

myPacificCross

Thailand

User Manual















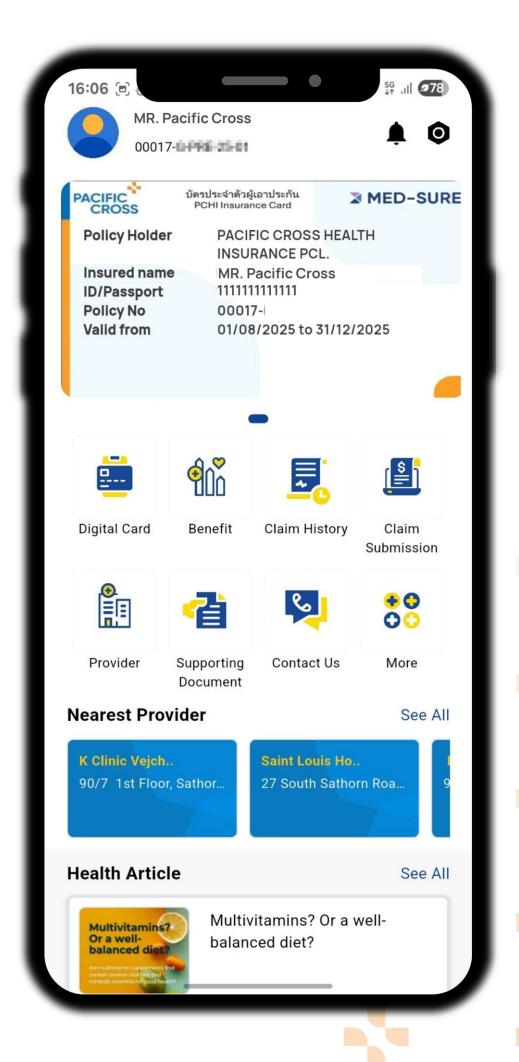


Welcome to the

Pacific Cross Health Insurance Mobile Application.

This app allows you to manage your health insurance easily, securely, and conveniently anytime, anywhere.

Please find the main features to access your policy information and services.



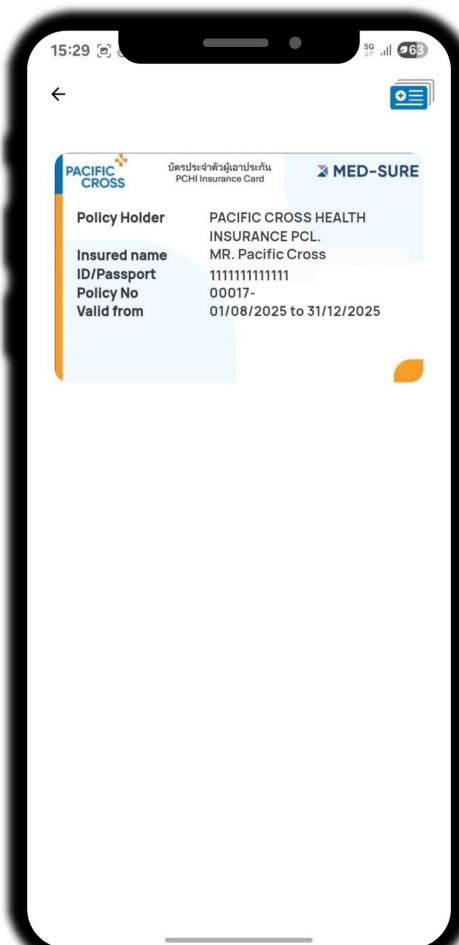


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01. Digital Card

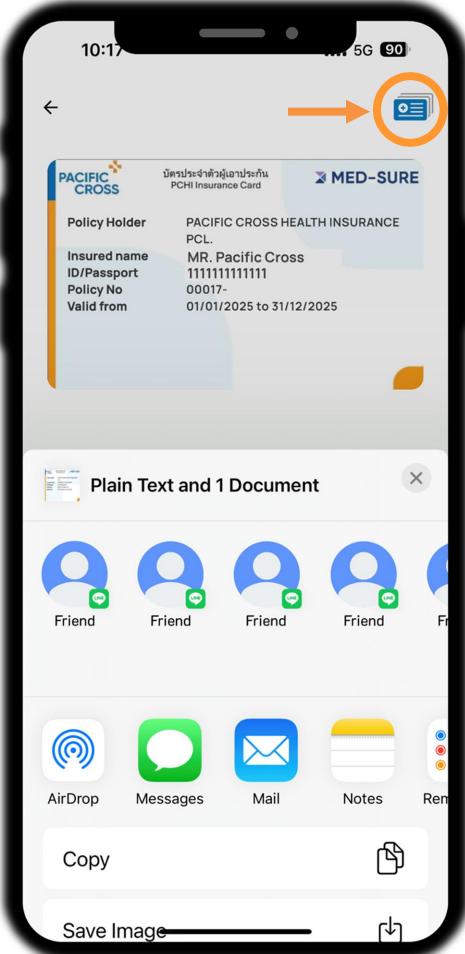
Purpose: Conveniently access your digital card anytime.

- Access Digital Card.
- Card shows your policy details for hospital/clinic verification.



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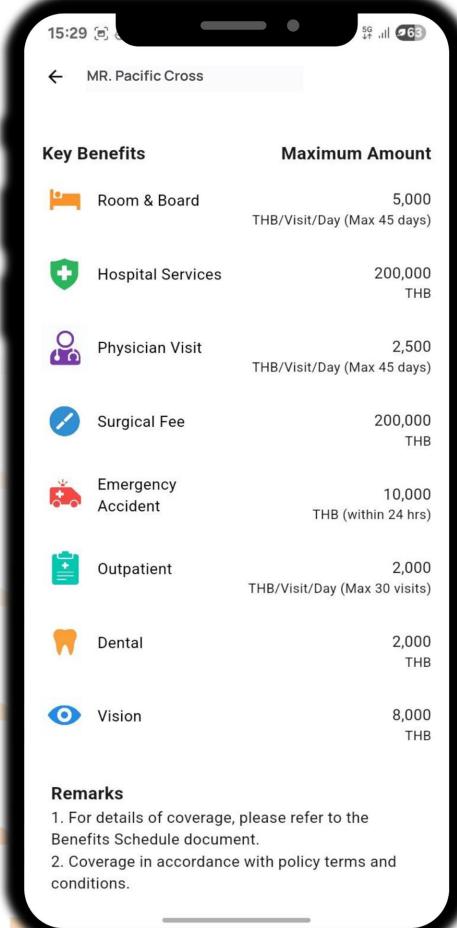


01. Digital Card Management

Purpose: share your digital card to other applications or save or copy it.

- Tap the card icon (top right).
- Choose a Sharing Method: share menu will appear.
 - Share via Apps: Select an application like LINE,
 Messages, or Mail to send the card details to a contact or to yourself.
 - Save Image: save digital card picture to photo gallery.
 - Copy: copy your digital card to paste it elsewhere.



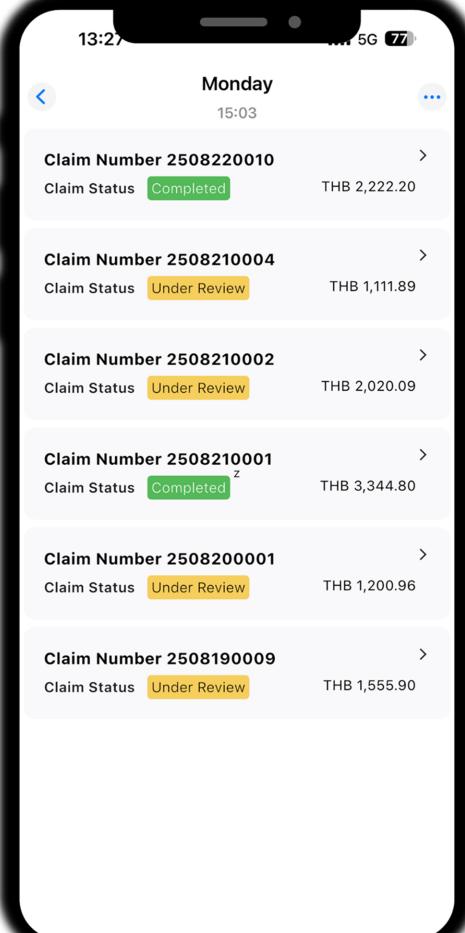


02. Benefit

Purpose: View your key benefits.

- Access Benefits.
- Inpatient (IPD): Room & Board, Hospital Services,
 Physician Visits, Surgical Fees.
- Emergency Accident coverage.
- Optional benefits (if include in your plan):
 Outpatient (OPD), Dental, Vision.





03. Claim History Claim list

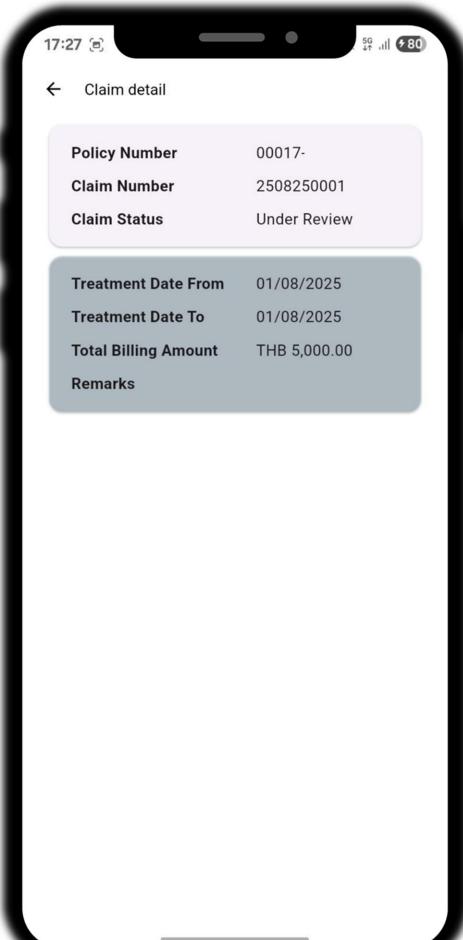
Purpose: View the status and details of your claim submission and past claims under current active policy.

- Access Claim History.
- View a list of your claim.



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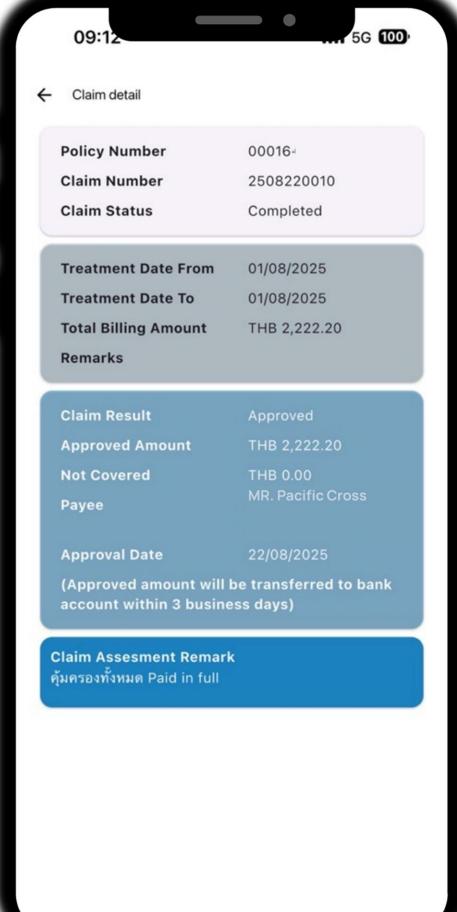


Purpose: View the claim status in Under Review state.

- Tap claim status **Under Review**.
- Display policy no., claim no. and treatment details.



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03. Claim History Completed status

Purpose: View the claim status after completing the claim process.

- Tap claim status Completed.
- Display policy no., claim no. and treatment details.
- Display result of claim adjudication.







New Claim Submission

Terms & Conditions

- 1. Maximum medical expenses in the amount of not exceeding THB 5,000 per transaction
- Required Documents: Please take photos from the original documents only.
- · Receipt with details of medical expenses
- The physician's report that shows the significant symptoms, results of investigations and details of treatments.
- Other relevant medical documents (if any)
- Insured's bank account details (if not previously provided)

Notes

- The original receipt is an essential document for processing the claim. The company may request the original document for further consideration and reserves the right to review the claim decision if the original receipt cannot be presented.
- In case where the company has approved the medical expenses but later discovers that the original receipt was also used to claim reimbursement from other benefits/insurance policies, resulting in the total compensation exceeding the actual medical expenses incurred, the company reserves the right to reconsider the decision.
- The company reserves the right to suspend the use of the online claims service without prior notice.
- Medical expenses exceeding 5,000 baht, please send the claim form and claim documents by post.

Cancel

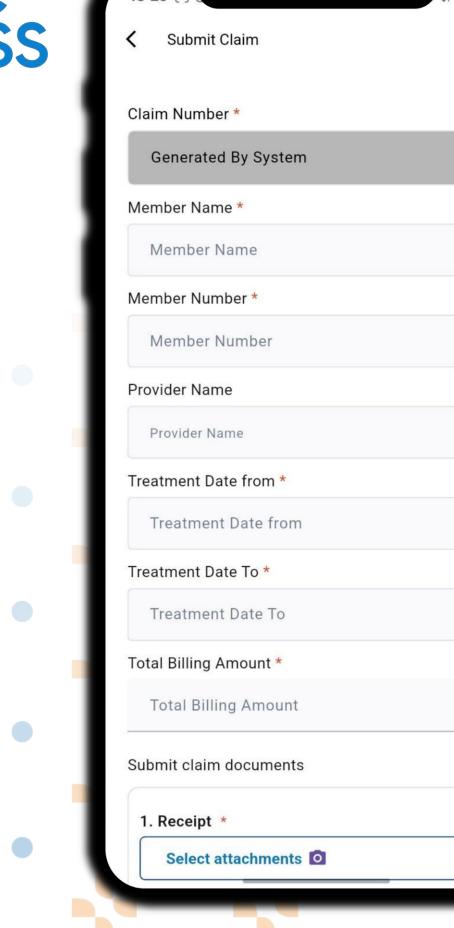
Agree

04. Claim Submission Term & Conditions

Purpose: Acknowledge Terms & Conditions before claim submission.

- Access Claim Submission.
- Review the Terms & Conditions before submission.
- Tap Agree to continue.
- Tap Cancel back to Home page.



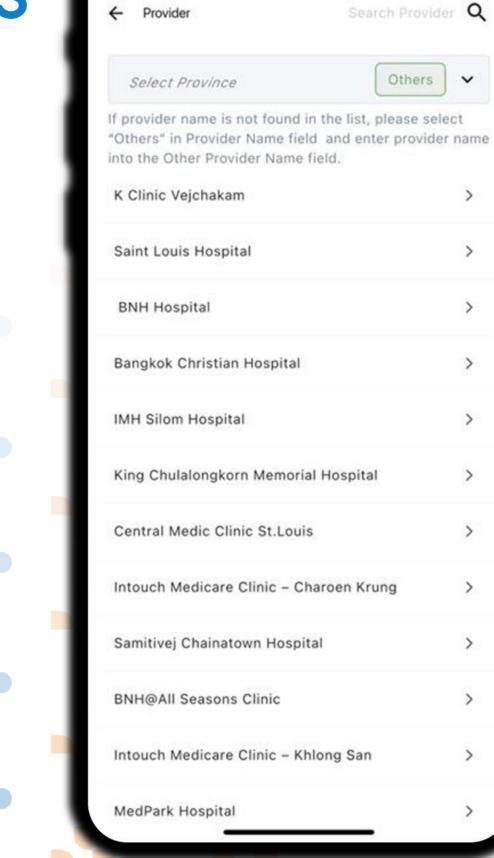


04. Claim Submission Select member

Purpose: Fill information for claim submission.

- Select Member Name.
- System will automatically show Member Number.
- Select **Provider Name** from our network provider list or
- Tap "Others" if the provider is not our network.





Others

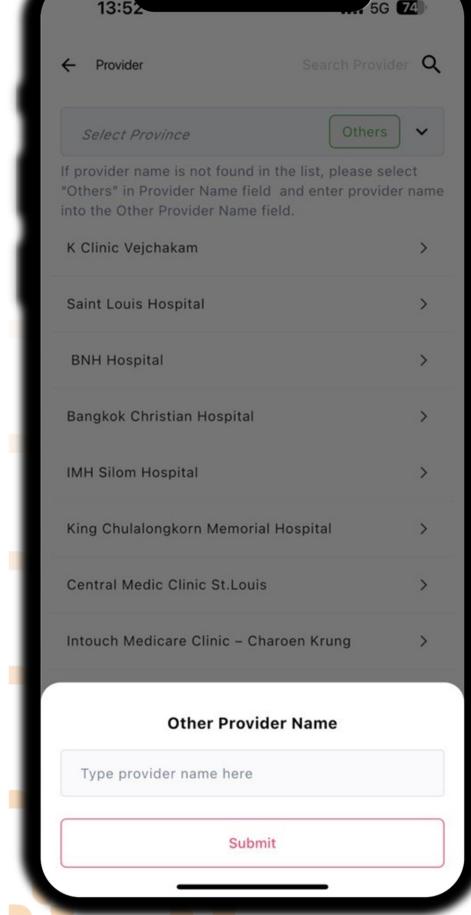
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04. Claim Submission Select provider

Purpose: Select provider.

- Search provider by province.
- Search by provider name.
- Select the provider.



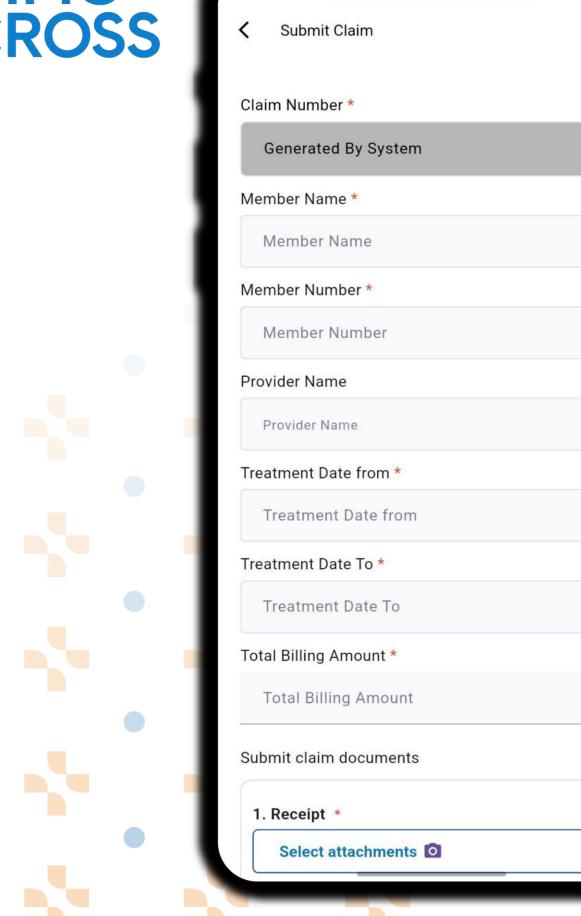


04. Claim Submission Fill other providers

Purpose: Enter the name of the provider is not in the list.

- Tap Others icon.
- Input provider name.
- Tap Submit.





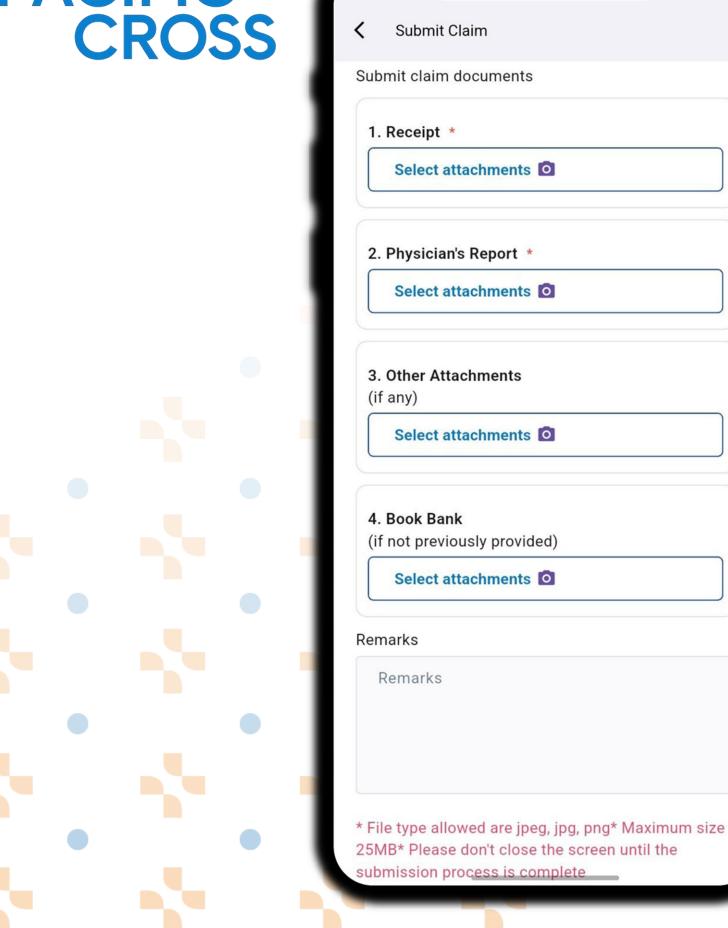
04. Claim Submission Fill treatment details

Purpose: Fill treatment details.

How to use:

- Select Treatment Date From and Treatment Date To from calendar.
- Input the **Total Billing Amount** must not exceed 5,000 baht per submission.





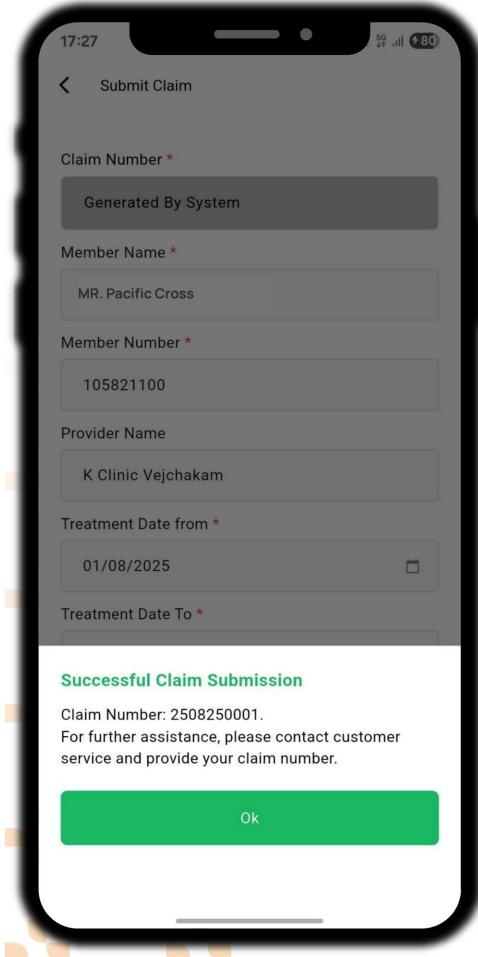
04. Claim Submission Attach documents

- . Tap the "Select attachments" to upload documents.
- 2. Please attach a clear image of the original document by taking a picture or selecting from Gallery.
- 3. Require **Receipt** * image(s).
- 4. Require **Physician's Report *** image(s).
- 5. Other Attachments image(s) if prefer.
- 6. Book Bank image if prefer.
- 7. Fill **Remarks** for any comments.
- 8. Tap "Submit Claim".

Important Notes:

 Please do not close the app or navigate away from this screen until the submission process is completed.





04. Claim Submission Successful

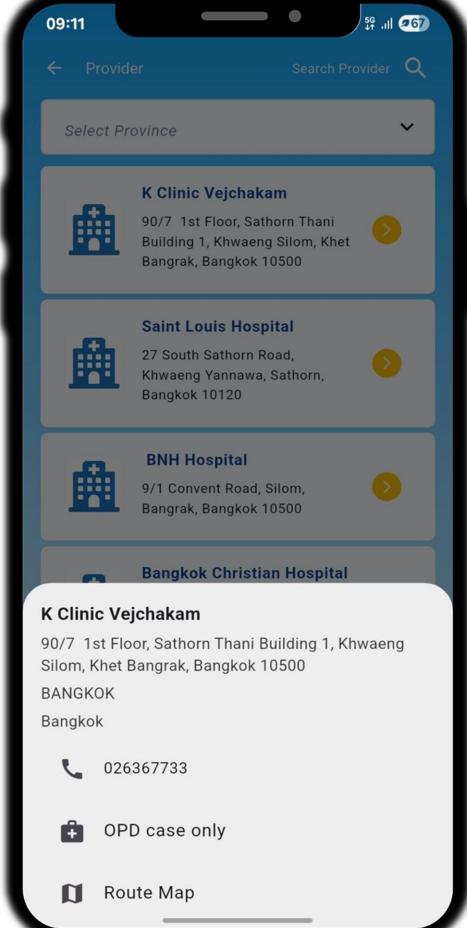
- Once claim submission is successful, it will display claim number for reference.
- If require further assistance, please contact customer service with claim number.



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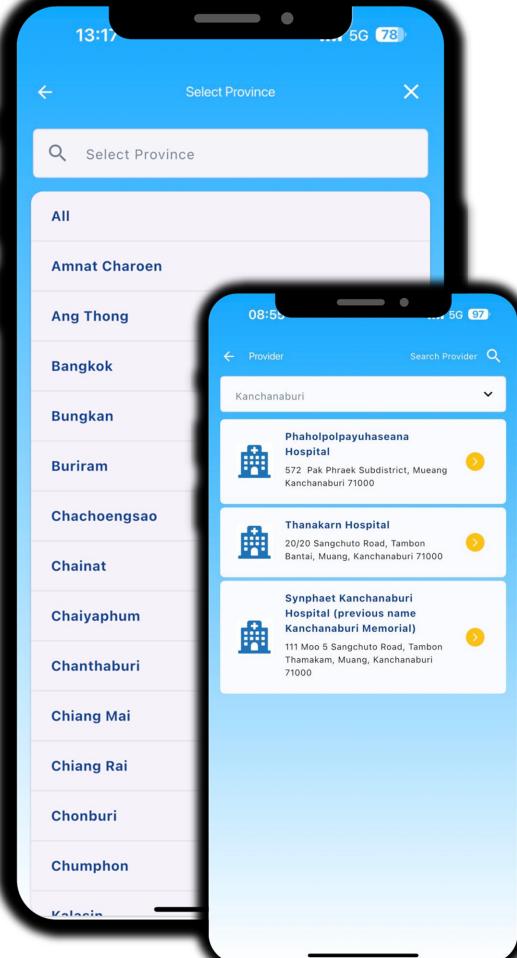


05. Provider

Purpose: Find hospitals and clinics in our network.

- Access Provider.
- Providers will be displayed based on your current location.
- Tap on a provider to view address, contact number, and location (link to Google Map).





05. Provider Search by province

Purpose: Search provider by province.

- Select province.
- Display providers list of selected province.





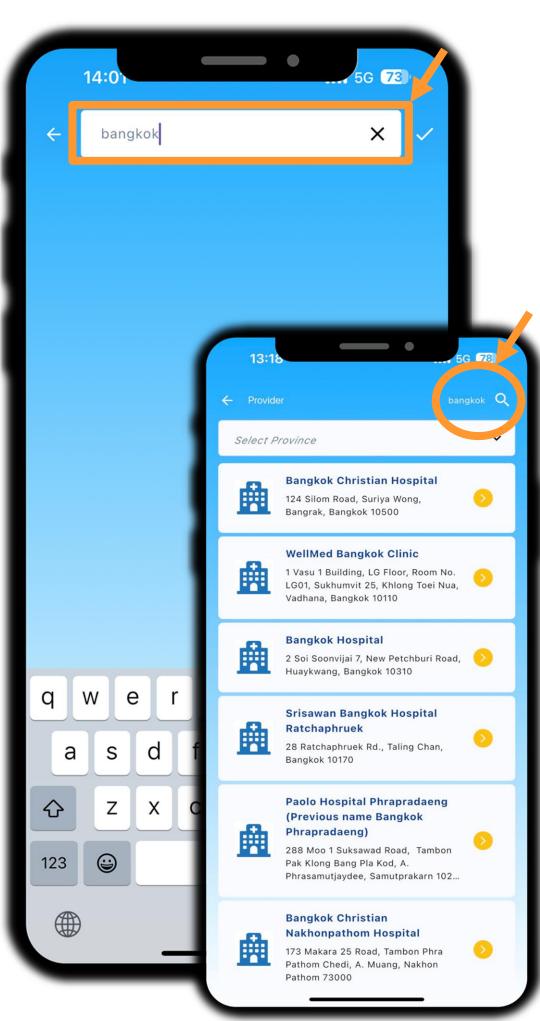












05. Provider Search by provider name

Purpose: Search by provider name.

- Tap **Search** Button and Enter the provider's name.
- Display providers match the name you entered.



Decision Committee Commi	CLAIM FORM				
Medical Expenses Dentistry Ophthalmology (Vision) Other Other		/ – INJURY, ILLN			PACIFIC CROS
Rest Name-Sumame of the Insured / Authorized person:	C Nortical Frances				
Sex : Age : Occupation : Detail Province Address : No Road Sub-betaild Detaild Province Flags Sub-betaild Detaild Province Flags Sub-betaild Detaild Province				O Other	
Tel.:	Section of the sectio				
In case of medical expenses / income compensation white staying in hospital (Please attach a copy of your bank book with claims documentation) Transfer to Bank:					
Please attach a copy of your bank book with claims documentation					
Transfer to Bank:					
In case of litness, please answer the following questions. Date of Treatment:	Transfer to Bank	CI	Branch : _		
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How long have you had this #ness before receiving treatment in hospital? :			Date of Treatment : OD / MI	Date of Discharge from hospital	DD / MM / YYYY
Name of Doctor who provided treatment whate in hospital : Department Admitted :			no treatment in houritot?		
Treated by O Drug use O Surgery (specify)	The state of the s				:
Have been examined with the following procedures?:				000	
A				O Other	
Epides answer the following questions Date of incident :					
4.1 Location of Incident :			/ Loss of Organs / Temporary 1	Total Disability / Total Perma	ment Disability
How did this happen? (Specify):	4.1 Location of Inoic	sent :		Time of incide	nt: OD / MW / YYYY
## A.5 Peport of incident: No Yes at Police Station	4.2 How did this ha	ppen? (Speaity) :			
4.5 Hospital's Name :					
4.6 Physician's Name:		1		Date	
4.8 Have you been examined for the following procedures? : X-ray	4.6 Physician's Nam	0:	Department :	Date	:
4.9 Current symptoms or injuries (specify in defail): 5 For women, white admitted to hospital, are you pregnant?: Yes No If yes, Duration			dures?:		
For women, white admitted to hospital, are you pregnant?:	○ X-ray ○ H	earl examination O Diagnosis	Other (specify)		
In case of receiving wetfare, medical treatment or health insurance with other companies or have co-insurance with other companies specify the institution or company name and policy number Company: Policy No.: Policy No.: Le signature bearer at the bottom of this Claim form certifies that it am the studoised person to provide personal information and all of the above states are true. And it content to doctors, hospitals, insurance companies, institution of personal information and all of the above states are true. And it content to doctors, hospitals, insurance companies, institution of personal information and all of the above states are true. And it content to the policie Cross Health Insurance PCL or the designated person to collect and use to process compensation; consideration that the states and of this consistent to the company shall addisoble the sale information to the other adoptationate until the termination of this consistent is revoked, in addition, a copy of this consent form shall be considered effective and as complete as the of department until the termination of this consent is revoked, in addition, a copy of this consent form shall be considered effective and as complete as the of the consent form shall be considered effective and as complete as the of the consent form shall be considered effective and as complete as the of the consent form shall be considered effective and as complete as the of the consent form shall be considered effective and as complete as the of the consent form shall be considered effective and as complete as the of the consent form shall be considered effective and as complete as the of the consent form shall be considered effective and as complete as the of the consent form shall be considered effective and as complete. Signed Insured P (Aure) (Christian above the consent form shall be considered as the consent form shall be considered as the consent form shall be considered effective and as completed. (Insured P (Aure) (Christian above the consent form shall be	4.9 Current symptor	ns or injuries (specify in detail):.			
please specify the institution or company name and policy number Company: Policy No.: Policy No.: It is signature bearer at the bottom of this Claim Form certifies that I am the authoritized person to provide personal information and all of the above statement are true. And I consent to doctors, hospitals, insurance companies, institutional organizations, or anyone with a record of lineas or my medical historidands and tacts to Pacific Cross Health Insurance PCL or the designated person to collect and use to process compensation, or my medical historidands and state to Pacific Cross Health Insurance PCL or the designated person to collect and use to process compensation; or my medical historidan to the information to the policy place of the refugery ment of the terminate collection and as complete as the official process. The terminate collection and as complete as the official process of the terminate collection and as complete as the official process. The terminate collection and as complete as the official process. The terminate collection and as complete as the official process. The terminate collection and as complete as the official process. The terminate collection and as complete as the official process. The terminate collection and as complete as the official process. The terminate collection and as constant and the collection and as constant and the collection and the collection and as constant and the collection and the c	5 For women, wh	ile admitted to hospital, are you	pregnant?: O Yes O No	# yes, Duration	Weeks
It the signature bearer at the bottom of this Claim Form certifies that I am the authorized person to provide personal information and all of the above statem are true. And I connent to doctors. Hospitals, insurance companies, institutional organizations, or anyone with a record of alreas or my medical historic discloses at facts to Pacific Cross Health Insurance PCL or the designated persons to collect and use to process compensation, consideration Undown consideration including the enrewel of insurance and I agree that the Company shall disclose the said information to the regulatory agency or the reli-department until the termination of this consent is encoded, in addition, a copy of this consent form shall be considered effective and as complete as the original true to the considered effective and as complete as the original true to the considered effective and as complete as the original true to the considered effective and as complete as the original true to the considered effective and as complete as the original true true that the considered effective and as complete as the considered effective an	please specify !		and policy number	companies or have co-insura	nce with other compa
are true. And I connent to doctors. Hospitals, insurance companies, institutional organizations, or anyone with a record of literate or my medical historic discloses at facts to Pacific Cross Health Insurance PCL or the designated persons to collect and use to process compensation, consideration Undown consideration including the enrewel of insurance and I agree that the Company shall disclose the said information to the regulatory agency or the reli-department until the termination of this consent is excellent, in addition, a copy of this consent form shall be considered effective and as complete as the original or the termination of this consent to the said information to the regulatory agency or the reli-department or the termination of the true of the termination of the termina		he builton of this China From a set	The state of the s	number managed interests	d all of the above a state
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06. Supporting Document

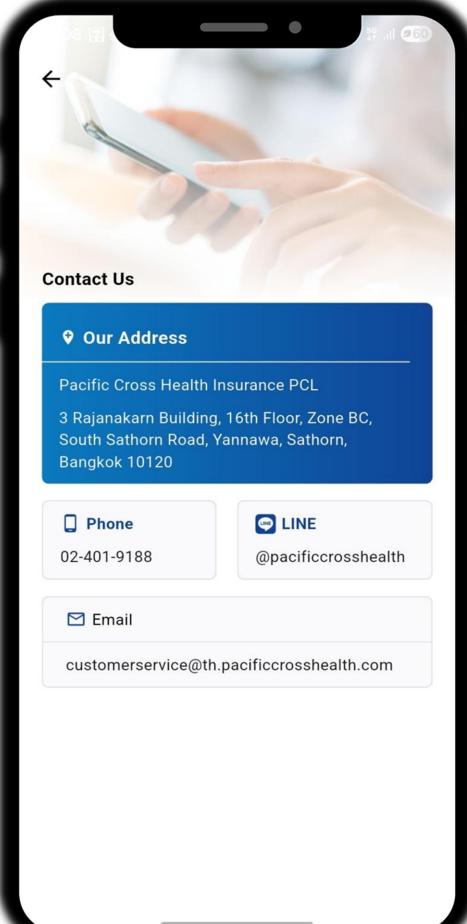
Purpose: download claim-related forms.

- Access **Supporting Document.**
- Select the related claim documents (if applicable)
- Documents are available for download and Tap Download (top right).



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07. Contact Us

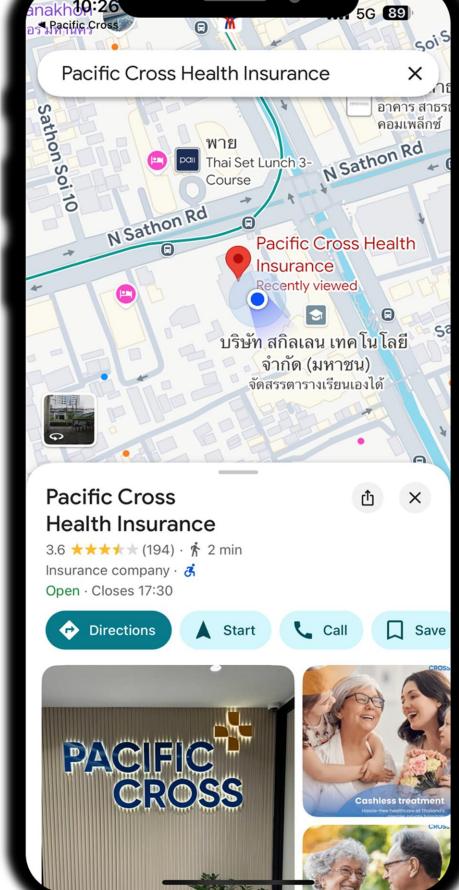
Purpose: Show contact information or channels for your assistance.

- Access Contact Us.
- Choose from available channels:
- Google Maps link to our company location
- Customer Service hotline
- **Email**
- LINE Official Account



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07. Contact Us Company location

Purpose: Link the location on Google Map of the Pacific Cross Health Insurance head office.

How to use:

Tap Company address box.

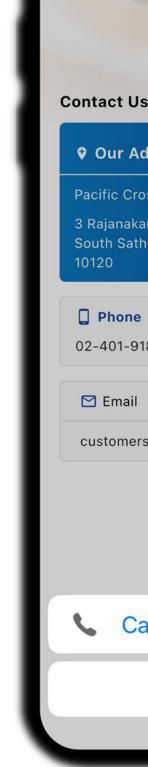


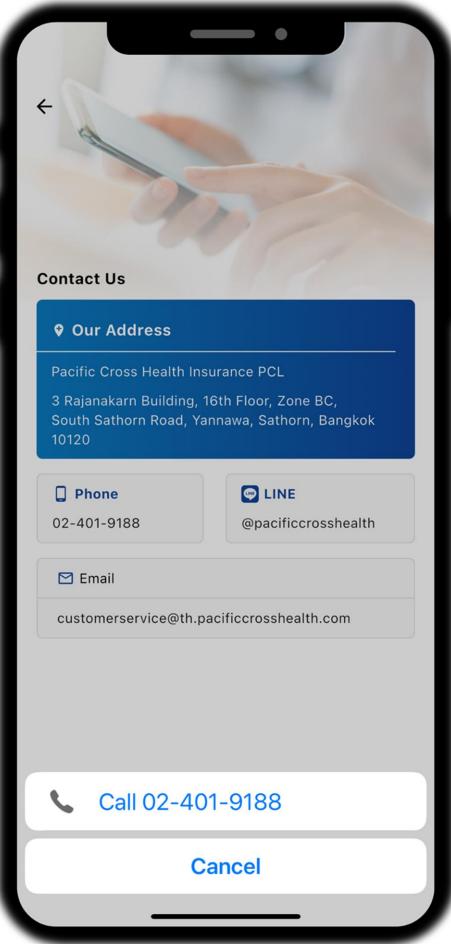
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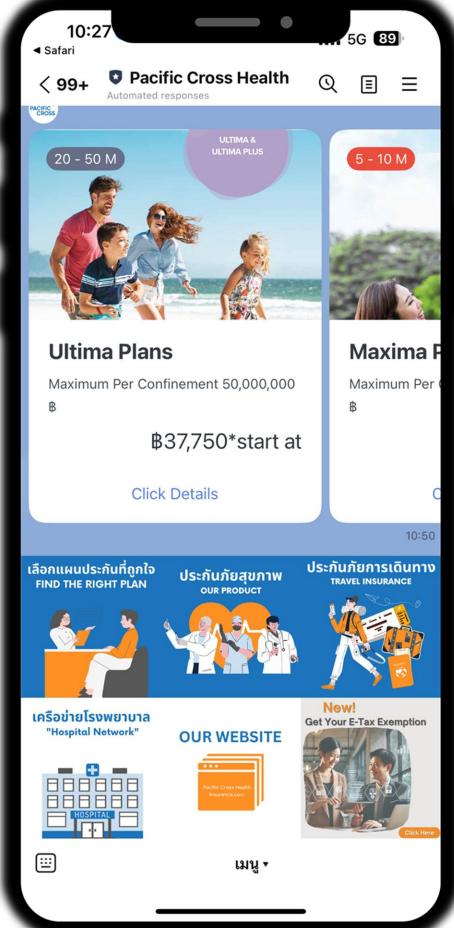
07. Contact Us By phone call

Purpose: Contact Customer Service by phone call.

- Tap Phone box, it will pop up customer service phone number (02-401-9188).
- Tap "Call" will automatically dial the number.



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O7. Contact Us By LINE OA

Purpose: Contact Customer Service by LINE.

How to use:

 Tap LINE box, it will automatically open the LINE application of "PacificCross Health" Official Account.

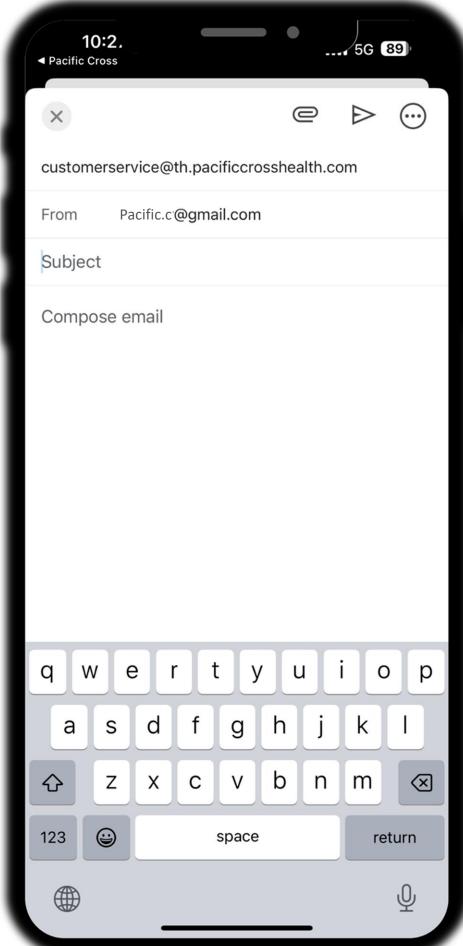


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07. Contact Us By Email

Purpose: Contact Customer Service by Email.

How to use:

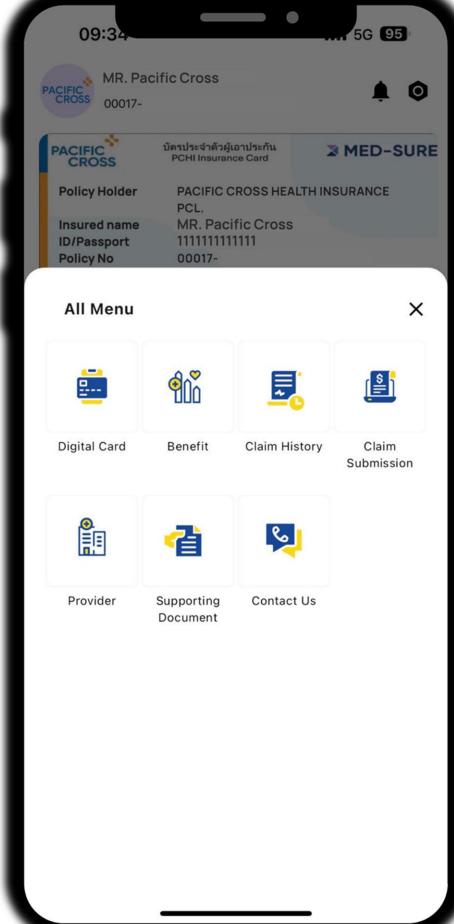
 Tap Email box, it will automatically open default email client (e.g., Mail, Gmail) and automatically start a new draft email.



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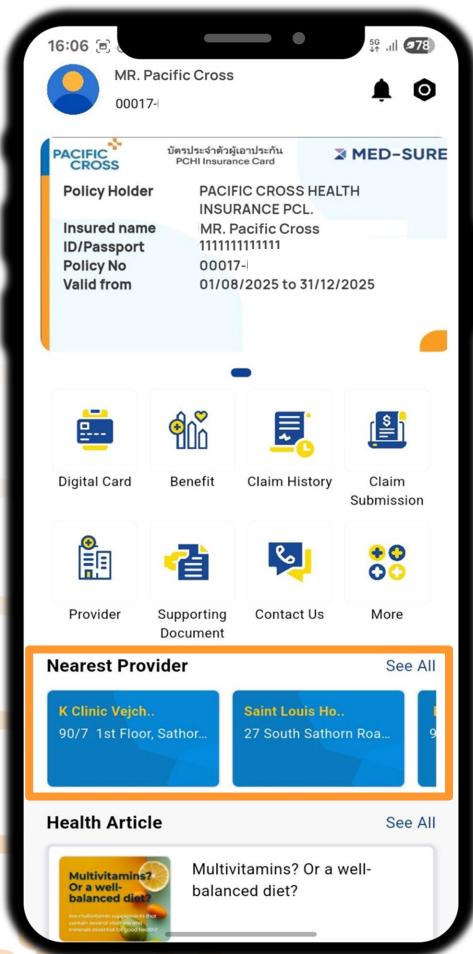


08. More

Purpose: The More menu is designed to support future expansion. If there are too many menus to be displayed on the Home page, the remaining menus will be grouped under the More menu for easy access.

- Access More
- The available menus will be displayed.





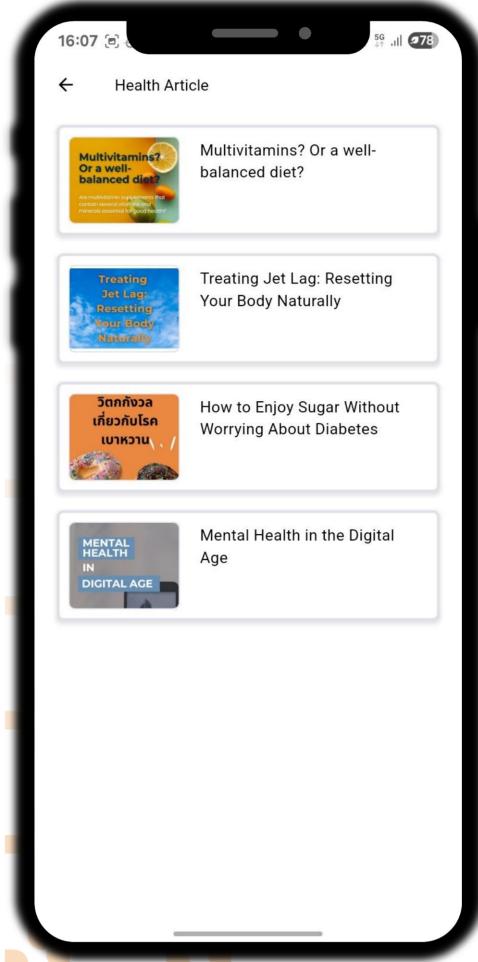
09. Nearest Provider

Purpose: Showing Providers that nearby your location.

How to use:

"Nearest Provider" section, is on Home page designed to quickly find network hospitals and clinics near your current location.



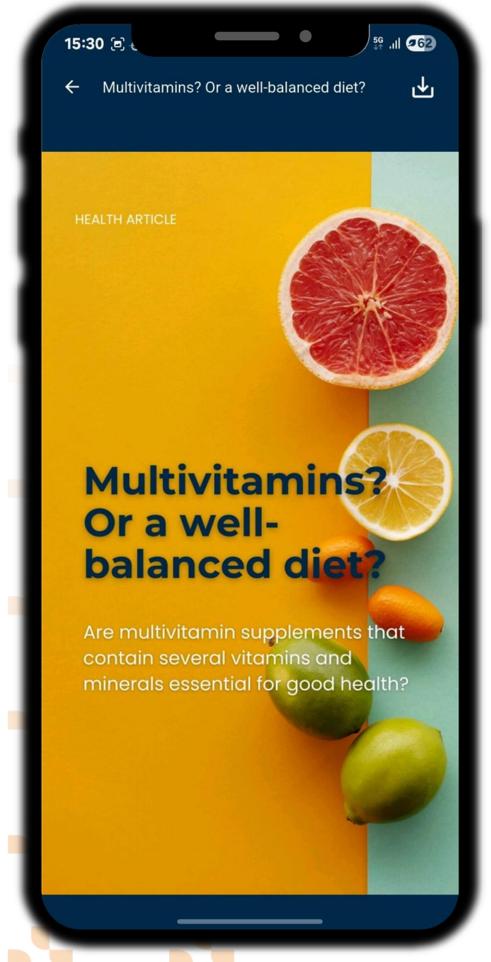


10. Health Articles

Purpose: Stay informed and healthy with curated wellness and lifestyle content.

- Access Health Articles.
- Browse a collection of articles on health, wellness, and lifestyle topics.
- . New articles are updated regularly for members.





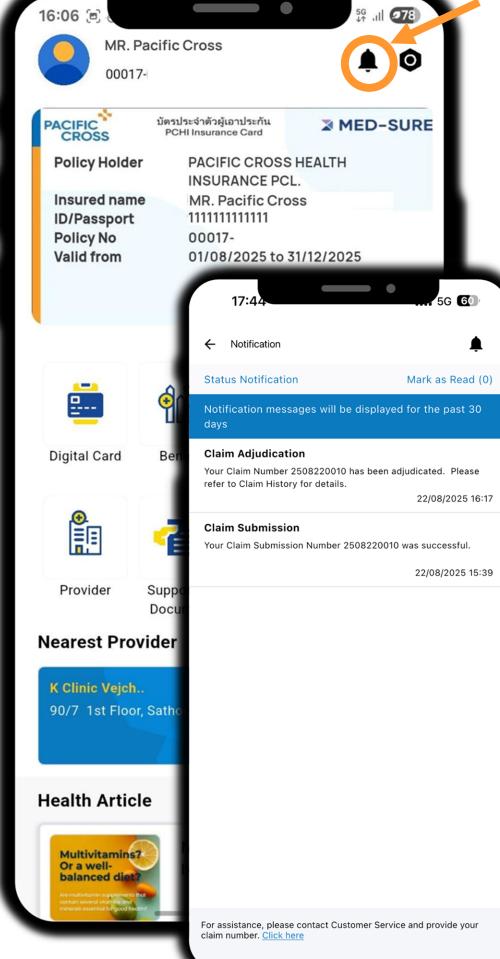
10. Health Articles Content

Purpose: View full details of Health Article.

How to use:

Select a Health Article to view the full details.





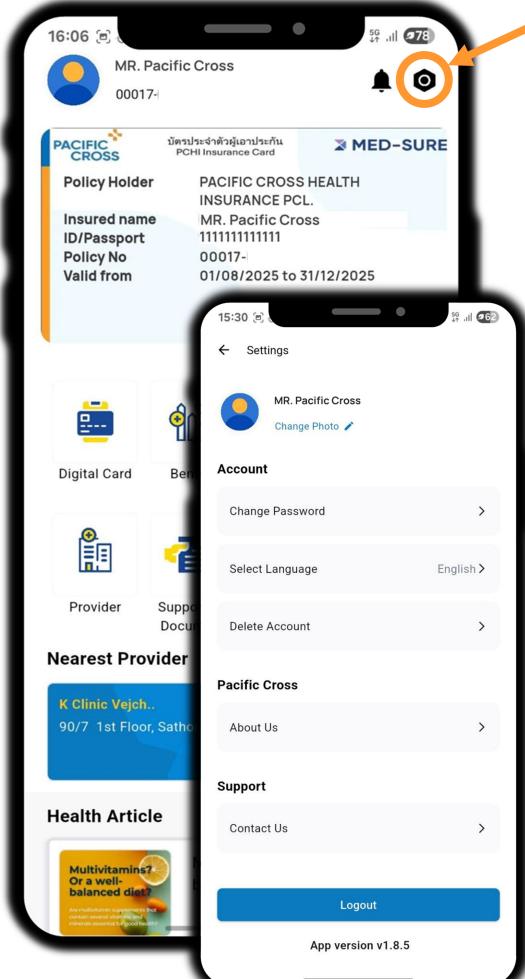
11. Notification

Purpose: Announce important updates from the application system.

- Access Notification from the menu or home screen.
- You will receive alerts for, but not limit to:
 - New claim submissions.
 - Completed adjudications.
- Notification messages are stored for 30 days only.

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12. Setting

- 1. Change Photo: Tap Change Photo (under your profile name) and Upload a new profile picture from your device.
- 2. Change Password: Allows you to create a new password for logging in.
- 3. Select Language: Lets you change the display language for the application.
- **4. Delete Account**: For permanently deleting your user account from the system.
- **5. About Us**: Displays information and details about the Pacific Cross company.
- **6. Contact Us**: Provides access to customer service contact channels.
- 7. Logout: Require to sign out of your account.
- **8. App version**: Displays the current version number of the application you are using.



















12.1 Change Photo

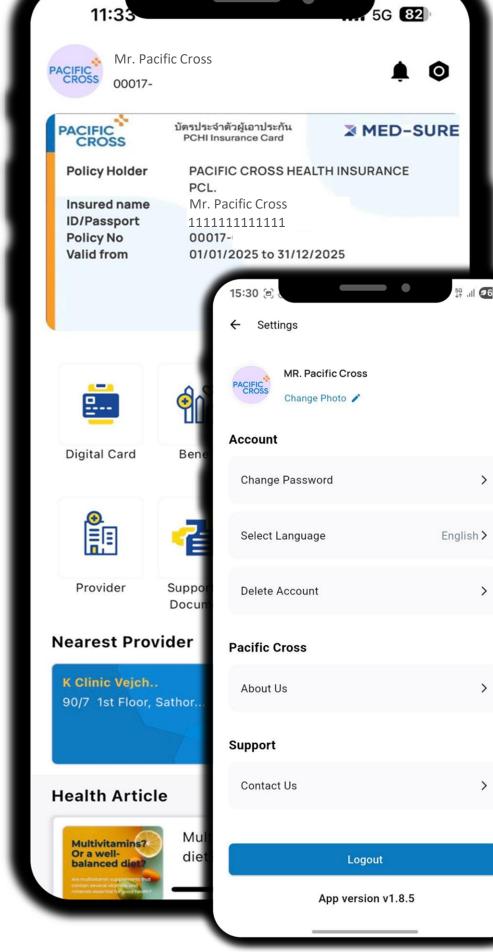
Tap "Change Photo" to upload a new profile picture for your account.

The Change Photo function allows you to:

• Select a picture from your gallery, or Take a new picture using your camera.

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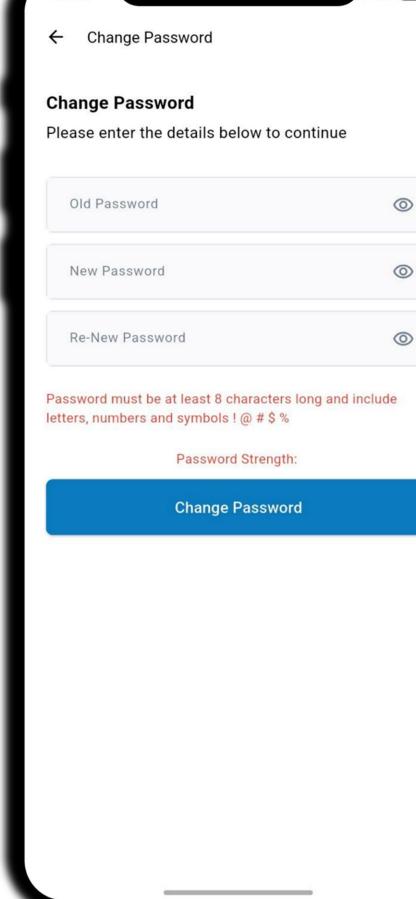
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12.1 Change Photo

New profile picture will display on Setting screen and Home page.



















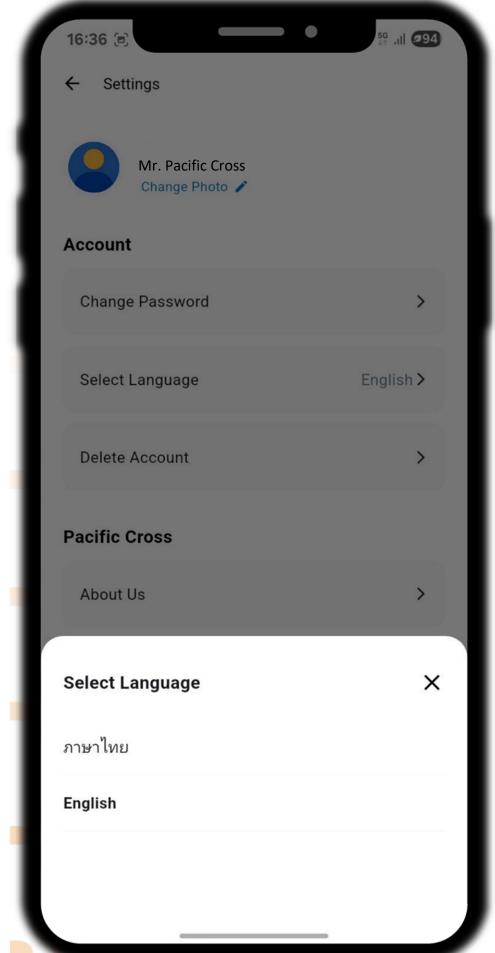
12.2 Change Password

For your account's security, you can change your password regularly by following these steps.

- Tap on "Change Password".
- 2. Enter current password into Old Password.
- 3. Enter desired new password into **New Password and Re New Password** to confirm.
- 4. Requirements: A strong password is required, it must contain at least 8 characters and include letters, numbers, and symbols (e.g., !@#\$%).
- 5. Tap "Change Password" button to save your new password.

Tip: You can tap the eye icon () in each field to view the password you are typing to ensure accuracy.



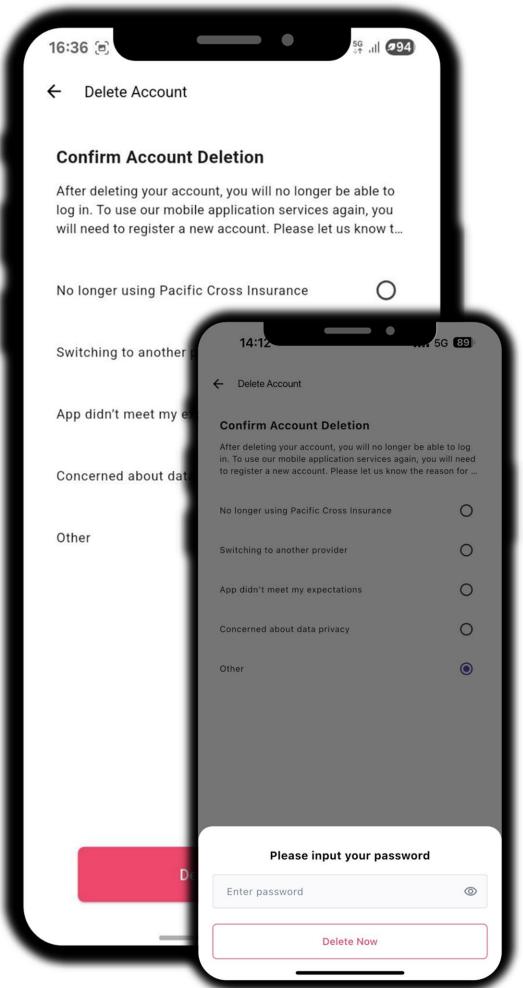


12.3 Select language

- l. Tap **'Select Language'**:
- 2. Choose Language: ภาษาไทย, English.
- 3. The application will immediately switch its display language to your selection.







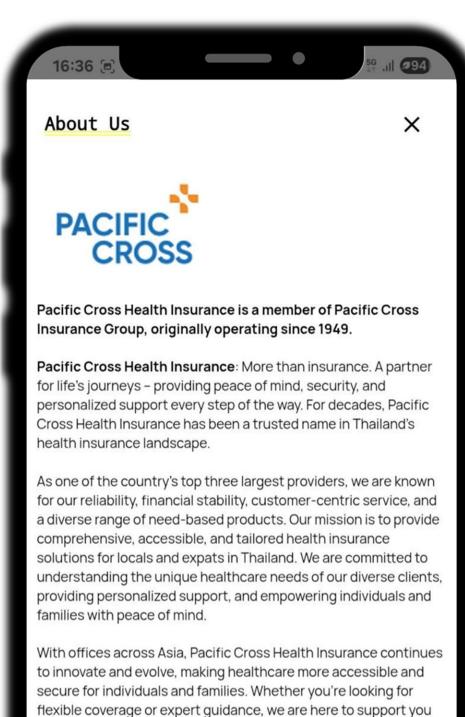
12.4 Delete Account

This option is for permanently deleting your account and no longer be able to log in.

Steps to Delete Your Account:

- Tap "Delete Account".
- 2. Read the Warning message.
- 3. Select the most relevant reason for your decision.
- 4. Tap "Delete Account" button to delete account.
- 5. Enter your password (If the password is incorrect, the account cannot be deleted).
- 6. Tap "Delete Now", your account will be permanently deleted, and you will no longer be able to log in.





at every step of your healthcare journey. Join us and experience the difference of a trusted health insurance partner dedicated to

your well-being. See more

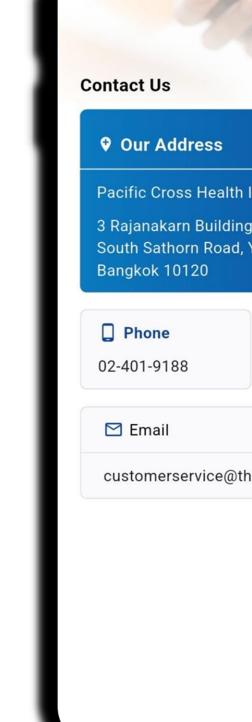


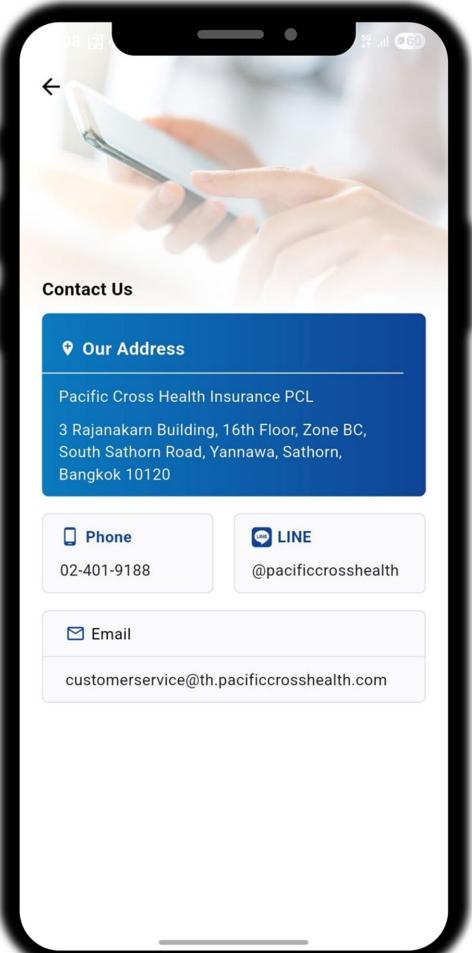
The "**About Us**" page provides detailed information about Pacific Cross Health Insurance.

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12.6 Contact Us

Provides access to customer service contact channels.

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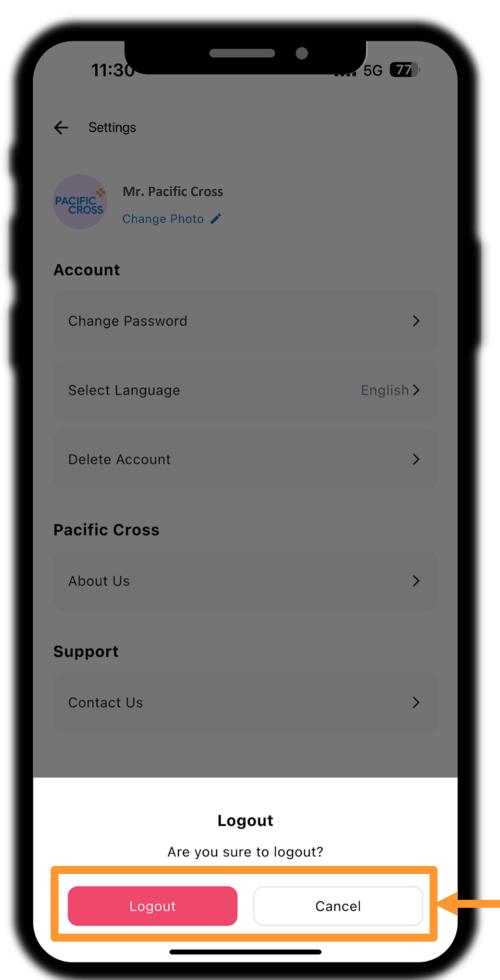












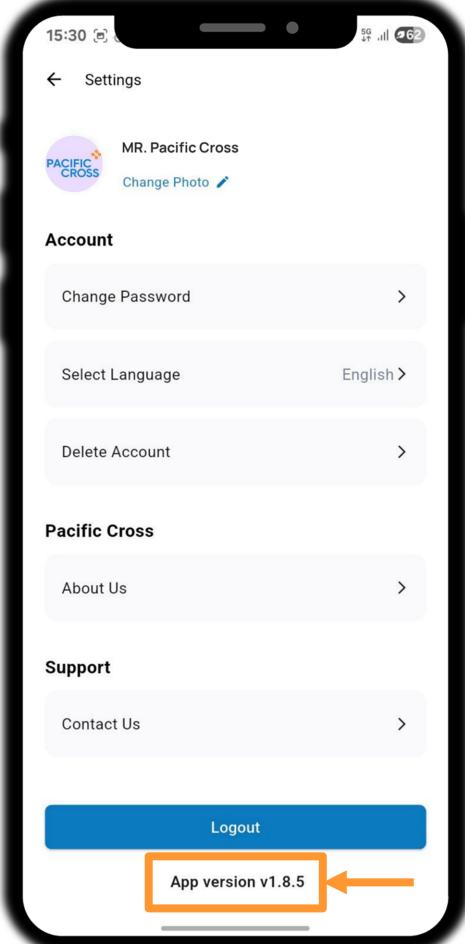
12.7 Logout

Require to sign out of your account.



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Displays the current version number of the application you are using.



THANK YOU

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