Please ensure correct email address input in the ‘Administration > Settings’ in HMS portal to allow the claim rejection notification to send to the correct address for the next step to be taken.

# UPDATES OF GUARANTEE LETTER VALIDITY

To better align with specialist working hours, the validity of Initial Guarantee Letters has been updated as follows:

## Validity Based on Check-In Date:

Once the approved IGL is checked in, the said GL will be valid until **11:59 PM on the next working day**, based on the **patient's check-in date**. Hospital team must submit the claim within this validity timeline.

You can view the GL validity period will be reflected in: **(1) Specialist Dashboard** and **(2) Guarantee Letters Listing**

**Disclaimer:** HealthMetrics reserves the right not to honor late submissions beyond the extended validity.

The screenshot displays a 'Guarantee Letters Listing' interface with a sidebar on the left containing menu items: 'Guarantee letter detail', 'Specialist benefit coverage', 'Uncovered treatments', 'Claim policy', 'Claim history', and 'Guarantee letter timeline'. The main content area shows a list of transactions:

- Update guarantee letter** (7/8/2025 9:55 PM, 13 hours ago): Corporate balance: MYR 219,440.70 MYR 218,907.70. Remarks: Approve. By: WAN NOR HAZWANI BINTI WAN ZAKI.
- Update guarantee letter** (7/8/2025 9:41 PM, 14 hours ago): Corporate balance: MYR 219,840.70 MYR 219,440.70. Remarks: Approve. By: WAN NOR HAZWANI BINTI WAN ZAKI.
- Approved** (7/8/2025 9:41 PM, 14 hours ago): Check-in expiry time: **08/08/2025 11:59 pm** (highlighted with a red box and arrow). Locked amount: MYR 400.00. Remarks: Approve. By: Fakhruddin Rostam.
- Checked-in** (7/8/2025 9:36 PM, 14 hours ago): Expiry time: **08/08/2025 11:59 pm** (highlighted with a red box and arrow). Remarks: Checked-in by panel. By: Administrator (SKL0004).

# GENERAL

The General section in the HealthMetrics Outpatient Module provides quick access to essential hospital functions:

TAB	EXPLANATION
TRANSACTION	View and monitor payment records, download payment invoices, and keep track of all completed and pending transactions. This helps the finance or admin team maintain accurate records and streamline payment reconciliation.
DOCTOR	Update or remove doctors listed in the system. Keeping the doctor list accurate ensures smooth claim submissions and reduces errors when assigning cases or guarantees.

By regularly managing both Transaction and Doctor records, your hospital team can ensure operational accuracy, avoid delays in claims, and maintain up-to-date information for patient care and reporting.

The following slides will provide step-by-step guidance for each feature.

# TRANSACTIONS

HealthMetrics has updated its invoicing process: previously, all approved claims within the month were consolidated into a single invoice at month-end. This is no longer applicable. Moving forward, each completed case, whether inpatient or outpatient, will have its own invoice generated at the end of the billing cycle. This means every issued ticket or Final Guarantee Letter (FGL) will be tagged with one invoice (provided no adjustments are made). For example, if 10 tickets/FGLs are issued in a week, 10 separate invoices will be generated by midnight Sunday.

The screenshot shows the HealthMetrics Transactions page. On the left is a navigation sidebar with items: HMS Personnel, Homepage, Outpatient specialist & Post-hospitalisation, Inpatient, Health screening, General (1), Claims, Transactions (2), Doctors, Administration, and Help. The main content area has a 'Transactions' header and search filters for Transaction no., Date range (1/1/2025 - 14/7/2025), Transaction type, Status, and Category. Below the filters is a table with columns: Date, Category, Transaction type, Transaction no., Billing account na..., Billing address na..., Balance, Total before Tax, Tax, Total, and Status. The table contains four rows of invoice data. A red box (3) highlights the 'Actions' menu for the first row, which includes View, Print, Send email, and Tickets. A red box (4) highlights the 'Status' column, which shows 'Open' for all rows. A legend on the right explains the status: 'Open' (blue box) means 'System billed to HealthMetrics, pending payment from HealthMetrics', and 'Closed' (green box) means 'HealthMetrics has made the payment, to check bank statement'. A red arrow points from the legend to the 'Status' column in the table.

STATUS	EXPLANATION
Open	System billed to HealthMetrics, pending payment from HealthMetrics
Closed	HealthMetrics has made the payment, to check bank statement

Date	Category	Transaction type	Transaction no.	Billing account na...	Billing address na...	Balance	Total before Tax	Tax	Total	Status
30/6/2025	Outpatient claims	Invoice	IN-MY-2506-6930B5-P	(HOSP0008) HOSPIT...	HOSPITAL ABIL AZIZ	MYR 100.00	MYR 100.00	MYR 0.00	MYR 100.00	Open
	Outpatient claims	Invoice	IN-MY-2505-F1CC1A-P	(HOSP0008) HOSPIT...	HOSPITAL ABIL AZIZ	MYR 3,500.00	MYR 3,500.00	MYR 0.00	MYR 3,500.00	Open
	Outpatient claims	Invoice	IN-MY-2504-44DEB9-P	(HOSP0008) HOSPIT...	HOSPITAL ABIL AZIZ	MYR 4,219.00	MYR 4,219.00	MYR 0.00	MYR 4,219.00	Open
	Outpatient claims	Invoice	IN-MY-2502-07C1F8-P	(HOSP0008) HOSPIT...	HOSPITAL ABIL AZIZ	MYR 660.00	MYR 660.00	MYR 0.00	MYR 660.00	Open

# DOCTORS

The Doctors tab allows your hospital to add, update, or remove doctors. Keeping this list up to date is essential to ensure accurate records and avoid delays in claim or transaction processing.

This is a HealthMetrics DEMO website

HealthMetrics

English Logout

Doctors

General / Doctors

+ Create new doctor

Name	MMC registration number	Creation date
DR ABIL AZIZ	57293	6/6/2024
	1234567	21/2/2025
	123456789	21/2/2025

# DOCTORS

Fill in all the required details accordingly. If the hospital wishes to provide additional information, you are encouraged to do so for more comprehensive records.

✔ Reminder: Don't forget to click 'Save' after completing all the details to ensure the information is successfully recorded in the system.

Create new doctor

**Name \***

**Panel locations**

None

**Specialist disciplines**

None

**MMC/MDC no. \***  **Registration date**

**NSR no.**

University name	Qualification	Awarding year	
<input type="text"/>	Select qualification <input type="text"/>	<input type="text"/>	<input type="button" value="🗑"/>
<input type="button" value="+ Add"/>			

# ADMINISTRATION

In this section, we will walk you through the available functions under the **[Administration]** tab. These settings are essential for managing user access, security, and system preferences.

Please refer to the functions listed below under Administration. Use the numbering as your guide on the following page.

1. **[Roles]** Setting up different layers of permissions for each role
2. **[Users]** Addition and deletion of users
3. **[IRBM MyInvois]** Filling of your business registration number, tax details, and other required fields.
4. **[Settings]** Setting up email notifications, such as the following.
5. **[User Management]** To turn on two-factor authentication. Security measures for portal login.

# ROLES

Setting up different layers of permissions

The screenshot displays the 'Roles' management page in the HealthMetrics system. The sidebar on the left contains navigation options, with 'Administration' (1) and 'Roles' (2) highlighted. The main content area shows a table of roles with columns for 'Role name' (4) and 'Creation date'. A '+ Create new role' button (3) is located in the top right of the table area. The table lists the following roles:

Role name	Creation date
Staff	13/6/2025
	23/4/2025
	23/4/2025
	6/6/2024
HMS Personnel	6/6/2024
User	6/6/2024

This section allows hospital administrators to define user roles and assign different levels of access within the HealthMetrics portal, ensuring that each staff member only sees what's relevant to their function.

# USERS

## Addition and deletion of users

Users

Administration / Users

Export to Excel + Create new user

Search ...

User name	Name	Roles	Email address	Active	Two-Factor Authentication (2FA) enabled
admin	Administrator	Admin	abil_aziz@hospital.com	Yes	✗
	HMS Personnel	HMS Personnel		Yes	✗
	JASON	User		Yes	✗
	FARAH	User		Yes	✗
	FARISHA BT MO...	User, Outpatient	farisha@gmail.com	Yes	✗
	SAFIYA	Admin, User, Outpatient	safiya@healthmetrics.com	Yes	✗

In this section, you can add new hospital staff (e.g. doctors, clerks, admin) to the portal or remove users who are no longer active to maintain a secure and updated user list.

# IRBM MYINVOIS

Fill in your business registration number, tax details, and other required fields.

Healthcare providers are required to fill in tax-related details in this section, including business registration numbers, billing information, and other required fields to comply with IRBM's e-Invoicing regulations.

# SETTINGS

Setting up email notifications, such as the following.

The screenshot displays the 'Settings' page for 'HOSPITAL ABIL AZIZ'. The left sidebar has 'Administration' (1) and 'Settings' (2) highlighted. The main content area has 'Email notification' selected in the top tabs (3). The settings are organized into two columns. The left column includes:
 

- Email addresses to send email to for finance-related matters (invoice, statements etc.)
- Email addresses to send email when a patient check-in is expiring
- Email addresses to send email to for ticket changes and late submissions
- Email addresses to send outpatient specialist guarantee letter notifications to
- Email addresses to send email to for inpatient-related matters (outstanding query reminder etc.)
- Email addresses to send inpatient guarantee letter notification to
- Email addresses to send email to for specialist-related matters (outstanding claim reminder etc.)

 The right column includes:
 

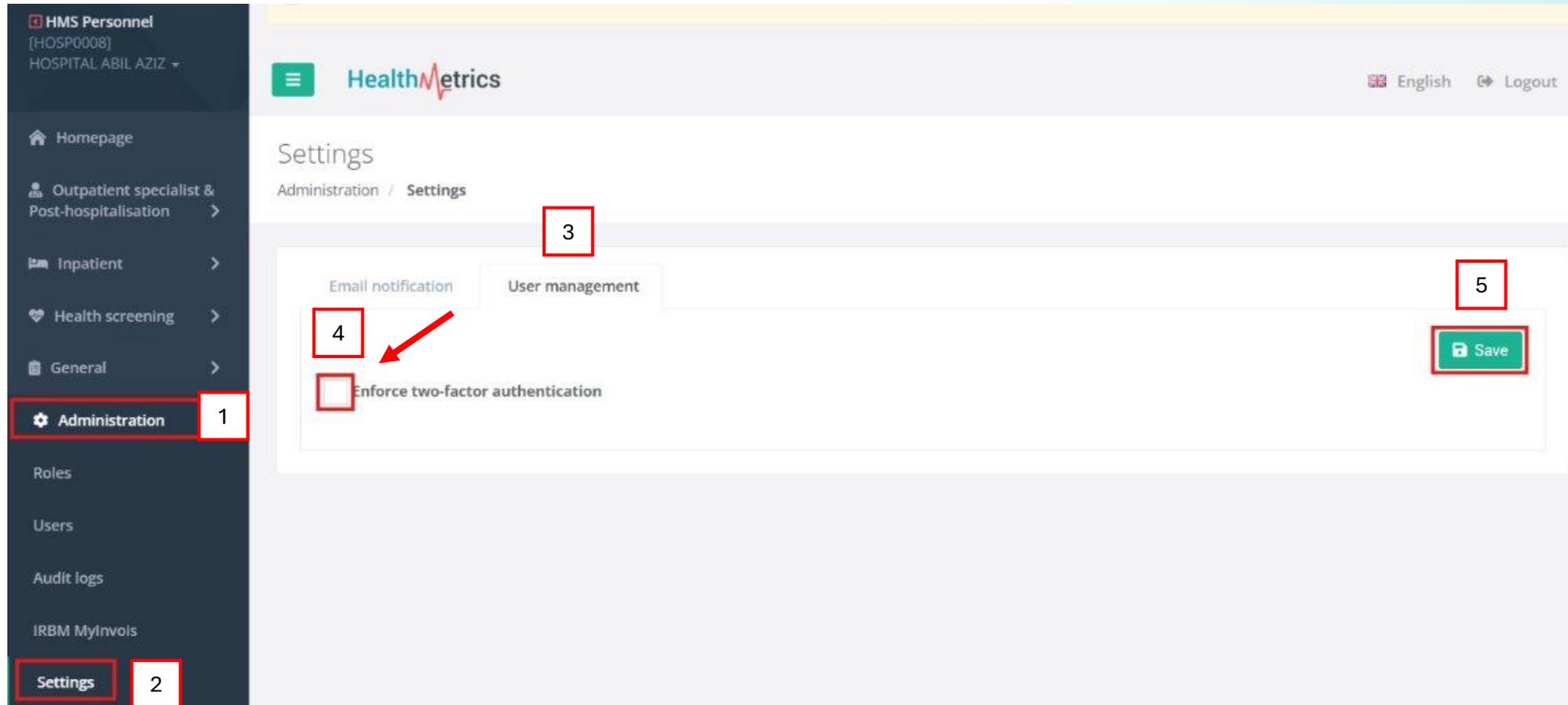
- Email addresses to send email when a patient check-in is expiring
- Email addresses to send email to for ticket changes and late submissions
- Email addresses to send email for marketing purpose
- Email addresses to send outpatient specialist guarantee letter notifications to
- Email addresses to send email to for inpatient-related matters (outstanding query reminder etc.)
- Email addresses to send inpatient guarantee letter notification to
- Email addresses to send email to for specialist-related matters (outstanding claim reminder etc.)

 A 'Save' button (4) is located in the top right corner of the settings area.

This section allows you to configure general portal settings, including email notifications for GL related updates, claim updates, queries, or login alerts. Helping your team stay informed in real time.

# USER MANAGEMENT

To turn on two-factor authentication for security measures for portal login.



This section provides additional login security options. Here, you can activate Two-Factor Authentication (2FA) to enhance protection for all users accessing the HealthMetrics portal.

## CONTACT DETAILS OF HEALTHMETRICS PERSONNEL

NO	NAME	DEPARTMENT & POSITION	TELEPHONE	EMAIL ADDRESS
1	Abil Aziz	Provider Network Manager	016-7499304	<a href="mailto:fatinnabilah@healthmetrics.com">fatinnabilah@healthmetrics.com</a>
2	Claims Assessor Specialists	Claims Department: GL & Claims Matters	016-699 9464	<a href="mailto:gl@healthmetrics.com">gl@healthmetrics.com</a>
3	International Patient Admission	International Patients: (GL & Claims Related Matters)	62 21-29279600 WS: <a href="tel:6281219102040">62 81-219102040</a>	<a href="mailto:int_gl_jakarta@healthmetrics.com">int_gl_jakarta@healthmetrics.com</a>
4	Wahidan Jani	Cross Border Operations Coordinator: (International Patients Dispute Related Matter)	011-61356214	<a href="mailto:wahidan.jani@healthmetrics.com">wahidan.jani@healthmetrics.com</a>
5	Customer Service Support	Portal & General Issues	016-699 9464	<a href="mailto:support@healthmetrics.com">support@healthmetrics.com</a>