

ILTIZAM SELANGOR SIHAT

SENARAI SEMAK DOKUMEN YANG DIPERLUKAN BAGI TUNTUTAN PENYAKIT KRITIKAL

Sila tanda (✓) di ruangan yang disediakan.

| DOKUMEN BAGI PERMOHONAN MANFAAT PENYAKIT KRITIKAL | |
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| | Borang Tuntutan Penyakit Kritikal (Borang C) |
| | Salinan Kad Pengenalan Pemohon |
| | Salinan Penyata Bank Pemohon |
| | Salinan Laporan Perubatan Hospital |
| | Senarai Penyakit Kritikal yang dilindungi dan dokumen Perubatan yang Diperlukan: |
| 1. Stroke - CT Scan / MRI Report of Brain | Parkinson's Disease - All relevant investigation results in support of the diagnosis |
| 2. Heart Attack / Cardiomyopathy - Cardiac Enzymes Assay results (CK-MB, Troponin T / Troponin I) ECG tracing - 2) Echocardiogram / Coronary Angiogram report | Blindness - Permanent and Irreversible - Visual Acuity Report on both eyes to be done by an ophthalmologist * CMC to be completed by an Ophthalmologist. |
| 3. Angioplasty and other invasive treatments for coronary artery disease - Coronary Angiogram Report Coronary Artery By-Pass Surgery | Chronic Lung Disease - Pulmonary Function Test results - Arterial Blood Gas test results - FEV 1 Test results - Relevant investigation results |
| 4. Cancer - Histopathology Report (HPE report) - CT Scan / MRI Reports, if available - Bone Marrow Aspiration / Trephine Biopsy Report (Leukemia) | Motor Neuron Disease - CT Scan/ MRI report of the Brain and Spine - Electromyography (EMG) test results - All relevant investigation results in support of the diagnosis - Medical Report to be completed by Neurologist |
| 5. Renal / Kidney Failure / Medullary Cystic Disease - Kidney Dialysis Report / Dialysis Receipts - Kidney/Renal Biopsy Report (if any) | Multiple Sclerosis - CT Scan & MRI Report of Brain & Spine - Nerve conduction study / Evoked potential test * Medical Report to be completed by Neurologist |
| 6. Systemic Lupus Erythematosus (SLE) With Lupus Nephritis - Lupus Erythematosus (LE) cell blood test results - Anti-DNA Antibodies & Renal biopsy report - Urine FEME results over past 6 months - Renal function tests with eGFR results over past 6 months | Coma – resulting in permanent neurological deficit with persisting clinical symptoms - ICU report and supporting documents for being in coma > 96 hours - X-ray/CT Scan/ MRI Reports - Medical Report to be completed by Neurologist |
| 7. Fulminant Viral Hepatitis / End-Stage Liver Failure/ Chronic Liver Disease - CT Scan Report of Liver - Liver Function Test results - Abdominal ultrasound - Hepatitis viral serology test - Any other laboratory or pathology reports | Muscular Dystrophy - Lumbar puncture report - Electromyography (EMG) test results - Muscles biopsy - All relevant investigation results in support of the diagnosis - Medical Report to be completed by Neurologist |
| 8. Brain Surgery - Brain Surgery Report | Terminal Disease - All relevant investigation results in support of the diagnosis - Medical Report stating patient not receiving active treatment other than pain relief. |

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| <p>9. Benign Brain Tumor - CT Scan / MRI Report of Brain - Histopathology Report, if available</p> | <p>Chronic Aplastic Anemia - resulting in permanent Bone Marrow Failure - All relevant blood and bone marrow investigation results in support of the diagnosis - Bone Marrow transplantation report.</p> |
| <p>10. Major Head Trauma - CT Scan / MRI Report of Brain - Surgery report - Police report, if any</p> | <p>Alzheimer's disease/Severe Dementia / Parkinson's disease - All relevant investigation in support of the diagnosis - Medical Report to be completed by Neurologist - Physio / Rehabilitation Reports (if Any)</p> |
| <p>11. Bacterial Meningitis / Encephalitis - CT Scan / MRI Report of Brain /Spine - CMC to be completed by Consultant Neurologist</p> | <p>Deafness – Permanent and Irreversible - Audiogram Report (Latest Report) - Pure Tone Audiometry reports (Latest Report)</p> |
| <p>12. Major Burns / Third Degree Burns - Total Body Surface Area Burn Assessment Report</p> | <p>Loss of Speech - Laryngoscopy report</p> |
| <p>13. Paralysis / Paraplegia / Paralysis of limbs - X-ray/CT Scan/ MRI Reports, if available - Medical Report to be completed by Neurologist</p> | <p>Major Organ / Bone Marrow Transplant - Transplantation report of heart or lung /liver /kidney /pancreas / bone marrow</p> |

NOTA :

- Permohonan Tuntutan Manfaat Tambahan adalah tertakluk pada terma & syarat
- Dokumen-dokumen sokongan hendaklah disahkan oleh Pegawai Kerajaan Kumpulan A/ ADUN/ Penghulu/ Pesuruhjaya Sumpah.
- Bagi menyemak status keahlian pemohon utama/keluarga berdaftar, sila rujuk link tersebut: <https://www.iltizamselangorsihat.com/kelayakan.html> atau hubungi talian khidmat pelanggan kami 1-800-22-6600
- Pihak Selcare berhak **menolak** atau **membatalkan permohonan tuntutan** sekiranya permohonan yang dikemukakan dokumen tidak lengkap atau tidak mematuhi terma dan syarat permohonan.
- **PENTING:** Sila email Permohonan Manfaat Tuntutan Tersebut (dokumen lengkap) kepada iss@selcare.com

Subject Email: PERMOHONAN TUNTUTAN MANFAAT ILTIZAM SELANGOR SIHAT (NAMA PEMOHON/NRIC PEMOHON)

1. Borang ini hendaklah diisi lengkap dalam tempoh tiga puluh (30) hari dari tarikh didiagnosa. **Tertakluk kepada AHLI / KELUARGA BERDAFTAR sahaja.**

A) Maklumat Pemohon

| | |
|-----------------------------------------------------------------------------|--------------------|
| Nama: | |
| No.Kad Pengenalan : | Umur: |
| Jantina: <input type="checkbox"/> Lelaki <input type="checkbox"/> Perempuan | No Telefon Bimbit: |
| Alamat surat menyurat: | |
| Alamat emel: | |

B) Maklumat Pihak Majikan (Jika bekerja sila isikan maklumat dibawah, jika tidak bekerja, sila nyatakan _____)

1. Maklumat pekerjaan anda.

| Tarikh mula berkhidmat | Tarikh tamat berkhidmat | Nama majikan | Jawatan disandang | Skop kerja | Gaji (RM) |
|------------------------|-------------------------|--------------|-------------------|------------|-----------|
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C) Maklumat lanjut mengenai Penyakit Kritikal

1. Maklumat rawatan yang pernah diterima.

| Tarikh rawatan | Tarikh kemasukan wad | Tarikh discaj | Diagnosis | Nama & pengesahan cop doktor/hospital |
|----------------|----------------------|---------------|-----------|---------------------------------------|
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D) Maklumat Penerima Tuntutan (Ahli)

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| Nama Bank: |
| Nama Pemegang Akaun: |
| No. Akaun Bank: |

E) PERAKUAN PEMOHON

Saya bersetuju bahawa semua maklumat yang dinyatakan di atas adalah lengkap dan benar berdasarkan pengetahuan saya.

Saya membenarkan mana-mana pegawai perubatan, pakar bedah, klinik, hospital, syarikat insurans, orang perseorangan lain yang pernah merawat atau memeriksa saya atas apa jua sebab, untuk memberikan sebarang / semua maklumat berkaitan penyakit / kecederaan dan menyediakan salinan laporan perubatan termasuk sejarah perubatan terdahulu ke pihak Selcare Management Sdn. Bhd.

Saya juga membenarkan pihak Selcare Management Sdn. Bhd. untuk memproses maklumat saya bagi tujuan pemprosesan pembayaran tuntutan ini. Saya bersetuju untuk membayar kembali kos yang ditanggung oleh Selcare Management Sdn. Bhd. sekiranya tuntutan didapati tidak dilindungi atas sebarang alasan.

Tandatangan Pemohon

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| Nama: |
| No. Kad Pengenalan: |
| Tarikh: |

Disahkan oleh ADUN:

Tandatangan & Cop Pengesahan
Pejabat ADUN

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|---------------------|
| Nama: |
| Jawatan: |
| No. Kad Pengenalan: |
| Tarikh: |

Untuk tindakan Selcare Management Sdn. Bhd.

Disemak oleh:

| | |
|--------------|----------|
| Tandatangan: | Catatan: |
| Nama: | |
| Tarikh: | |