



**REIMBURSEMENT CLAIM  
SUBMISSION  
VIA  
SMILE APP**

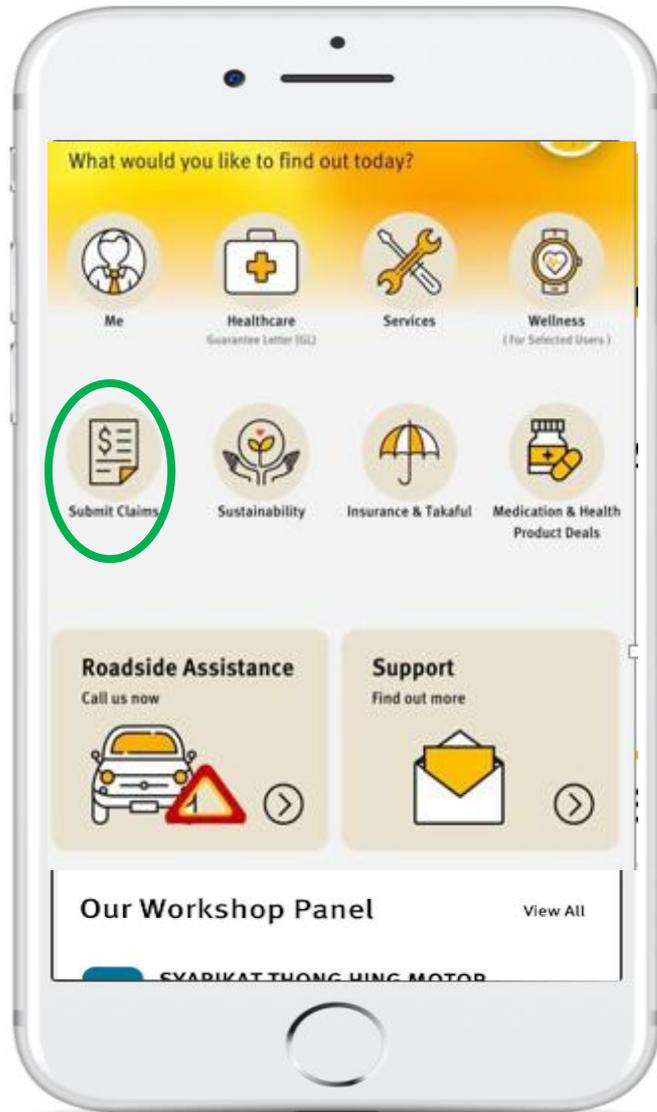
# eTiqa



Download the Etika Smile App right away!



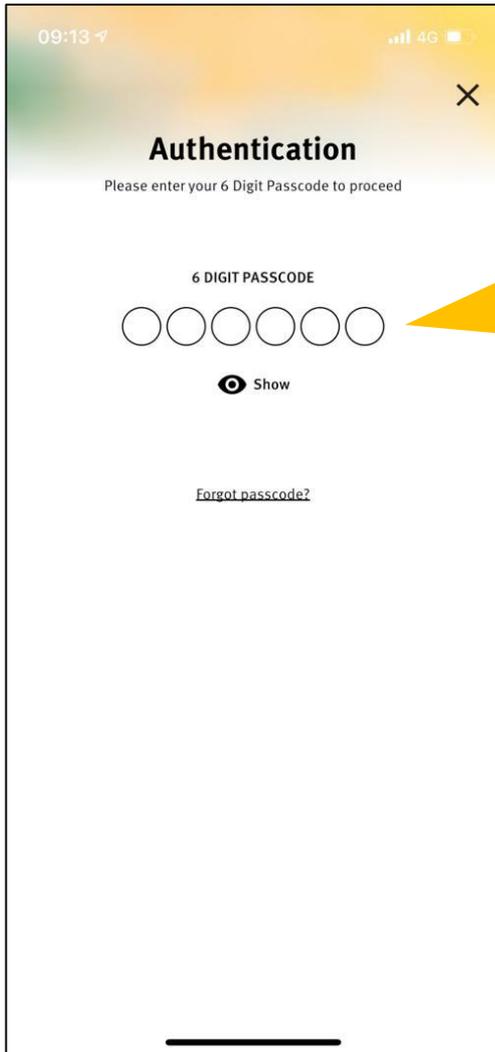
# Reimbursement Medical Claim Submission via SMILE App



## Submit your Medical Claims via SMILE App now!

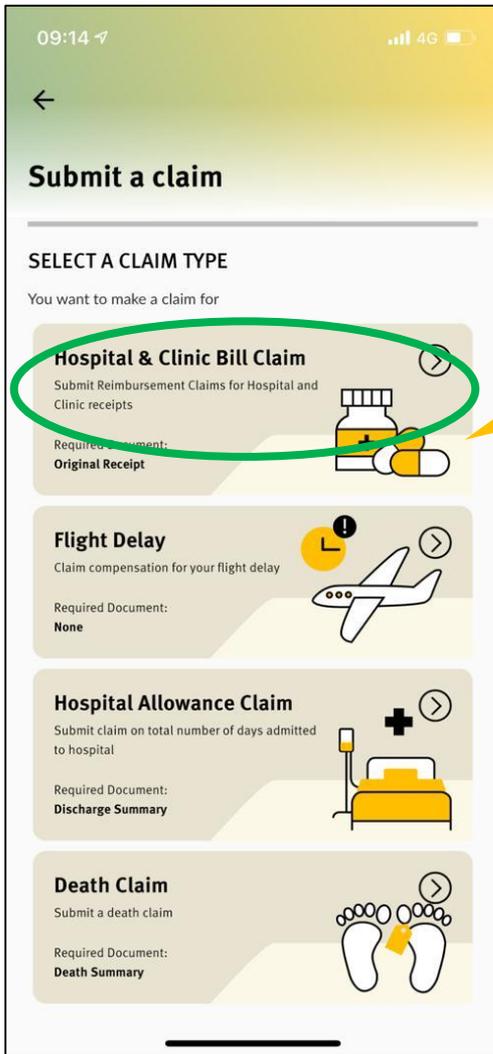
- ✓ Do not need to submit original hardcopy documents
- ✓ Claims can be submitted immediately after the visit
- ✓ Claims payment within 5 working days

# Reimbursement Medical Claim Submission via SMILE App



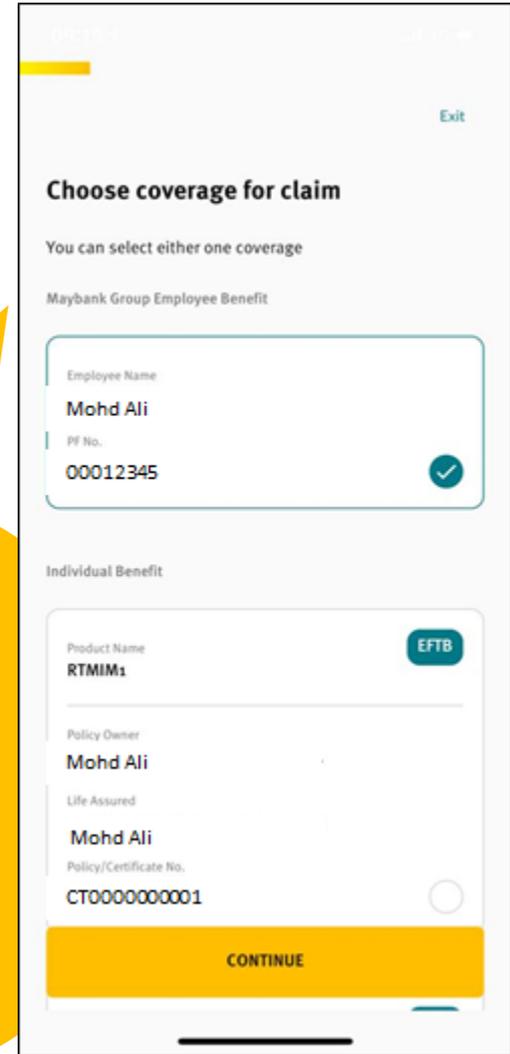
Key in the 6 digit passcode set during the profile setup.

# Reimbursement Medical Claim Submission via SMILE App



Click to submit medical claims

All medical eligible for medical claims will be displayed for member to select. Member only allowed select ONE policy to claim from.



# Reimbursement Medical Claim Submission via SMILE App

To select member and update claim details as per below screens.

Claims For

A Mohd Ali ✓

I

N

I

I

N

N

CONTINUE

Fill up following details

Claim Details

Claim for

Inpatient/Hospitalization

Date of admission Date of discharge

Provider

Non Panel Provider

Provider Name

Diagnosis

CONTINUE

Bill Details

Receipt/Invoice Number + Add

Total Receipt/Invoice Amount (RM)

Your Bank Details

Please verify if the bank information below is correct.  
Payment will be send to the information below.

No bank details registered yet  
+ Add my bank details >

CONTINUE

Your Contact Details

# Reimbursement Medical Claim Submission via SMILE App

Documents required is customized based on claim type selected.

12:11 4G

← Exit

## Upload Document

You can snap a picture of the mandatory documents to be uploaded

Total size not exceed 10MB and format - jpg, png only

Original Bill Upload file

Original Receipt Upload file

\* Diagnosis to be indicated by the doctor  
\* To indicate "SUBMITTED TO ETIQA" on original receipt.

Remarks

CONTINUE

12:11 4G

← Exit

## Upload Document

You can snap a picture of the mandatory documents to be uploaded

Total size not exceed 10MB and format - jpg, png only

Original Bill Upload file

img.jpg

Original Receipt Upload file

\* Diagnosis to be indicated by the doctor  
\* To indicate "SUBMITTED TO ETIQA" on original receipt.

CONTINUE

← Exit

## Summary Review

Here is the summary of your submission. Please verify if everything is correct before submitting.

### Claim Details

Claiming for  
Claim Type  
Date of event  
Provider  
Provider Name  
Diagnosis  
Receipt/Invoice No.

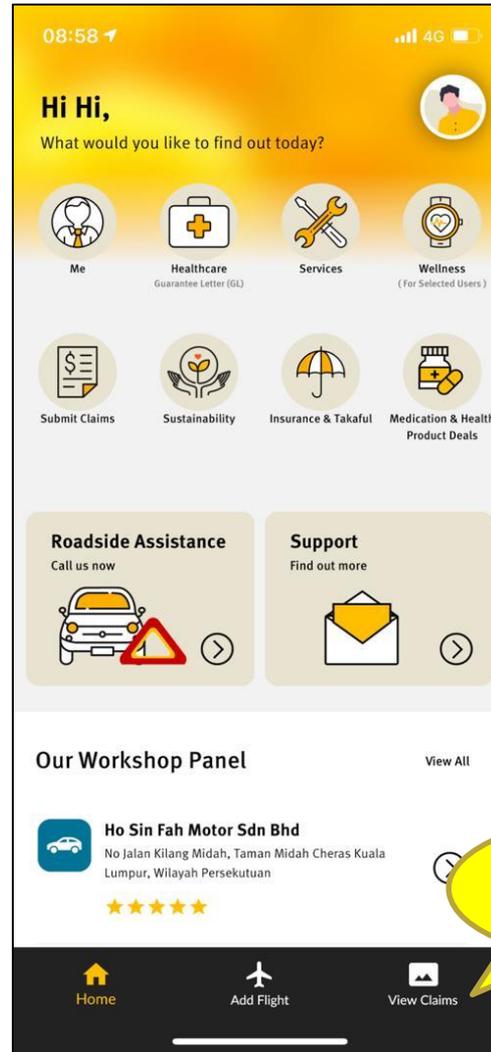
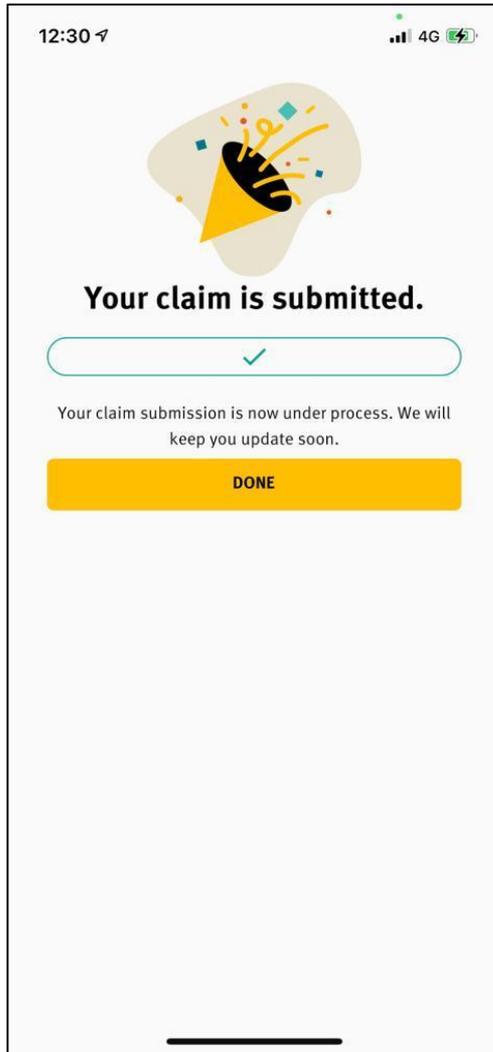
I hereby confirm that the information provided herein is accurate, correct and complete and that the documents submitted along with this claim application are genuine.

I am aware that I am required to keep all records, original receipts and other supporting documents in relation to this claim for a period of seven (7) years.

I am aware that Etiqa may request me to submit the original receipt or other supporting documents for verification or audit purposes.

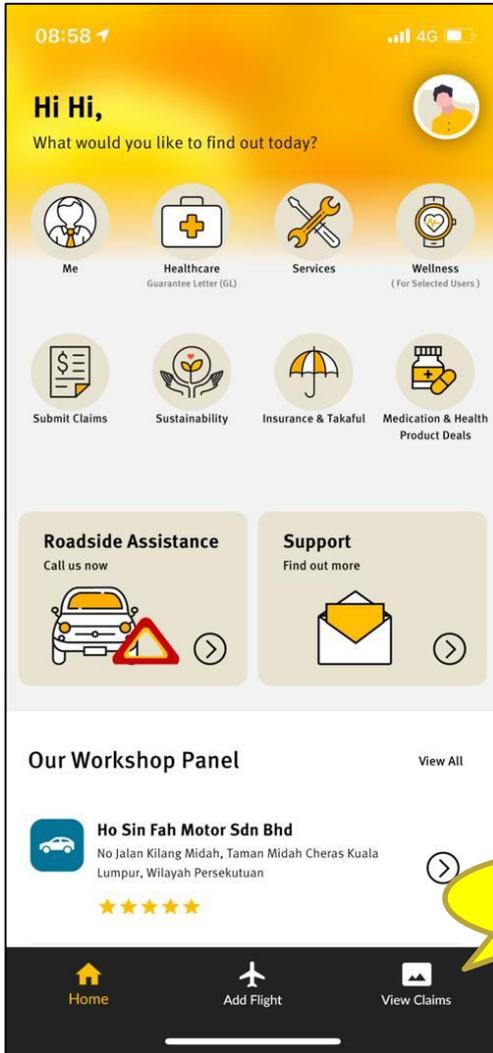
CONTINUE

# Reimbursement Medical Claim Submission via SMILE App

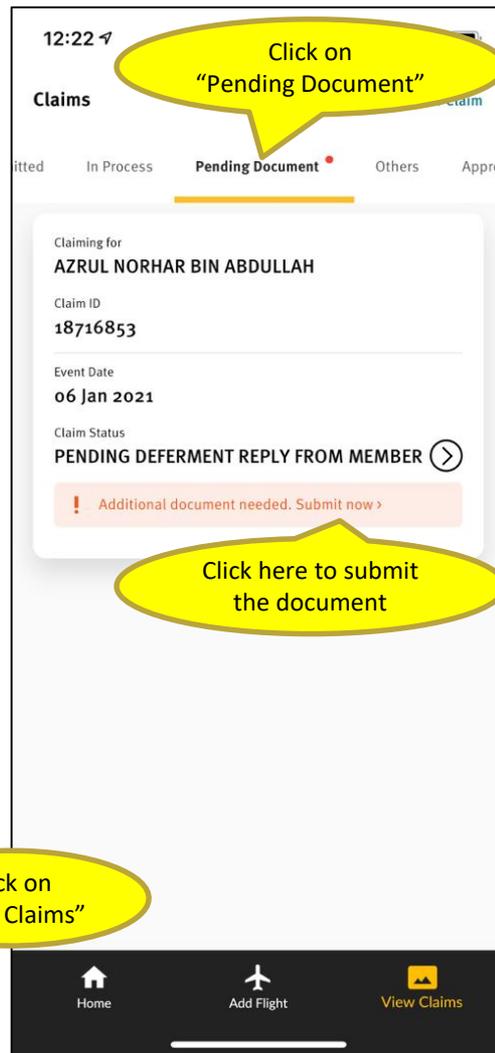


Claim status can be tracked over here

# Pending Claim Submission

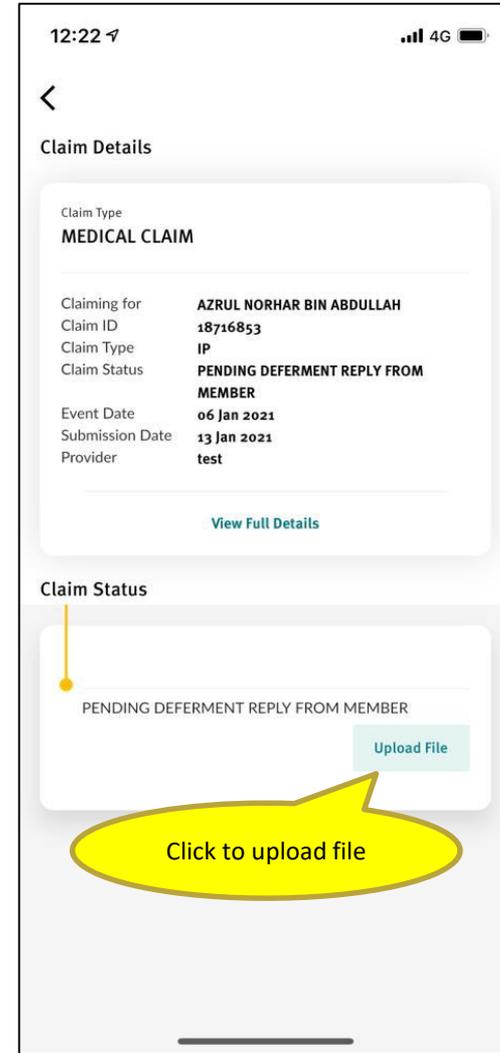


Click on "View Claims"



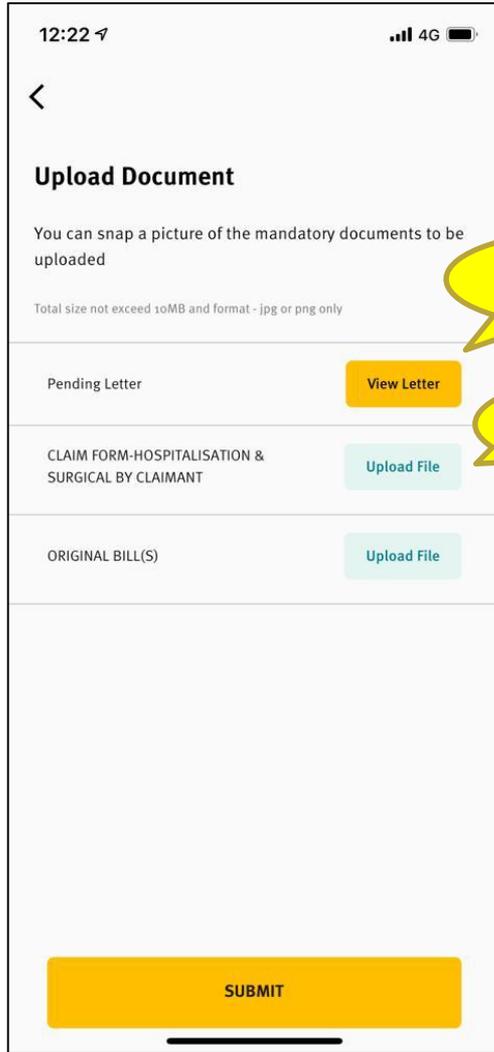
Click on "Pending Document"

Click here to submit the document



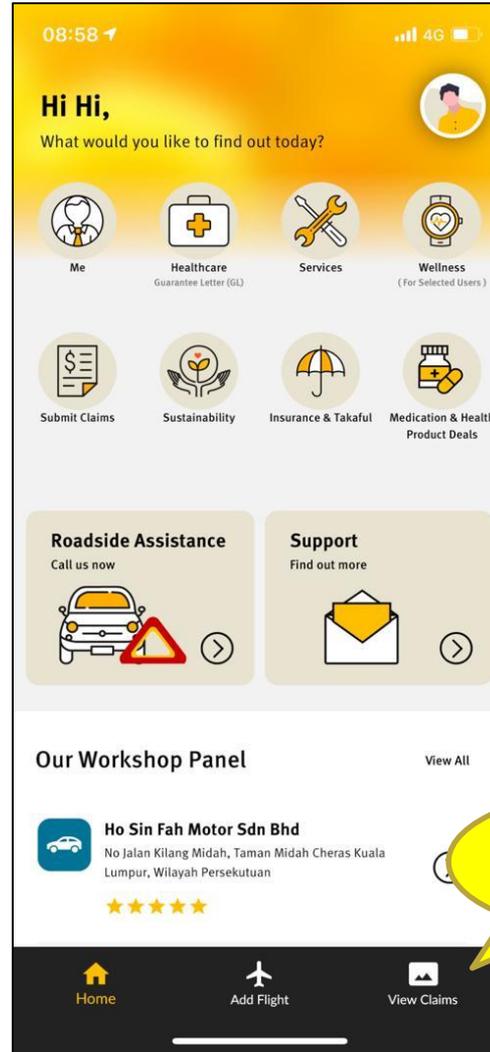
Click to upload file

# Pending Claim Submission



Click to view pending letter

Click to upload file



Claim status can be tracked over here upon submission

**Thank You**

