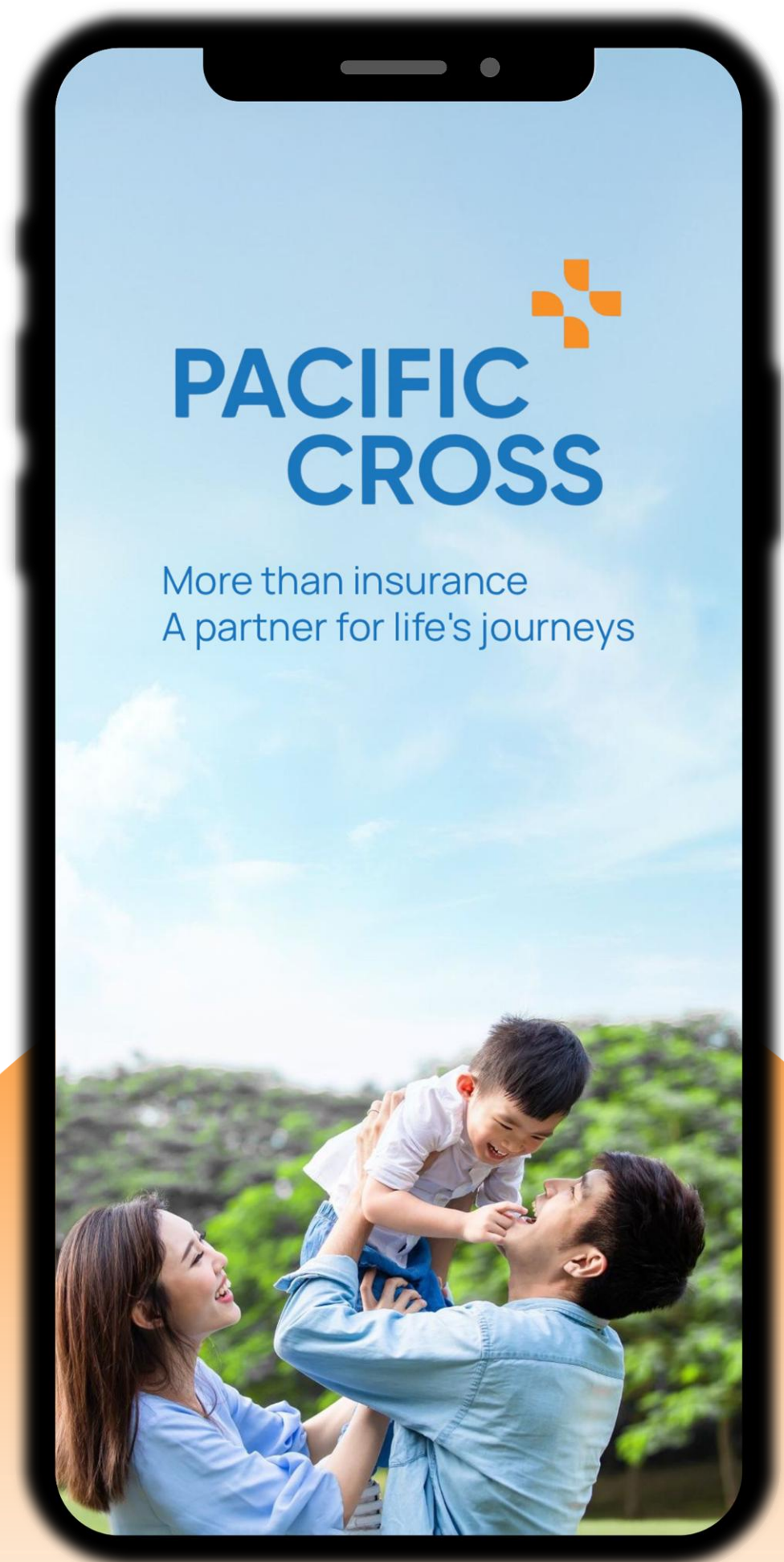




myPacificCross

Thailand

User Manual

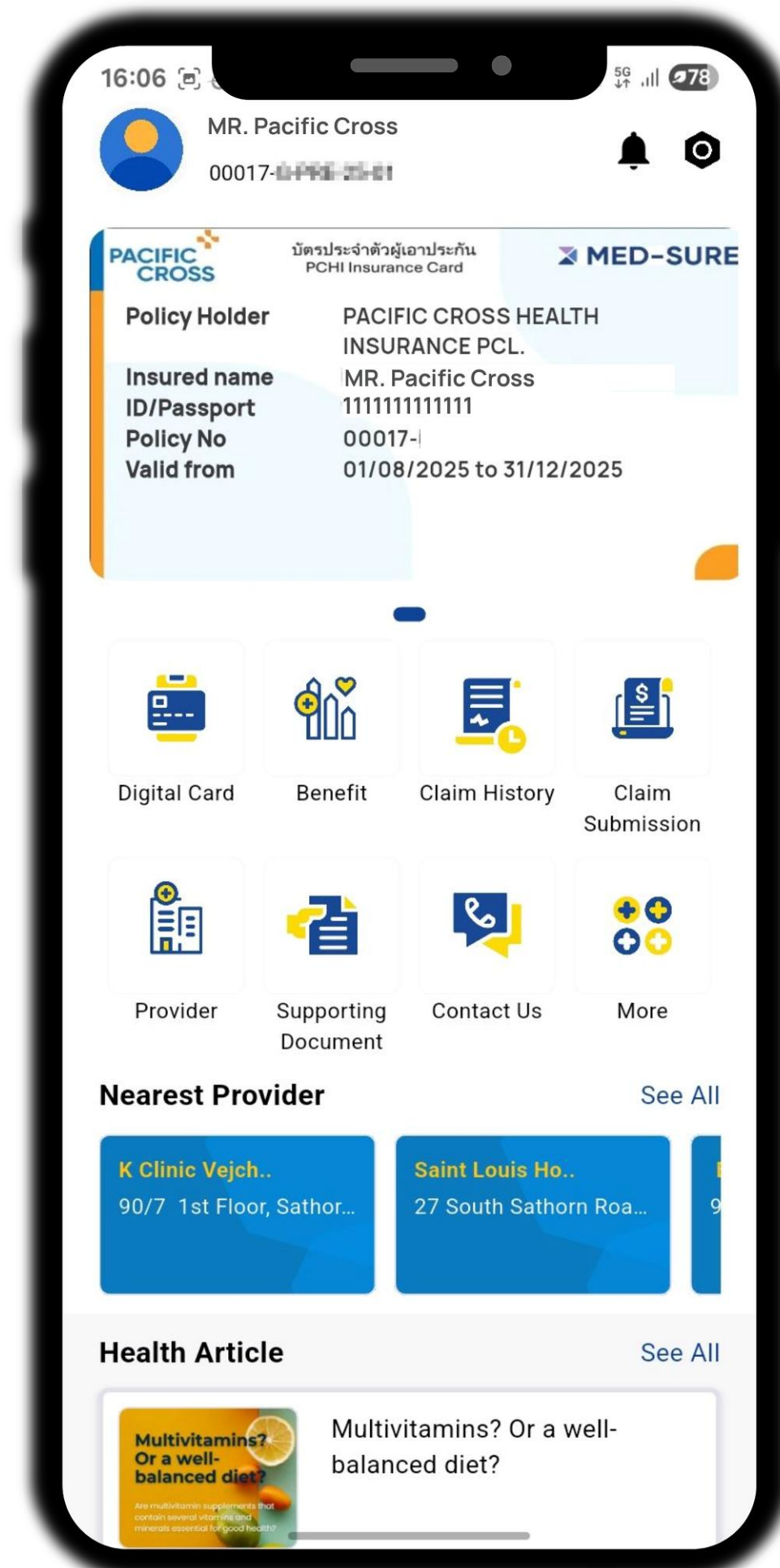




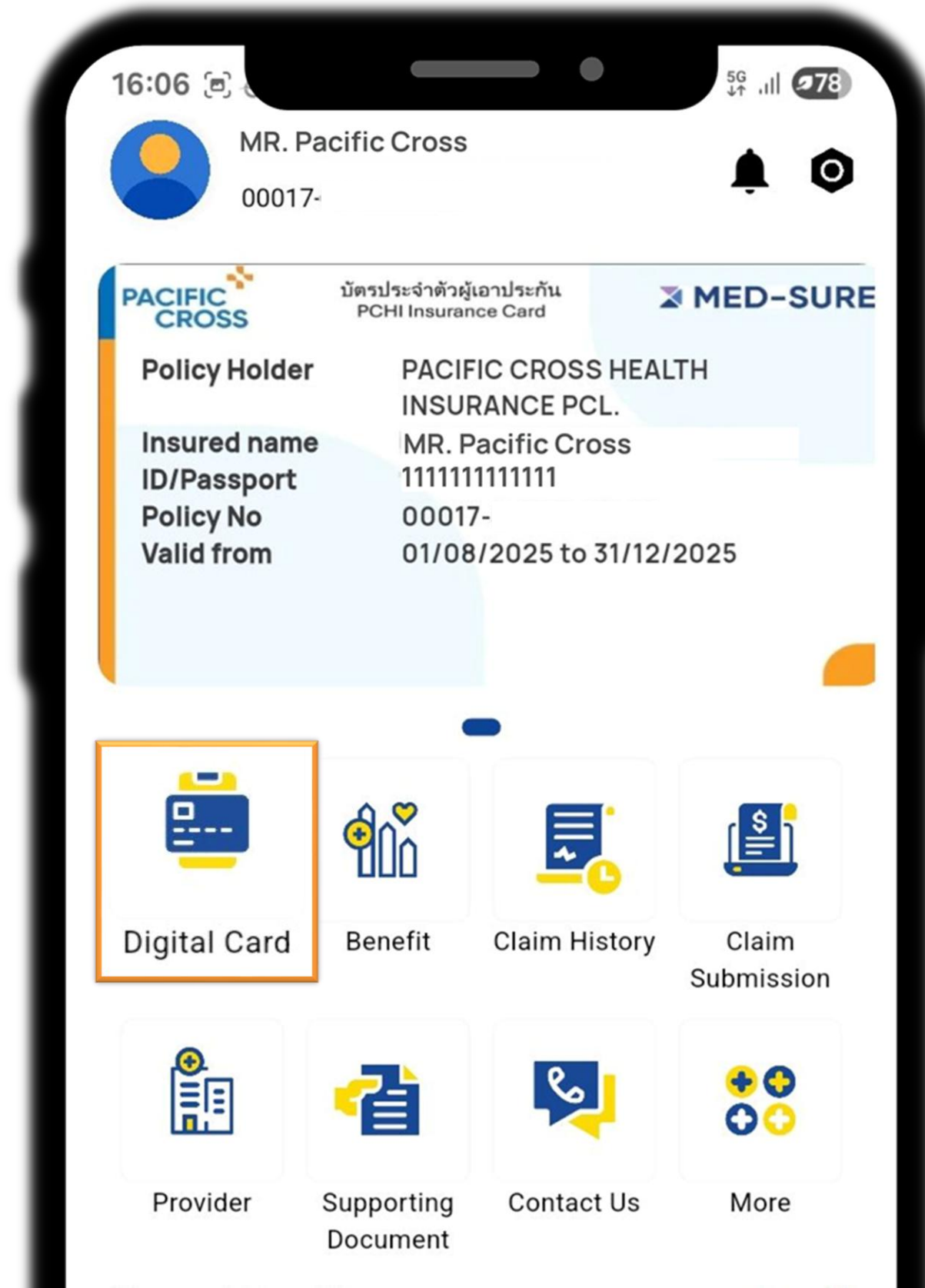
Welcome to the Pacific Cross Health Insurance Mobile Application.

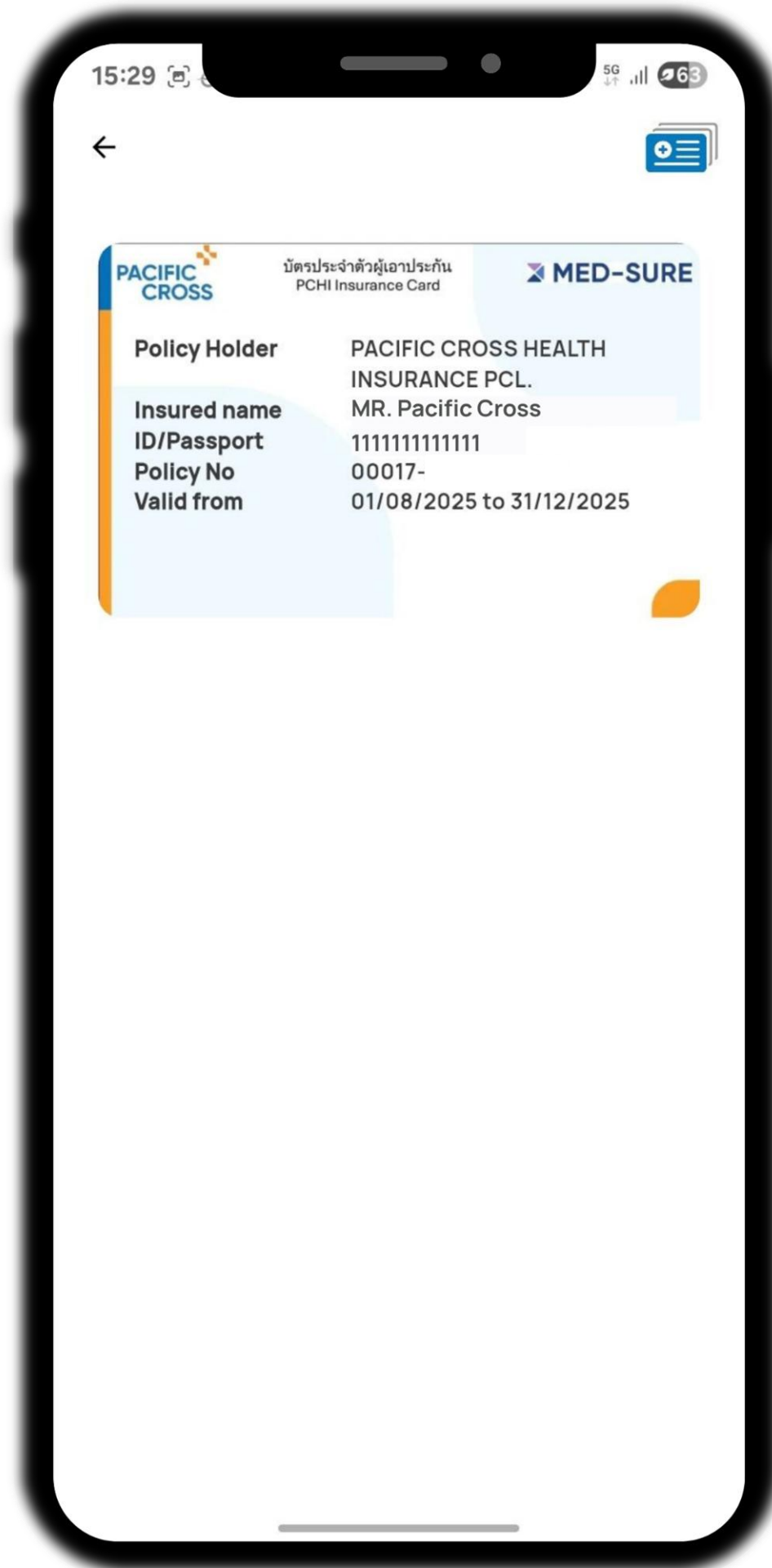
This app allows you to manage your health insurance easily, securely, and conveniently anytime, anywhere.

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



01. Digital Card





01. Digital Card

Purpose: Conveniently access your digital card anytime.

How to use:

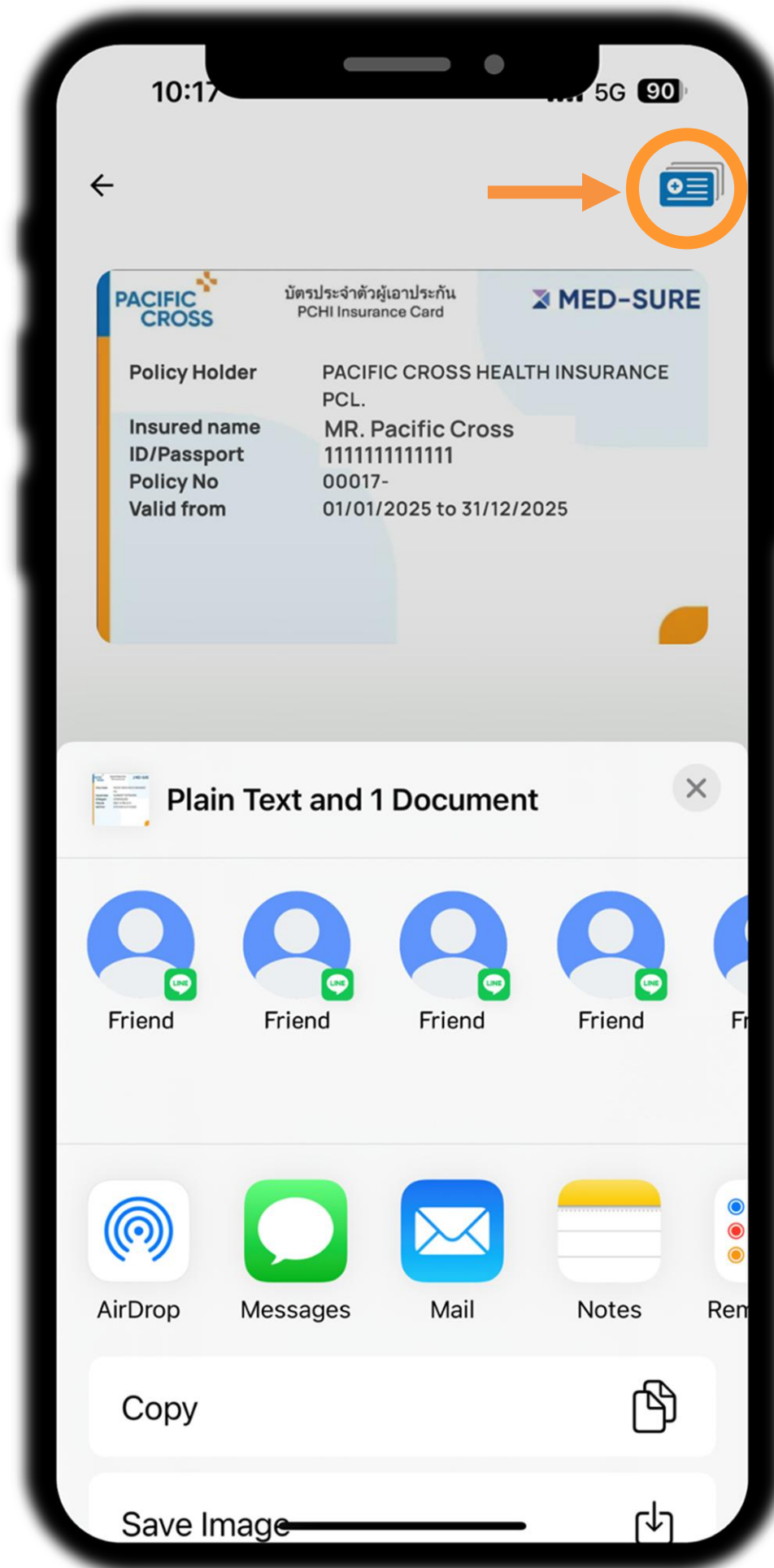
- Access **Digital Card**.
- Card shows your policy details for hospital/clinic verification.

01. Digital Card Management

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

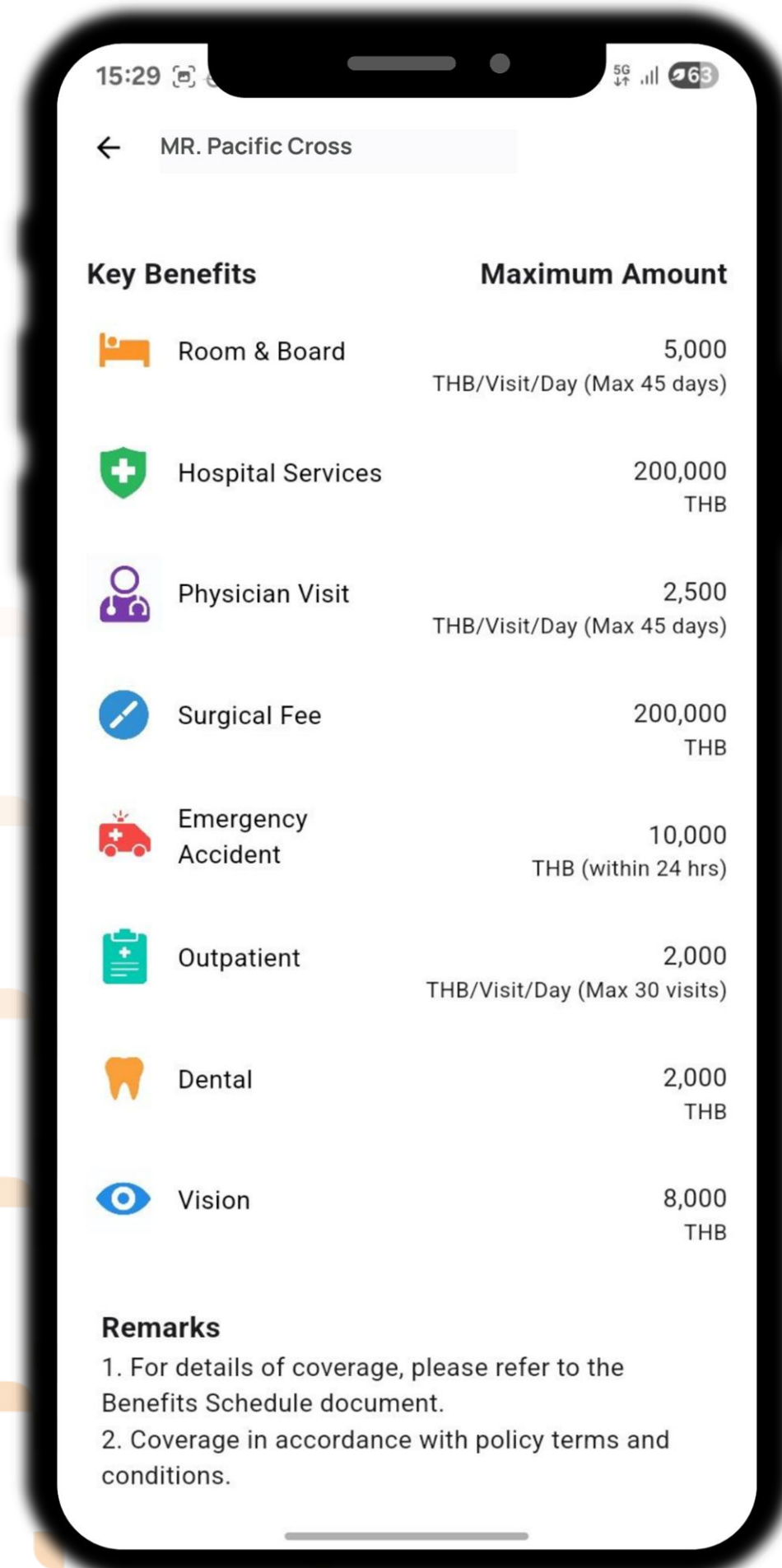
How to use:

- 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





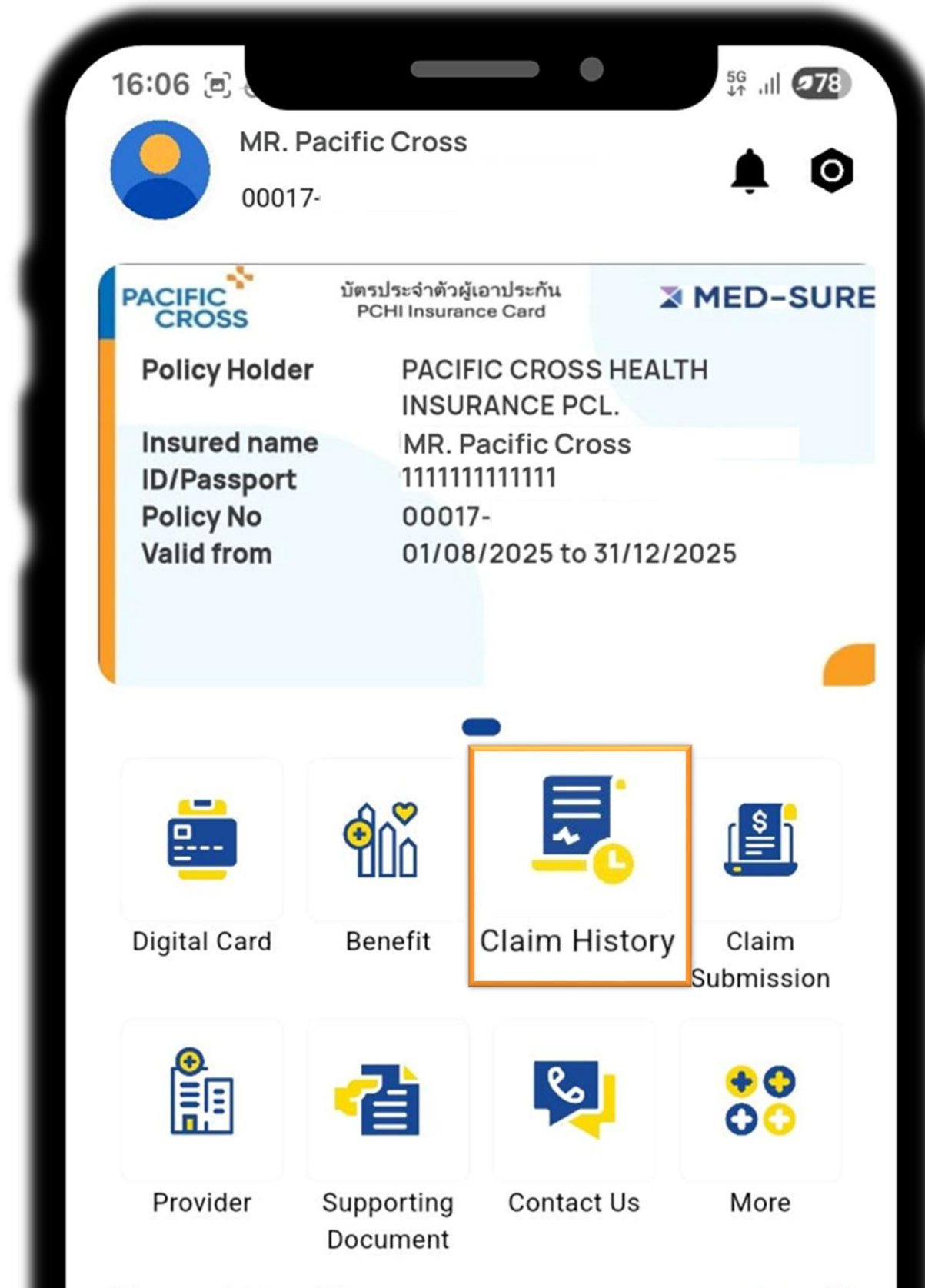
02. Benefit

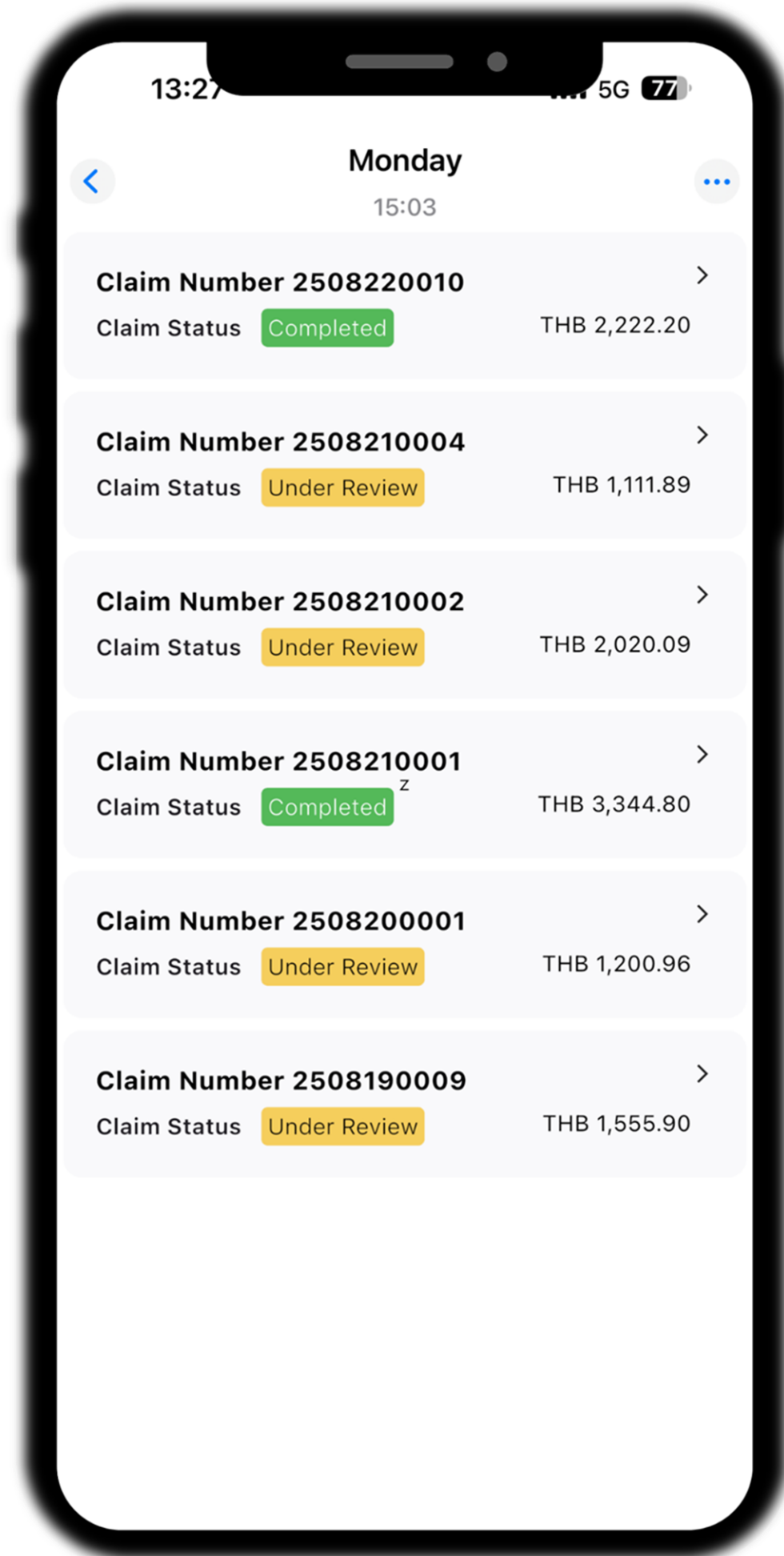
Purpose: View your key benefits.

How to use:

- 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





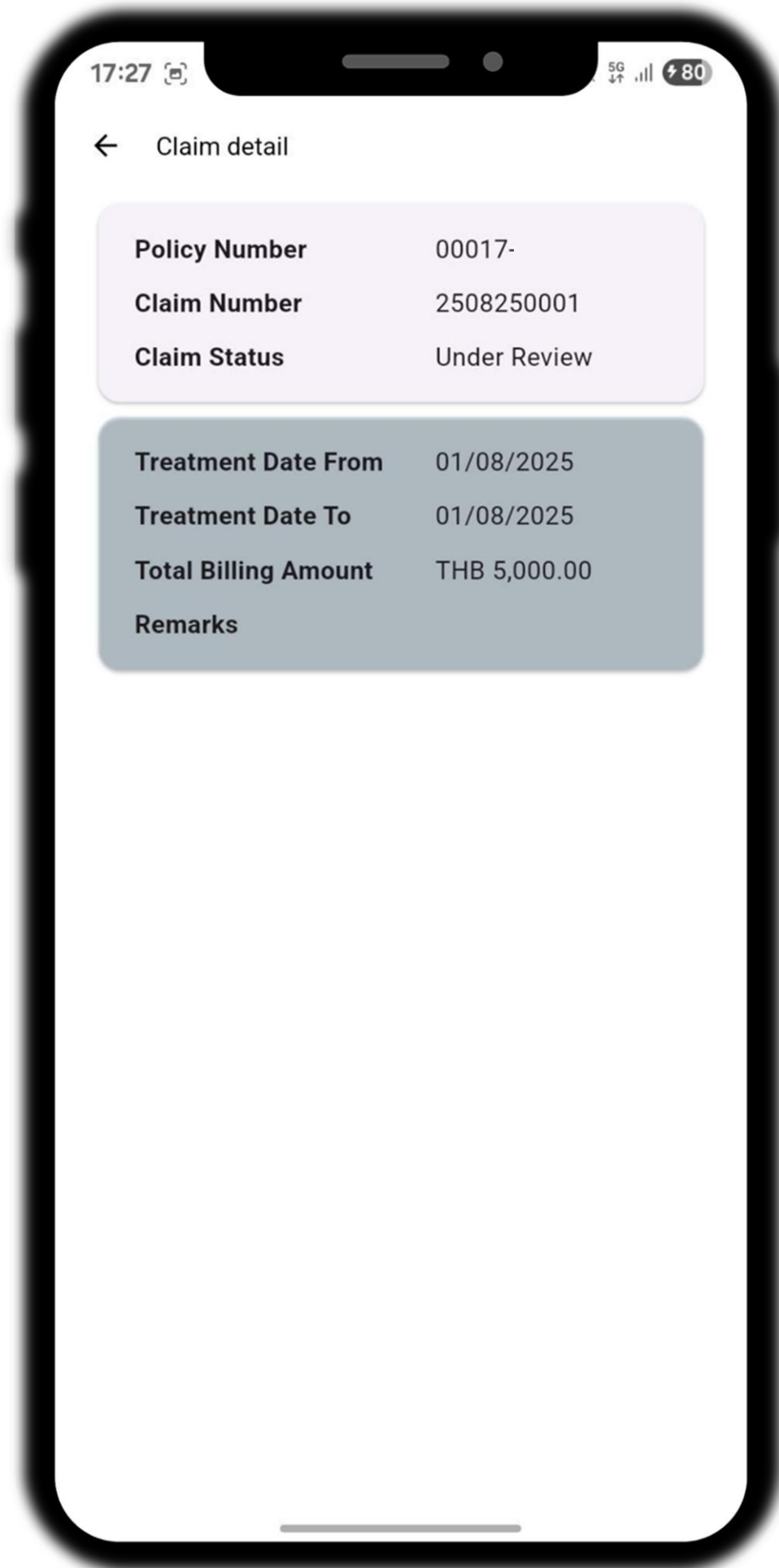
03. Claim History

Claim list

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

How to use:

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



03. Claim History

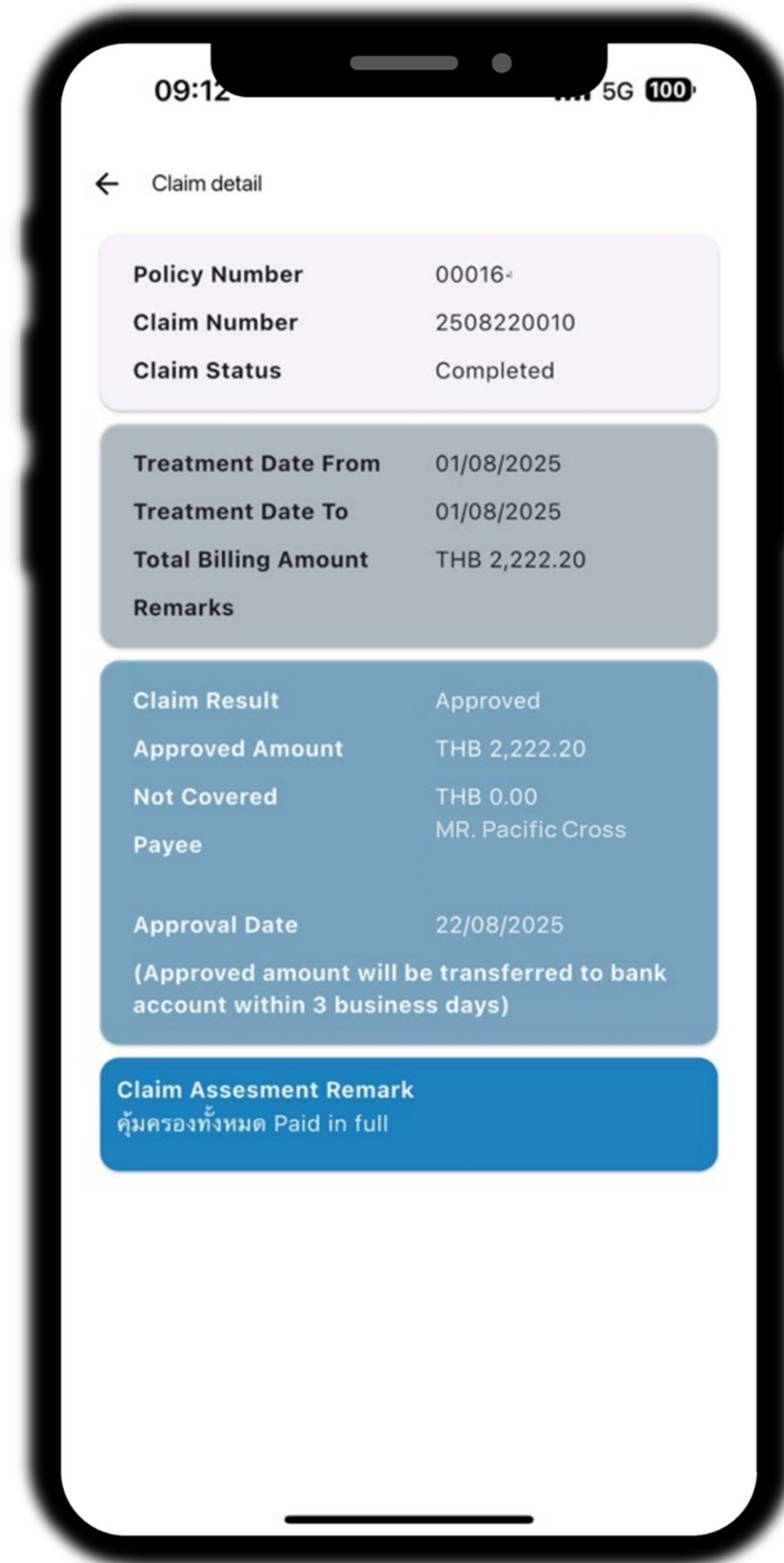
Under Review status

Purpose: View the claim status in Under Review state.

How to use:

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





03. Claim History

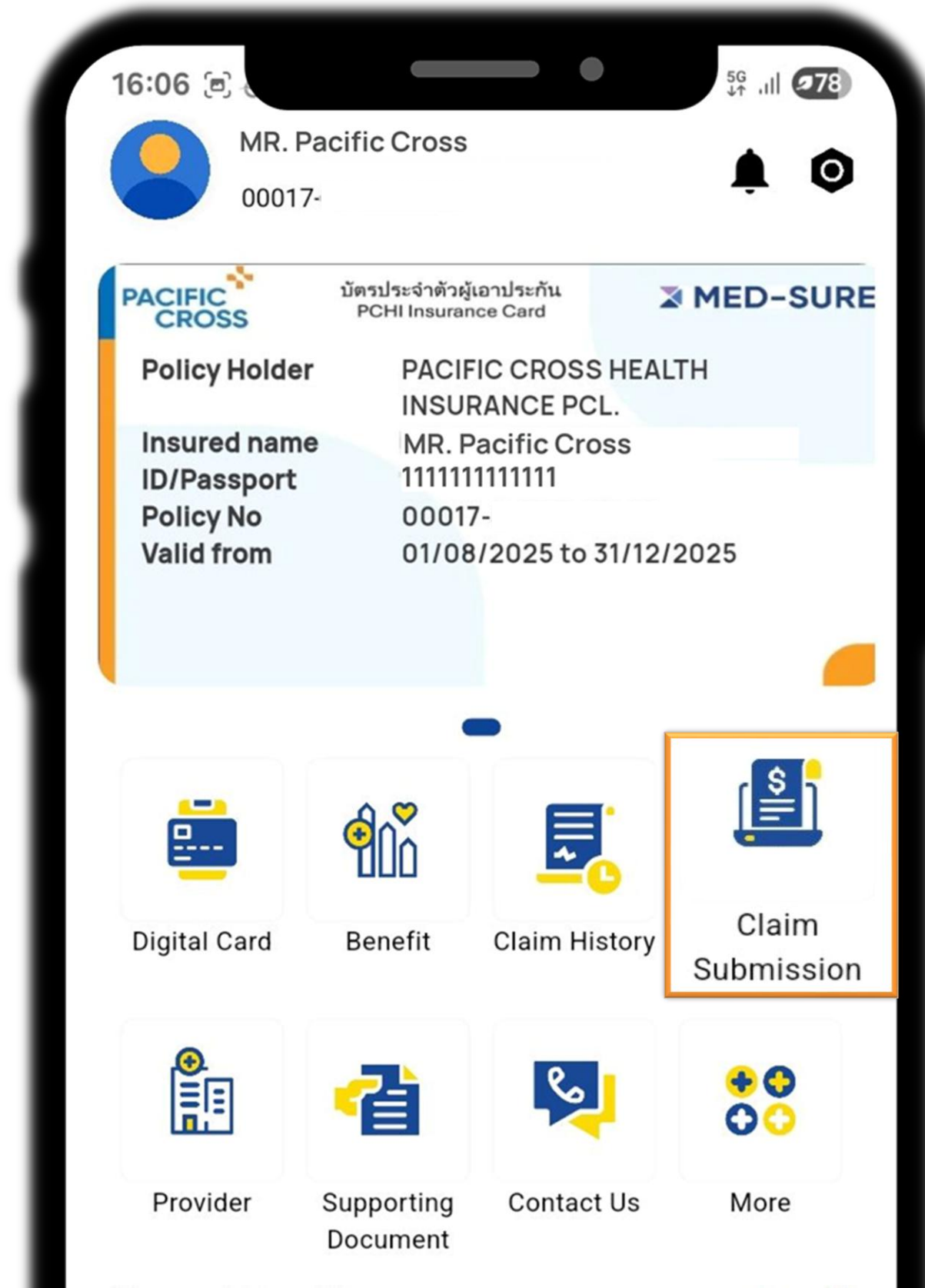
Completed status

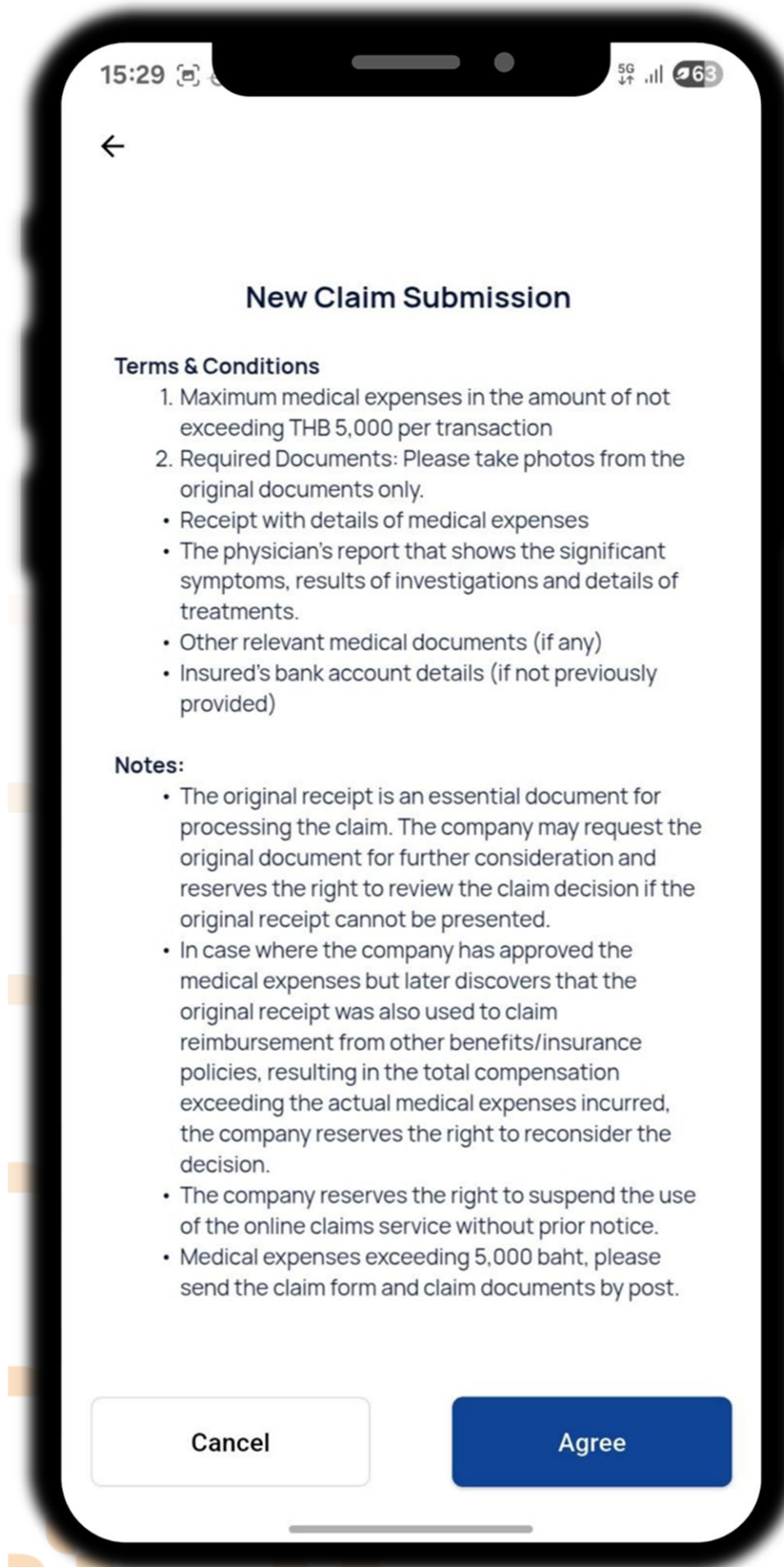
Purpose: View the claim status after completing the claim process.

How to use:

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

04. Claim Submission





04. Claim Submission Term & Conditions

Purpose: Acknowledge Terms & Conditions before claim submission.

How to use:

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

15:29 5G 62

< Submit Claim

Claim Number *

Generated By System

Member Name *

Member Name

Member Number *

Member Number

Provider Name

Provider Name

Treatment Date from *

Treatment Date from

Treatment Date To *

Treatment Date To

Total Billing Amount *

Total Billing Amount

Submit claim documents

1. Receipt *

Select attachments

04. Claim Submission

Select member

Purpose: Fill information for claim submission.

How to use:

- 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.

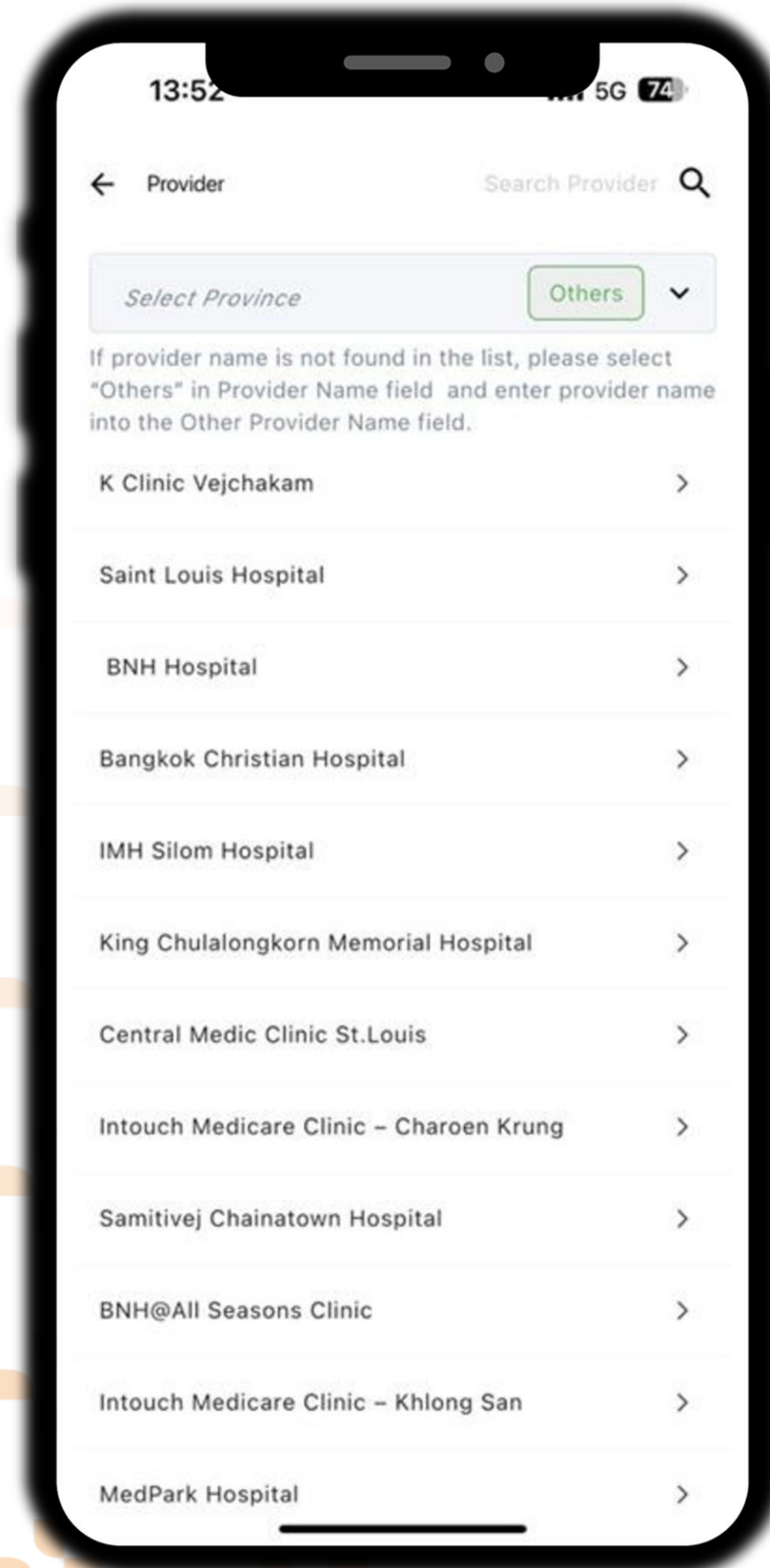
04. Claim Submission

Select provider

Purpose: Select provider.

How to use:

- 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.

How to use:

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

13:52 5G 74%

← Provider Search Provider 🔍

Select Province Others ▼

If provider name is not found in the list, please select "Others" in Provider Name field and enter provider name into the Other Provider Name field.

K Clinic Vejchakam >

Saint Louis Hospital >

BNH Hospital >

Bangkok Christian Hospital >

IMH Silom Hospital >

King Chulalongkorn Memorial Hospital >

Central Medic Clinic St.Louis >

Intouch Medicare Clinic – Charoen Krung >

Other Provider Name

Type provider name here

Submit

04. Claim Submission

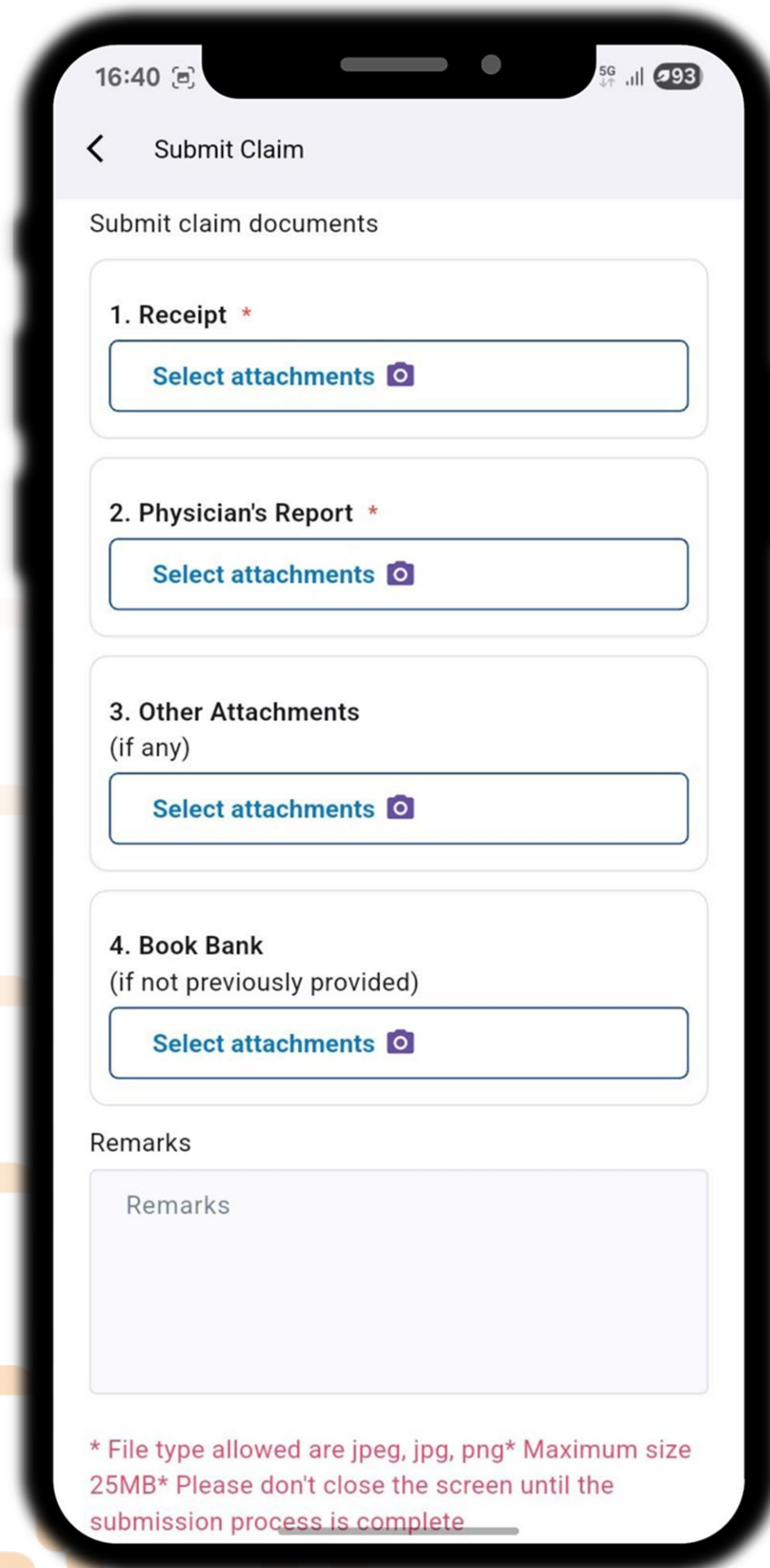
Fill treatment details

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.

The screenshot displays the 'Submit Claim' screen of a mobile application. At the top, the status bar shows the time 15:29, signal strength, and battery level at 62%. The app's navigation bar includes a back arrow and the title 'Submit Claim'. The form contains several input fields: 'Claim Number' (pre-filled with 'Generated By System'), 'Member Name', 'Member Number', 'Provider Name', 'Treatment Date from', 'Treatment Date To', and 'Total Billing Amount'. Each field is accompanied by a red asterisk indicating it is a required field. Below these fields is a section titled 'Submit claim documents' which includes a sub-section '1. Receipt' and a button labeled 'Select attachments' with a camera icon.



16:40 5G 93

< Submit Claim

Submit claim documents

1. Receipt *

Select attachments

2. Physician's Report *

Select attachments

3. Other Attachments (if any)

Select attachments

4. Book Bank (if not previously provided)

Select attachments

Remarks

Remarks

* File type allowed are jpeg, jpg, png* Maximum size 25MB* Please don't close the screen until the submission process is complete

04. Claim Submission

Attach documents

1. 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.

17:27 5G 80

< Submit Claim

Claim Number *

Generated By System

Member Name *

MR. Pacific Cross

Member Number *

105821100

Provider Name

K Clinic Vejchakam

Treatment Date from *

01/08/2025

Treatment Date To *

Successful Claim Submission

Claim Number: 2508250001.
For further assistance, please contact customer service and provide your claim number.

Ok

05. Provider

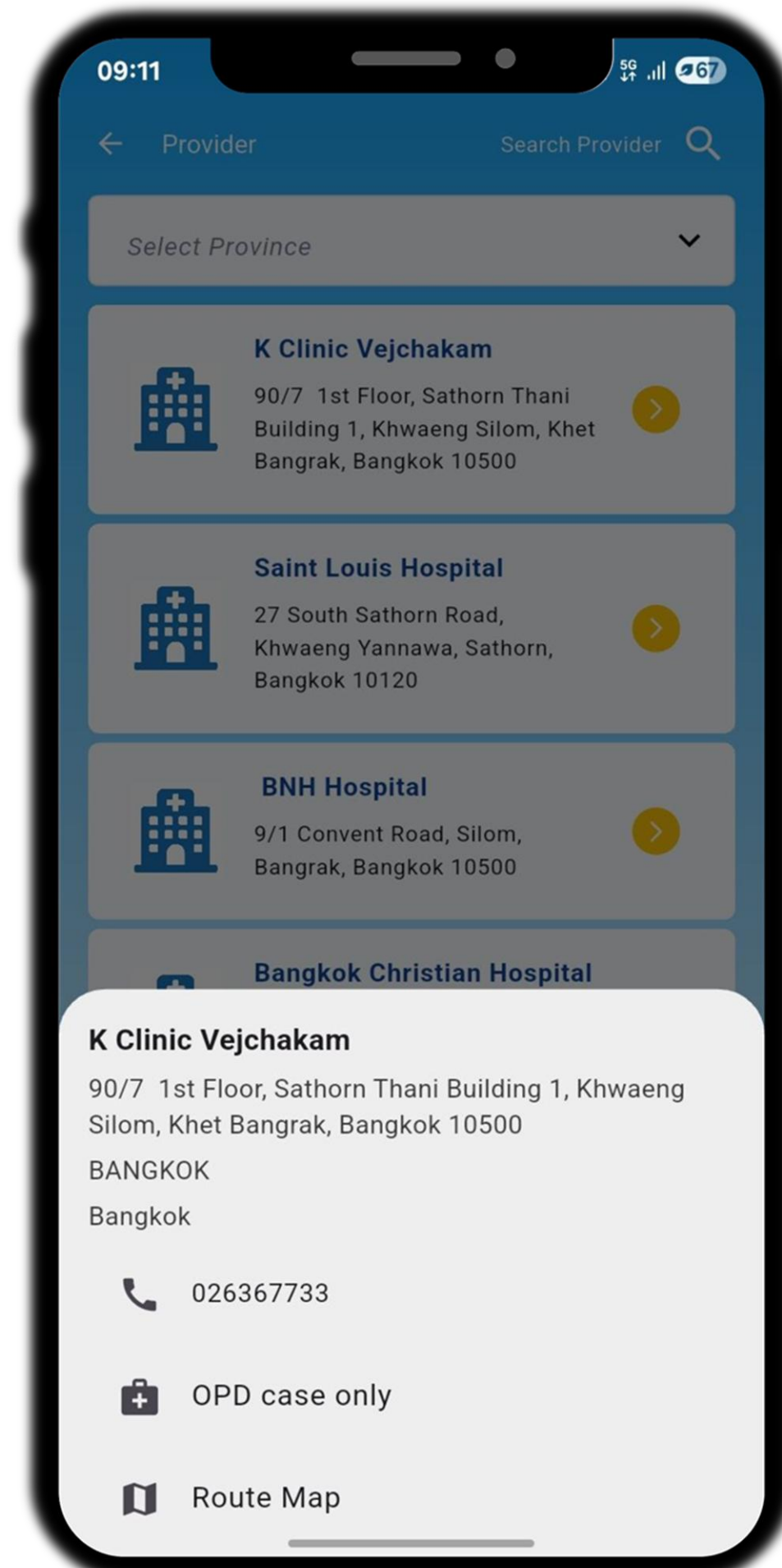


05. Provider

Purpose: Find hospitals and clinics in our network.

How to use:

- 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).

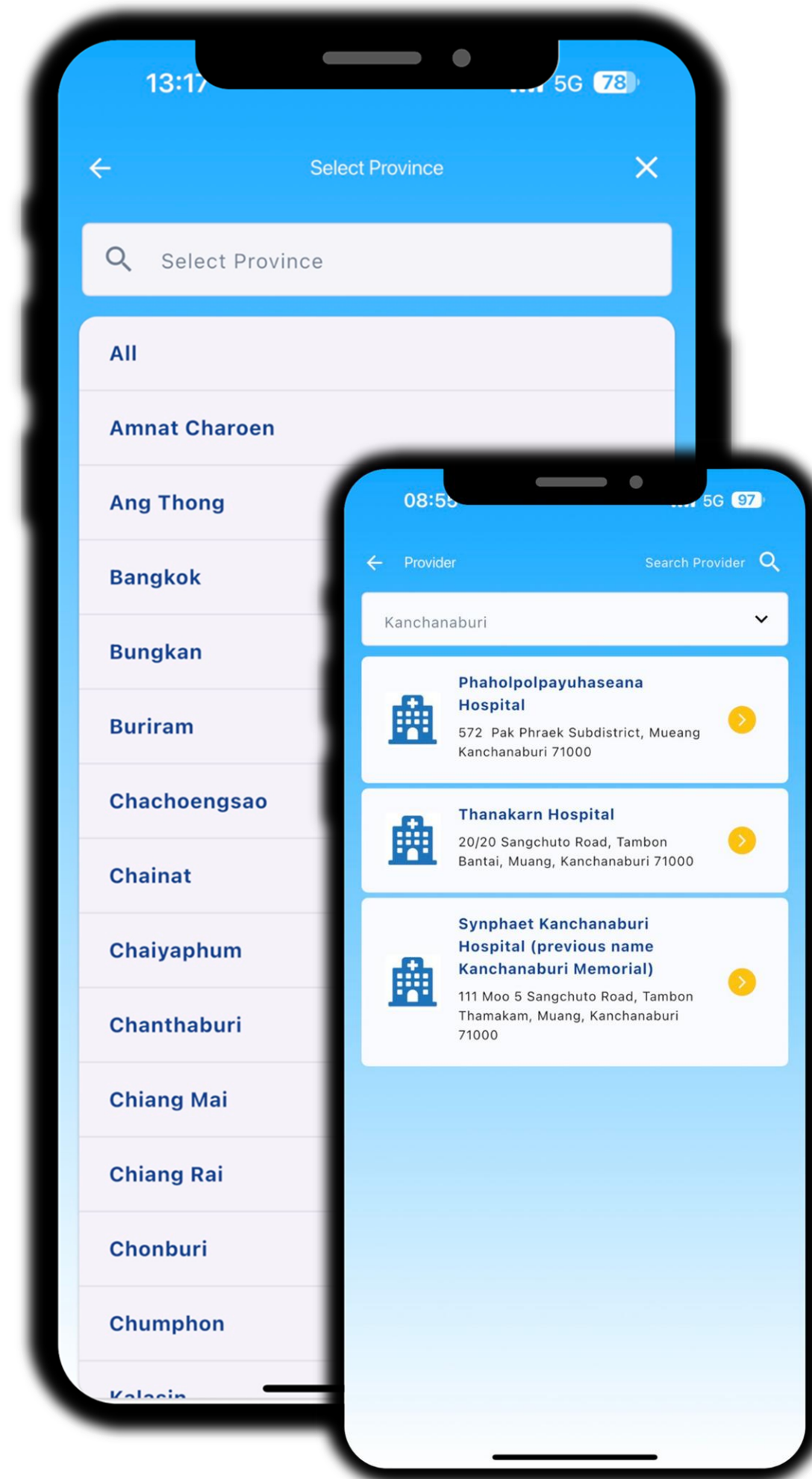


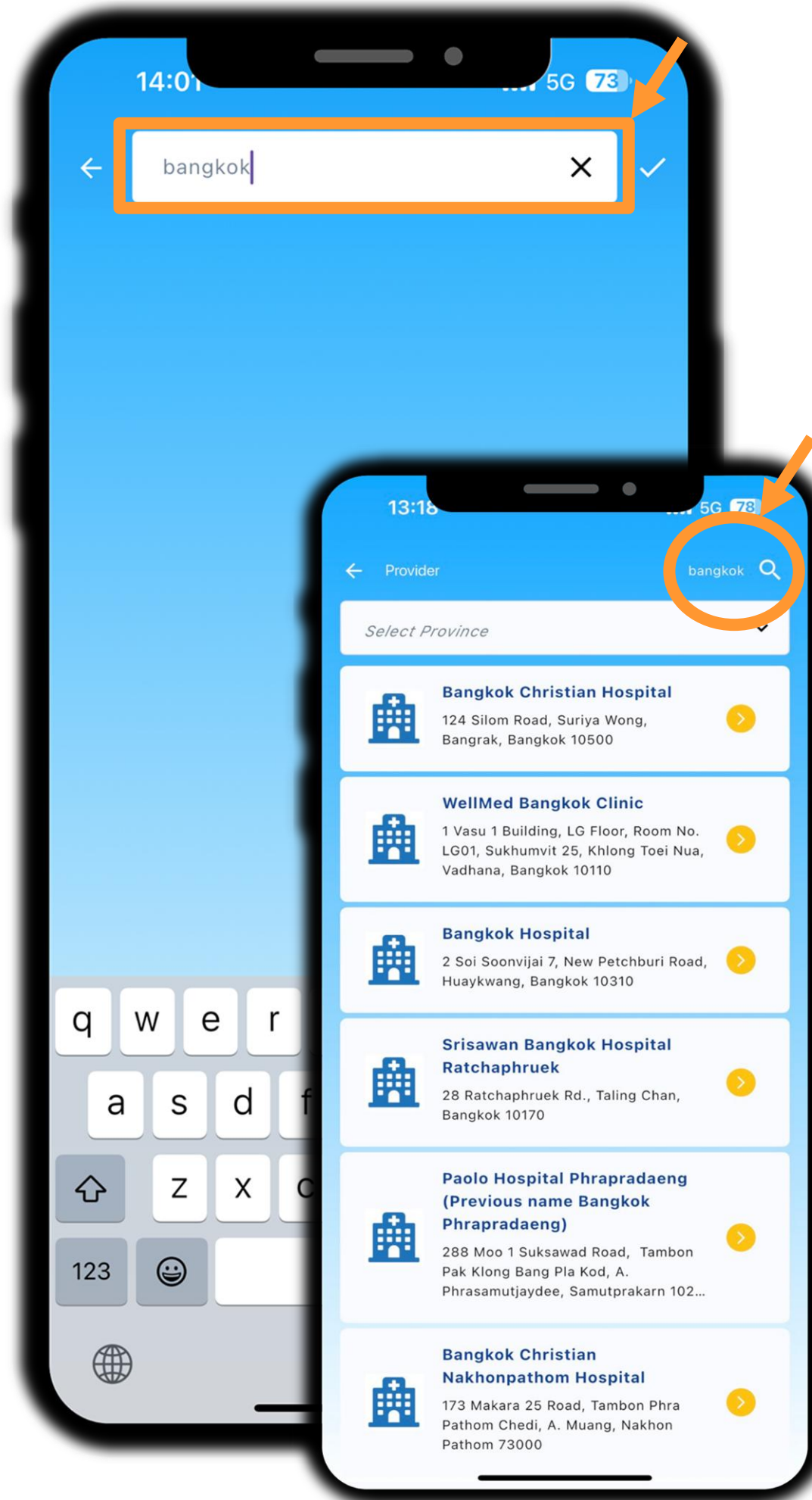
05. Provider Search by province

Purpose: Search provider by province.

How to use:

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





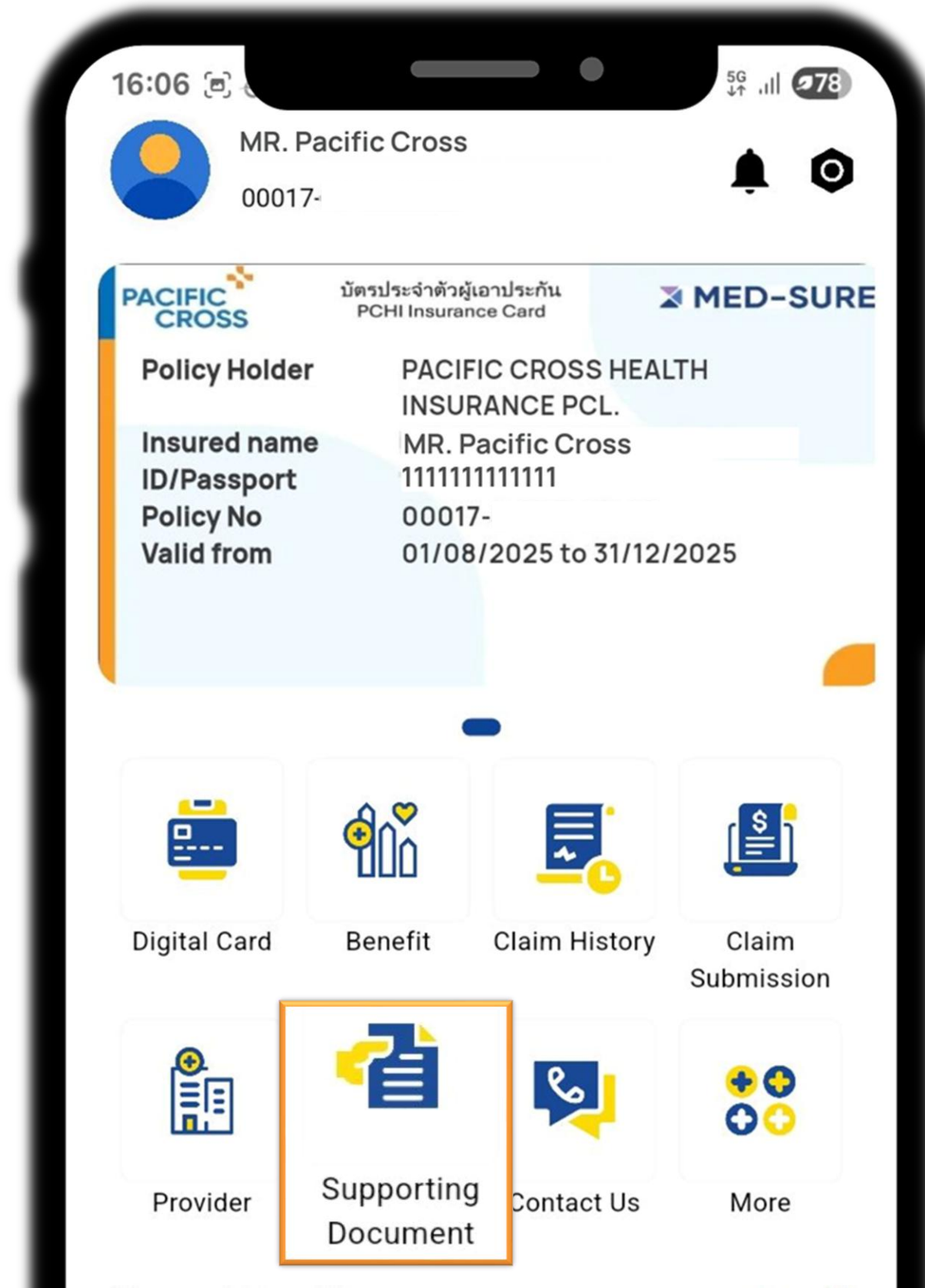
05. Provider Search by provider name

Purpose: Search by provider name.

How to use:

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

06. Supporting Document



06. Supporting Document

Purpose: download claim-related forms.

How to use:

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



15:30 5G 62

← Claim form

CLAIM FORM - INJURY, ILLNESS PACIFIC CROSS

☐ Loss of Life ☐ Loss of Organs ☐ Temporary Total Disability ☐ Permanent and Total Disability
☐ Medical Expenses ☐ Dentistry ☐ Ophthalmology (Vision) ☐ Other

1 First Name-Surname of the Insured / Authorized person : _____
 Sex : _____ Age : _____ Occupation : _____
 Address : No. _____ Road _____ Sub-district _____ District _____ Province _____
 Tel. : _____ Policy No. : _____ Sum Insured : _____ Email Address : _____

2 In case of medical expenses / income compensation while staying in hospital
 (Please attach a copy of your bank book with claims documentation)
 Transfer to Bank : _____ Branch : _____
 Account Name : _____ Account No. : _____

3 In case of illness, please answer the following questions. ☐ Out-patient ☐ In-patient ☐ ICU ☐ Other
 3.1 Hospital Name : _____ Date of Treatment : DD / MM / YYYY Date of Discharge : DD / MM / YYYY
 3.2 Illness : _____
 3.3 How long have you had this illness before receiving treatment in hospital? : _____
 3.4 Name of Doctor who provided treatment while in hospital : _____ Department Admitted : _____
 3.5 Medical Diagnosis : _____
 3.6 Treated by ☐ Drug use ☐ Surgery (specify) _____ ☐ Other _____
 3.7 Have been examined with the following procedures? :
☐ X-ray ☐ Heart examination ☐ Diagnosis ☐ Other (specify) _____

4 In case of injury treatment caused by Accident / Loss of Organs / Temporary Total Disability / Total Permanent Disability
 please answer the following questions
 4.1 Location of incident : _____ Date of incident : DD / MM / YYYY Time of incident : DD / MM / YYYY
 4.2 How did this happen? (Specify) : _____
 4.3 Injured organs and description : _____
 4.4 Report of incident : ☐ No ☐ Yes at Police Station _____ Date : _____
 4.5 Hospital's Name : _____ Date : _____
 4.6 Physician's Name : _____ Department : _____ Date : _____
 4.7 Last date of treatment : _____
 4.8 Have you been examined for the following procedures? :
☐ X-ray ☐ Heart examination ☐ Diagnosis ☐ Other (specify) _____
 4.9 Current symptoms or injuries (specify in detail) : _____

5 For women, while admitted to hospital, are you pregnant? : ☐ Yes ☐ No If yes, Duration _____ Weeks

6 In case of receiving welfare, medical treatment or health insurance with other companies or have co-insurance with other companies,
 please specify the institution or company name and policy number
 Company : _____ Policy No. : _____

I, 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 statements
 are true. And I consent to doctors, hospitals, insurance companies, institutional organizations, or anyone with a record of illness or my medical history to
 disclose all facts to Pacific Cross Health Insurance PCL or the designated person to collect and use to process compensation, consideration. Underwriting
 consideration including the renewal of insurance and I agree that the Company shall disclose the said information to the regulatory agency or the relevant
 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 original.

For Group Policy Holders Only - Authorization for Claim Payment to Employer
 I hereby authorize the insurer to transfer the claim payment for my injury/illness to
 _____ (Employer) as my Employer has already paid the claimed
 amount to me. I authorize my Employer to deal with the insurer directly in all matters on
 my behalf. And I willingly forgo my rights to claim for any further expenses related to
 this injury/illness.
 Signed _____ Insured member
 while still was on/upon this form

Signed _____ Insured Person
 _____ (Name)
 Signed _____ Insured Person
 _____ (Name)
 Relationship _____
 (Only if the insured is not in a position to claim)

Pacific Cross Health Insurance PCL
 3 Rajabakan Building 16th Floor Zone BC
 South Sathorn Road, Yamas, Sathorn, Bangkok 10120
 Tel : +66 (0) 2 401 9189 | Fax : +66 (0) 2 401 9187
 Tax Number: 01075560002086
 FCBCI-FBI-HMAY2024

07. Contact Us

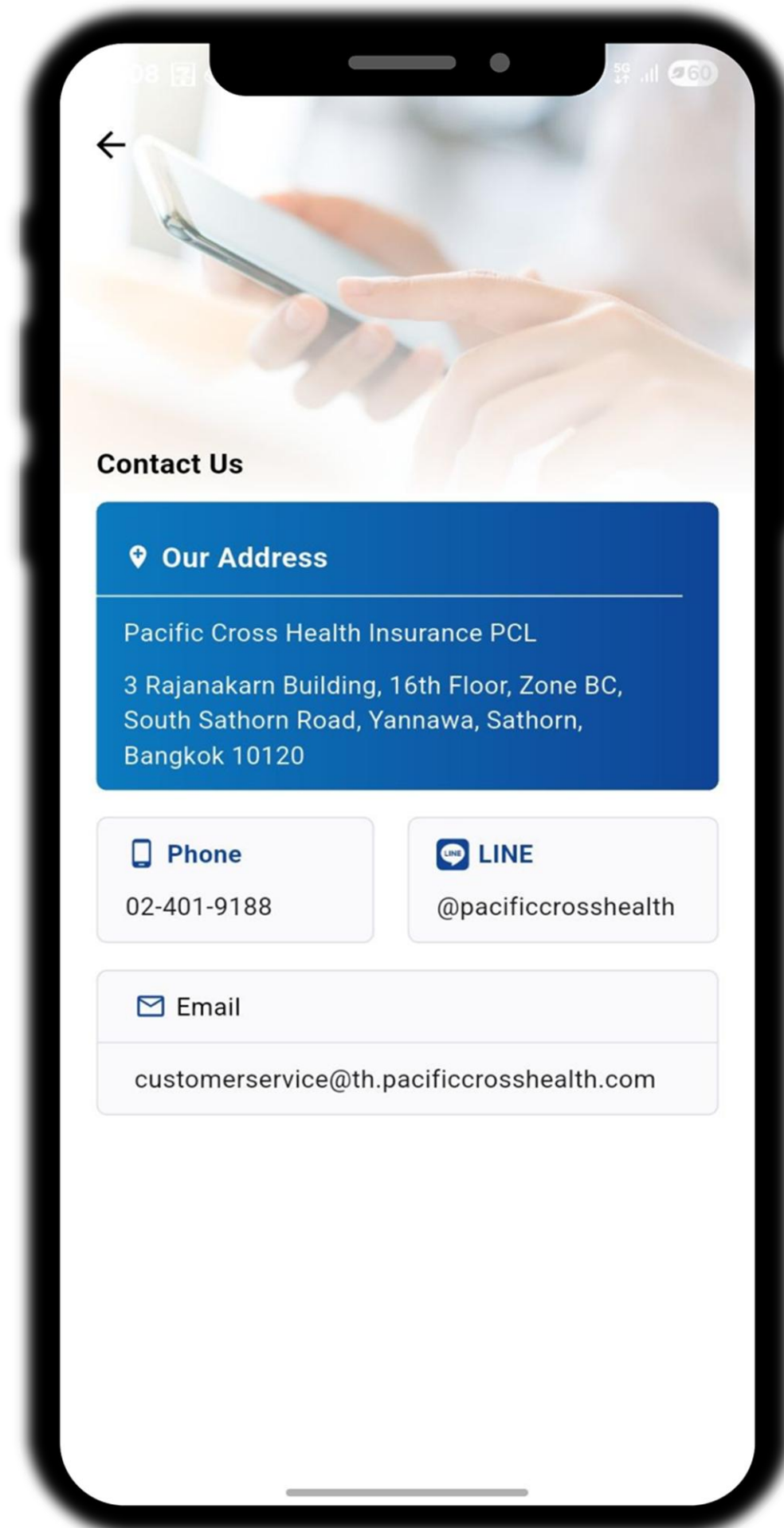


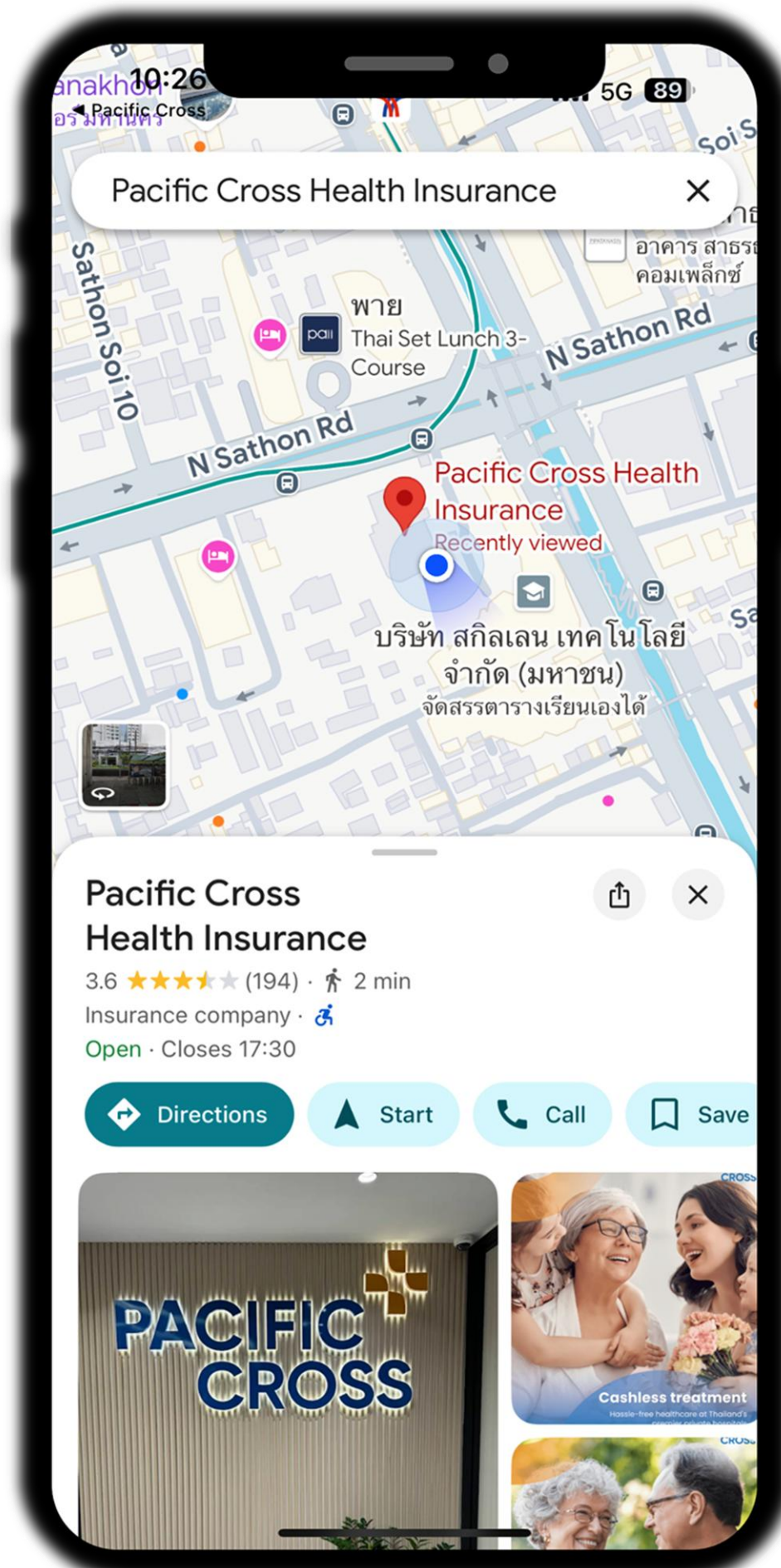
07. Contact Us

Purpose: Show contact information or channels for your assistance.

How to use:

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





07. Contact Us Company location

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

How to use:

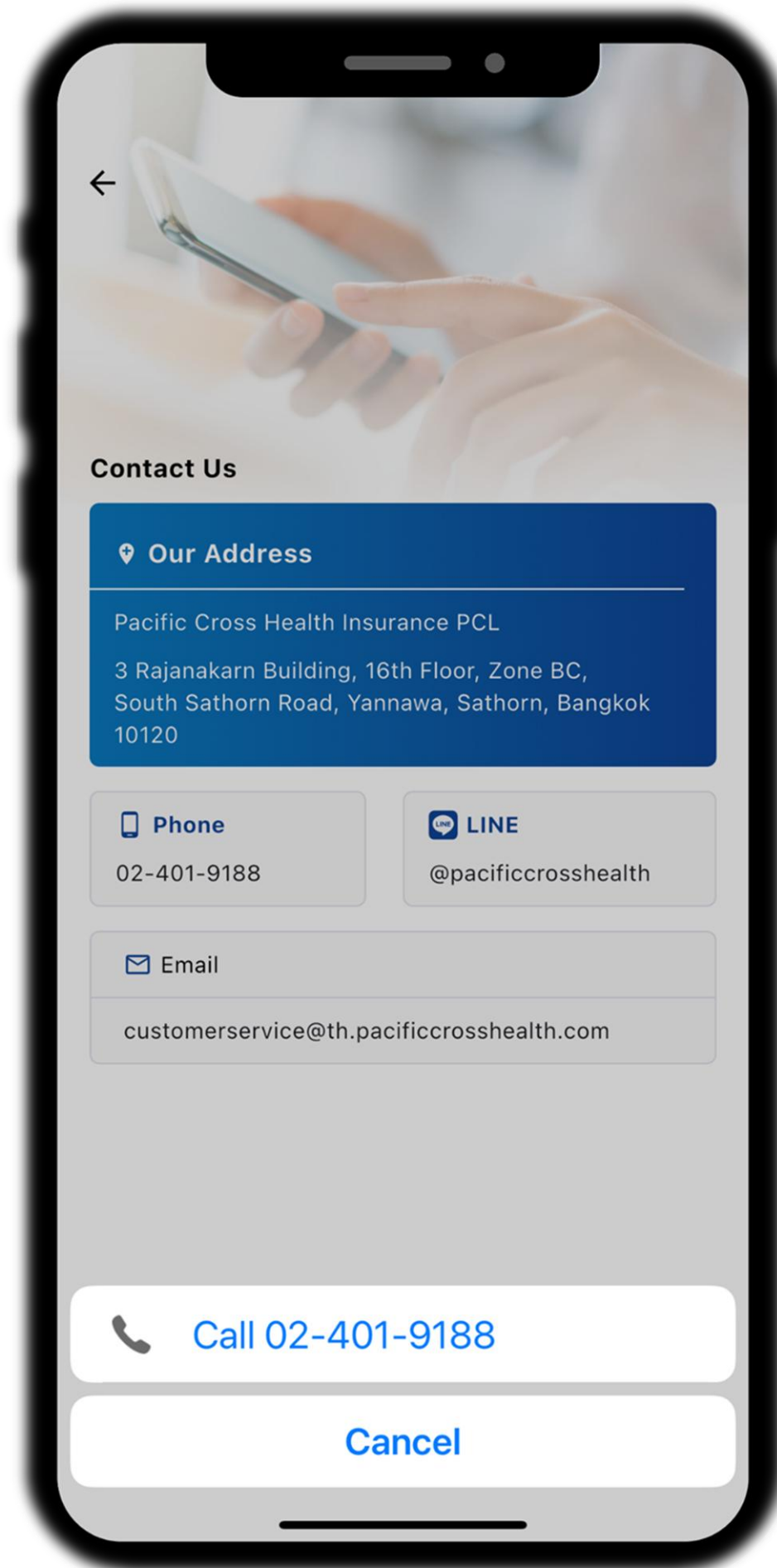
- Tap **Company address** box.

07. Contact Us By phone call

Purpose: Contact Customer Service by phone call.

How to use:

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

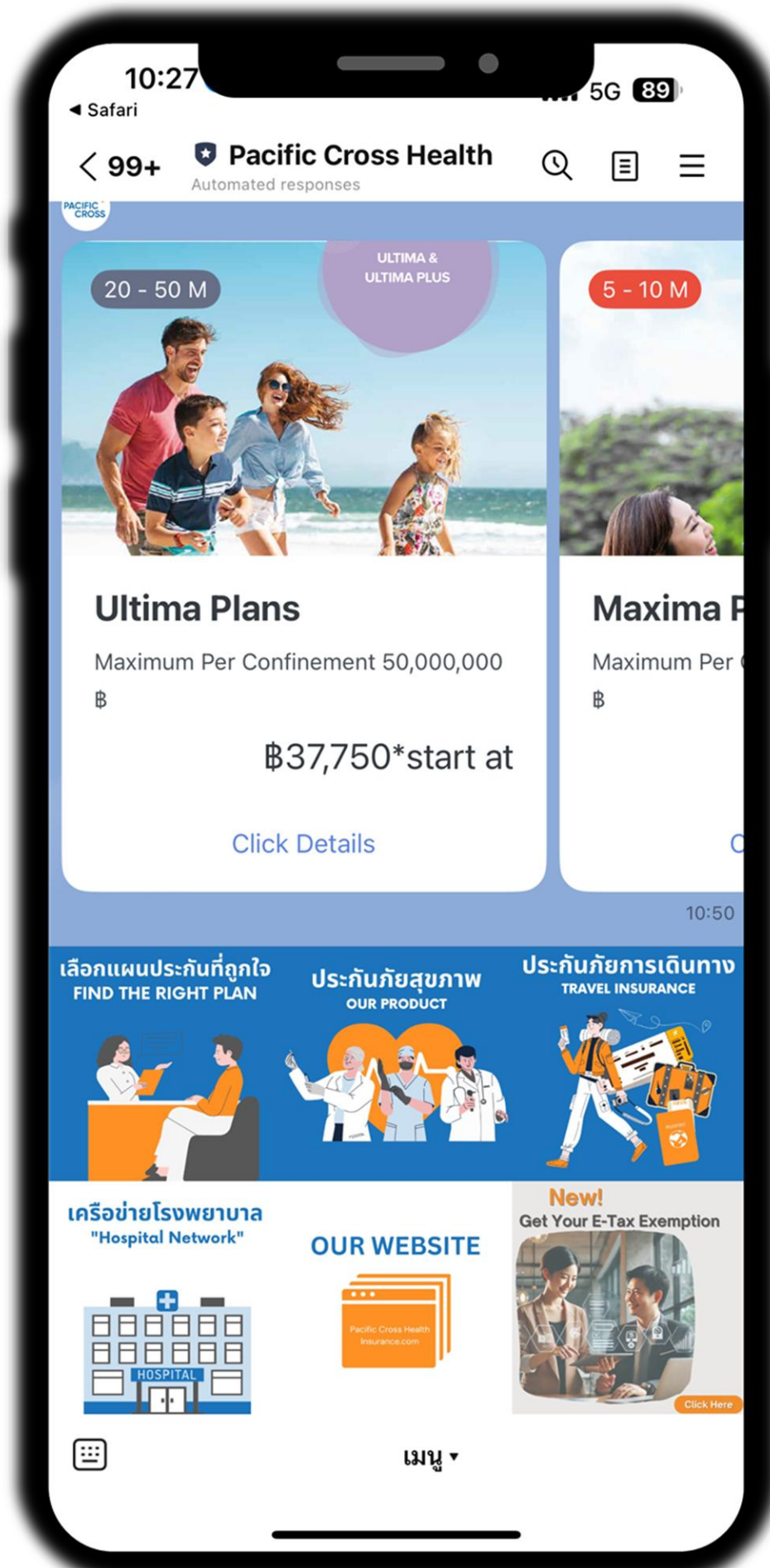


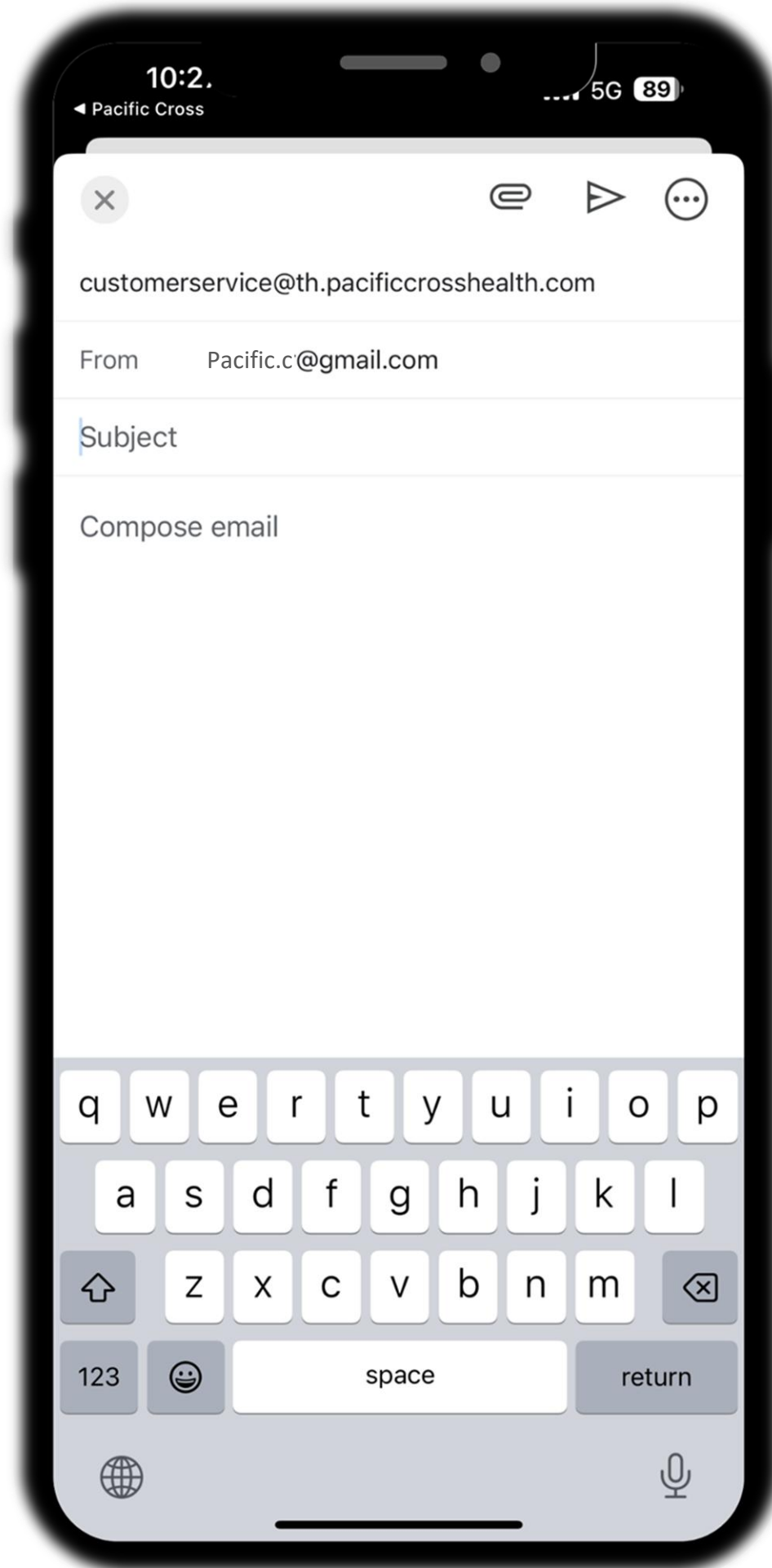
07. Contact Us By LINE OA

Purpose: Contact Customer Service by LINE.

How to use:

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





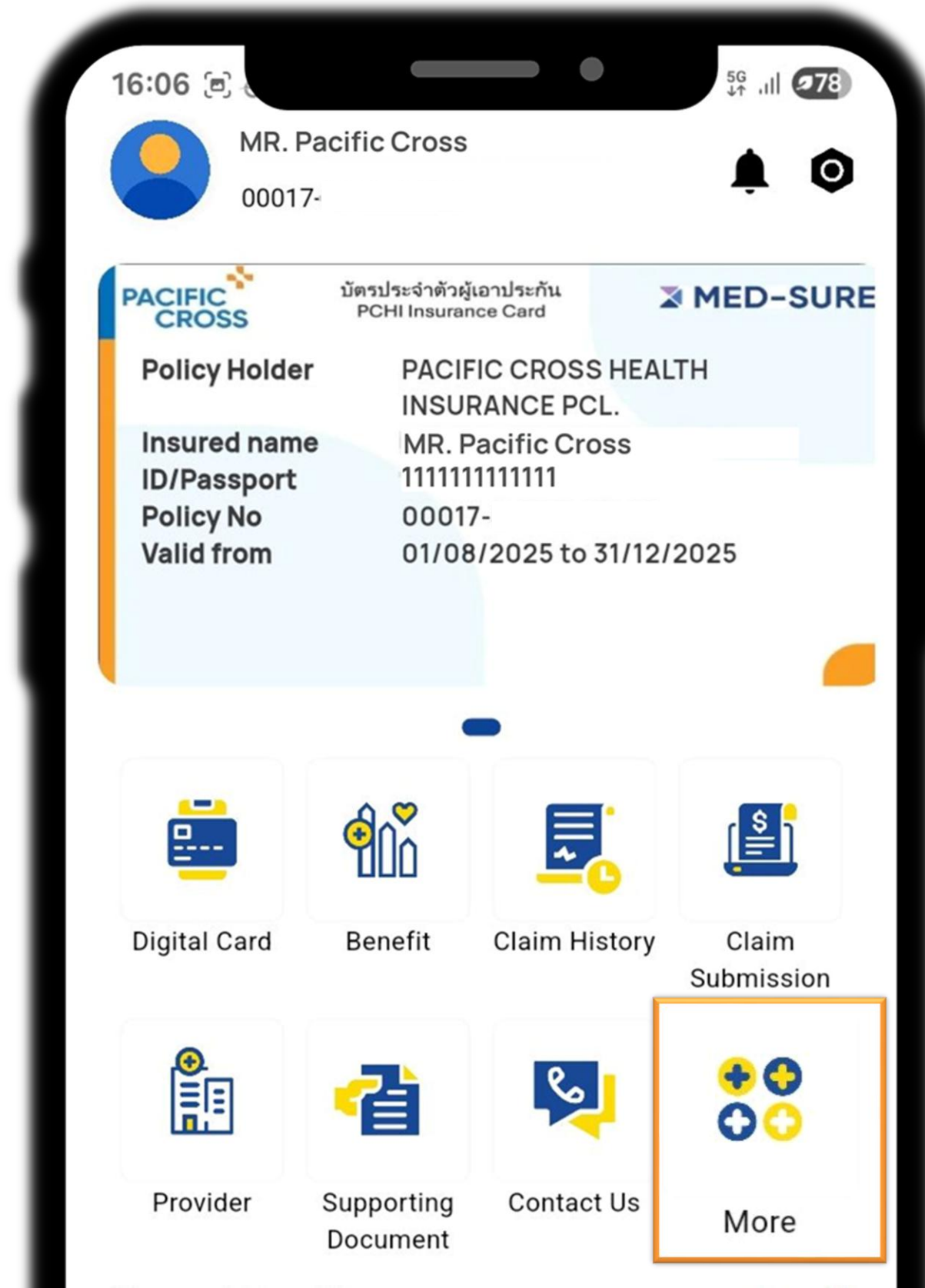
07. Contact Us By Email

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.

08. More

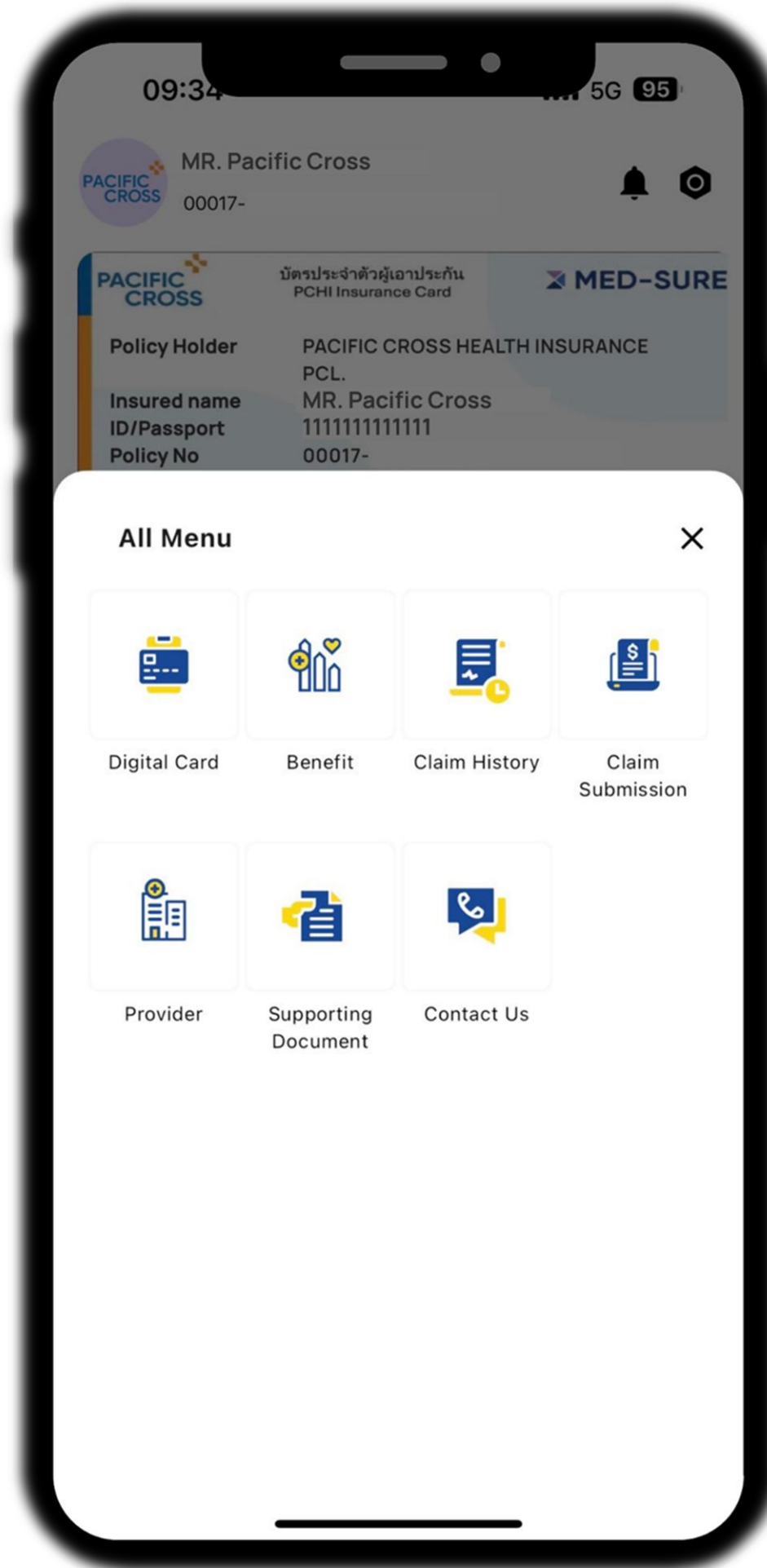


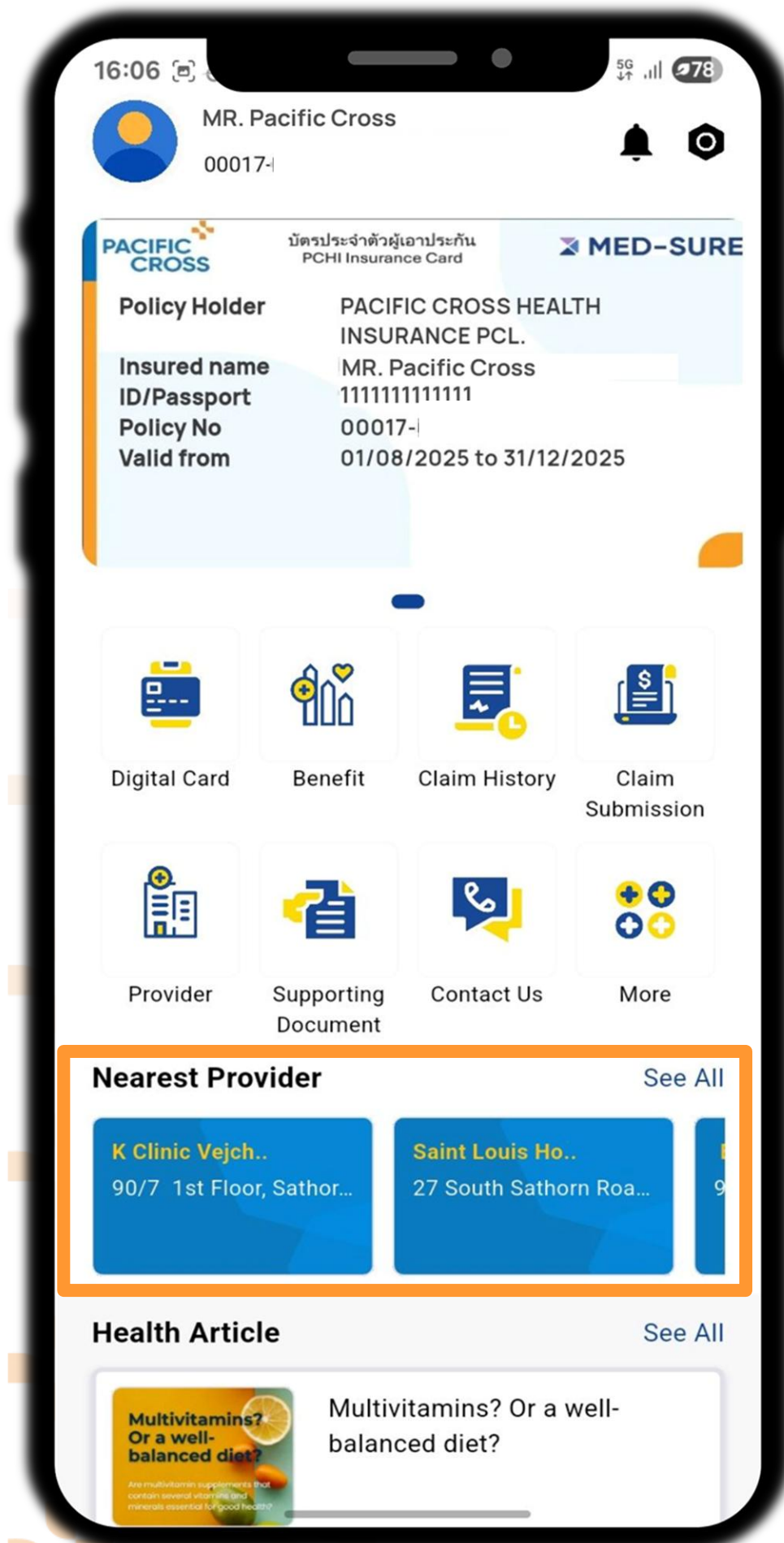
08. More

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.

How to use:

- Access **More**
- The available menus will be displayed.





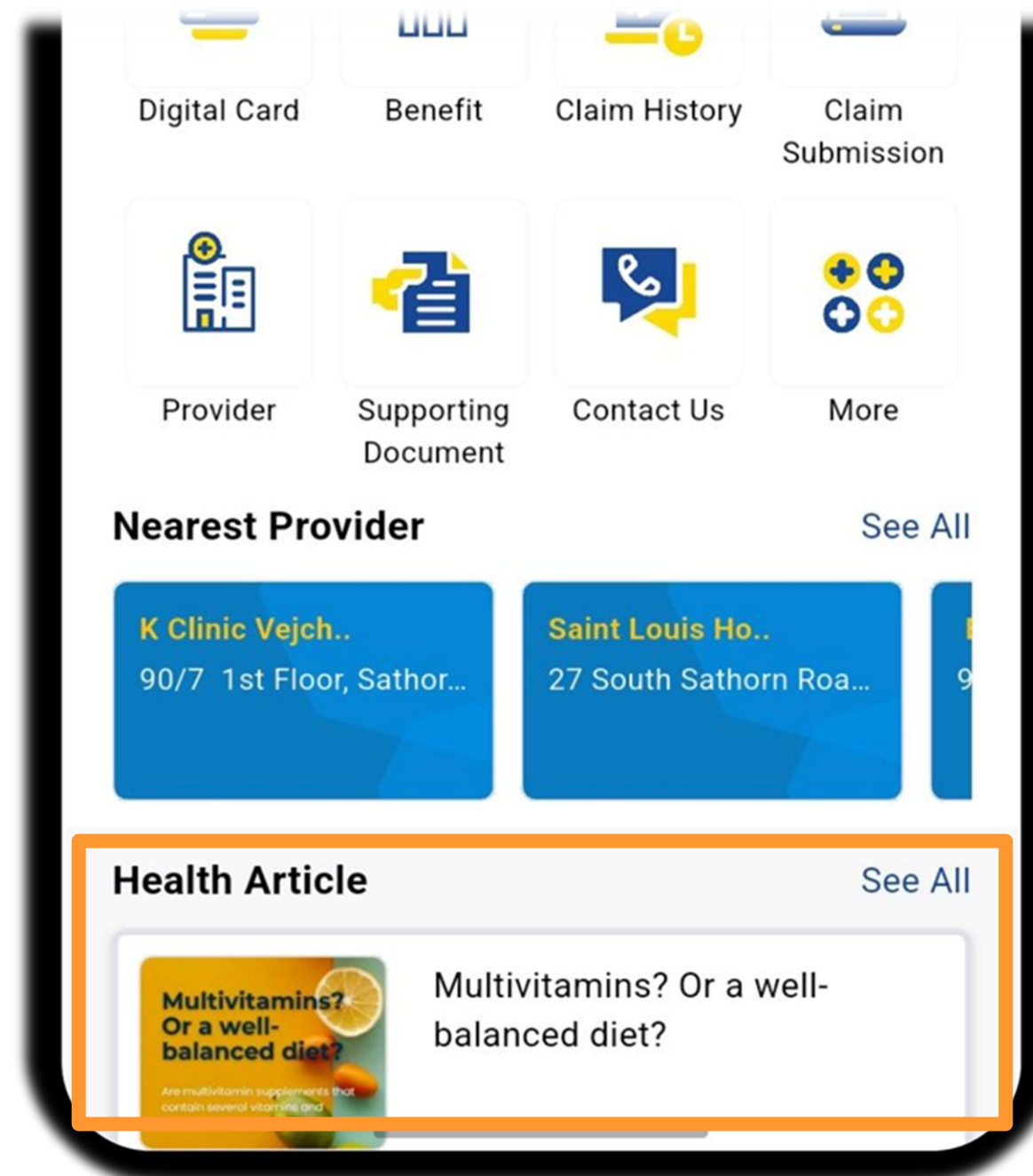
09. Nearest Provider

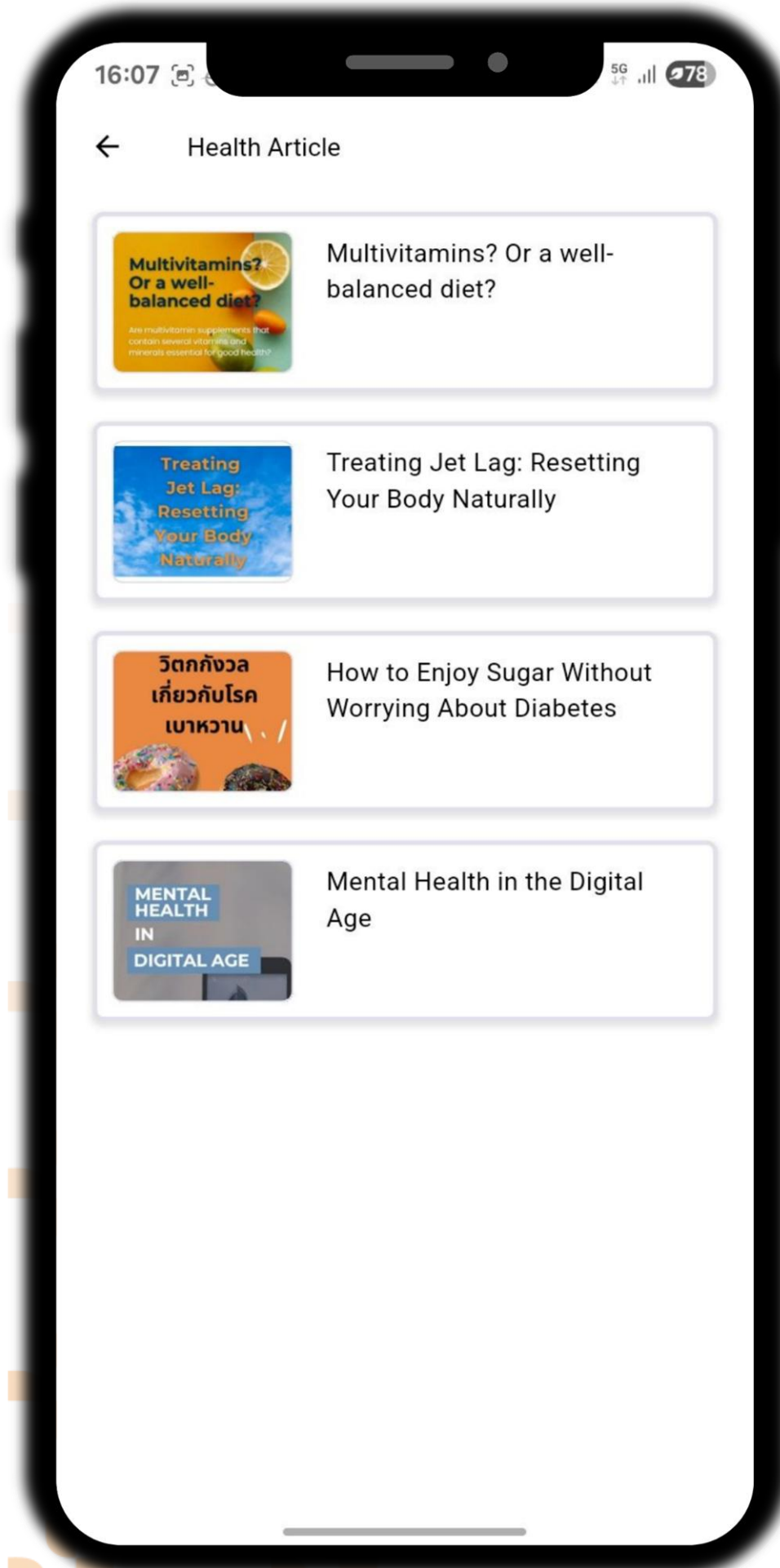
Purpose: Showing Providers that nearby your location.

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



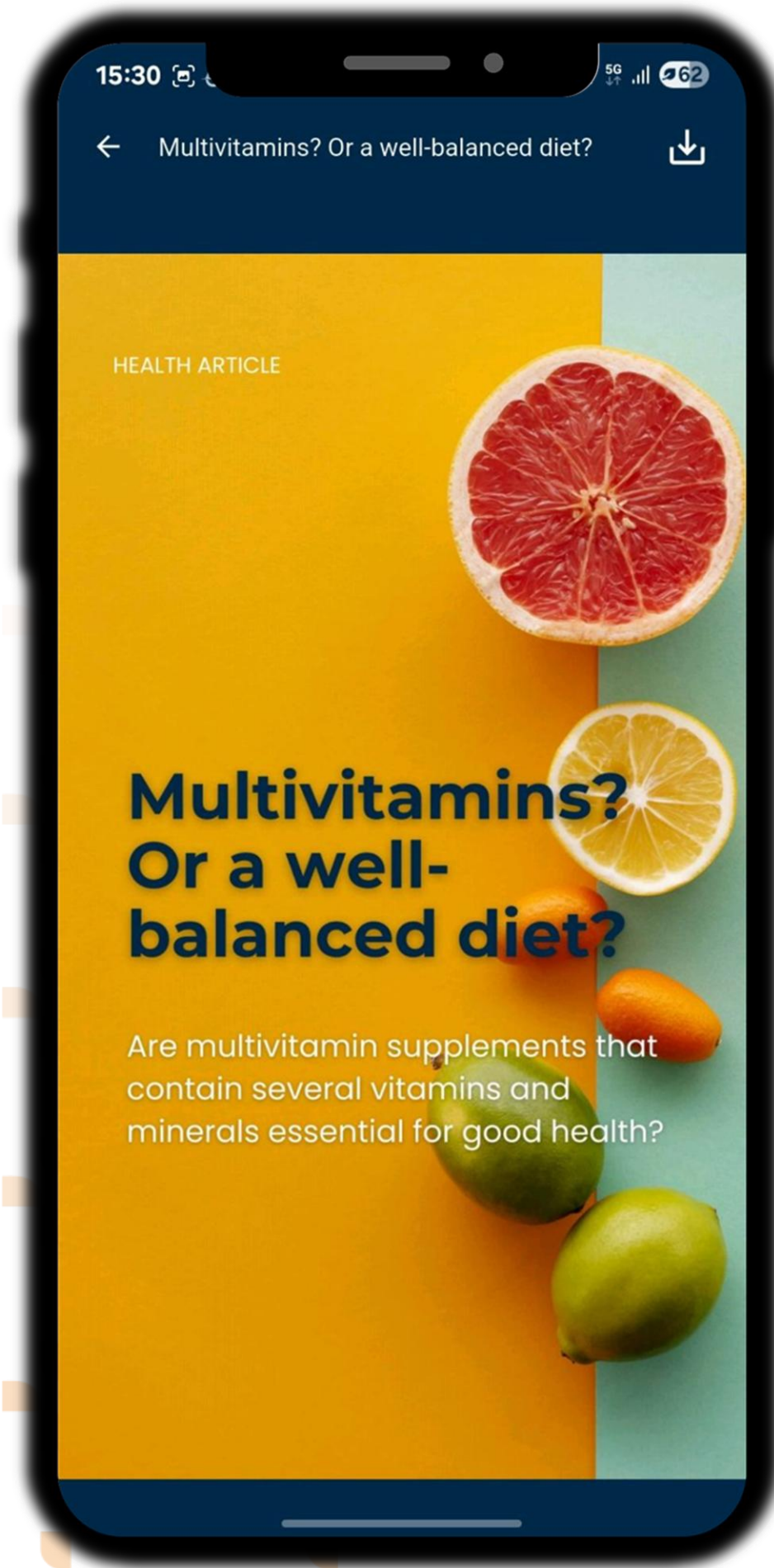


10. Health Articles

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

How to use:

- 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:

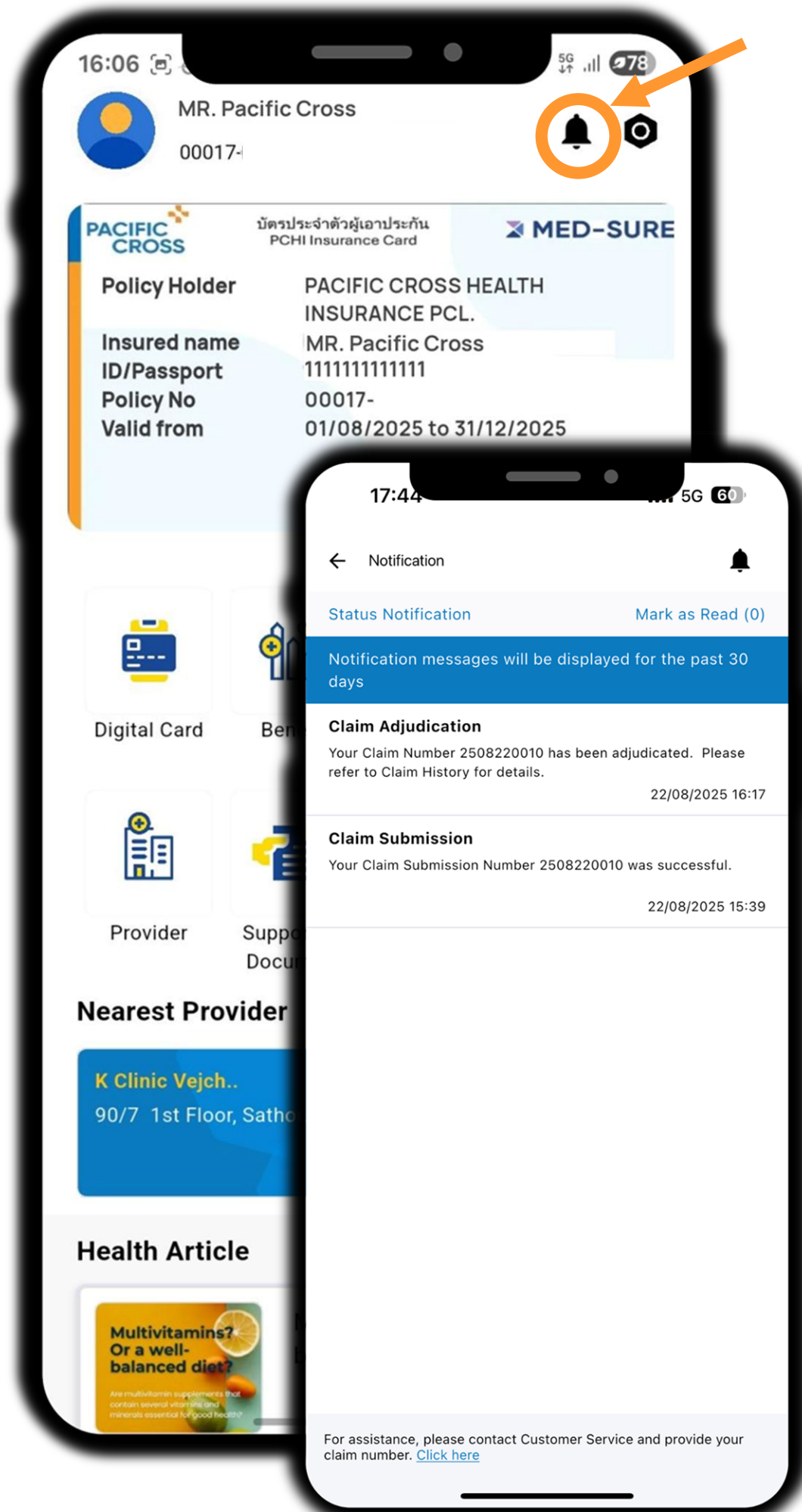
Select a Health Article to view the full details.

11. Notification

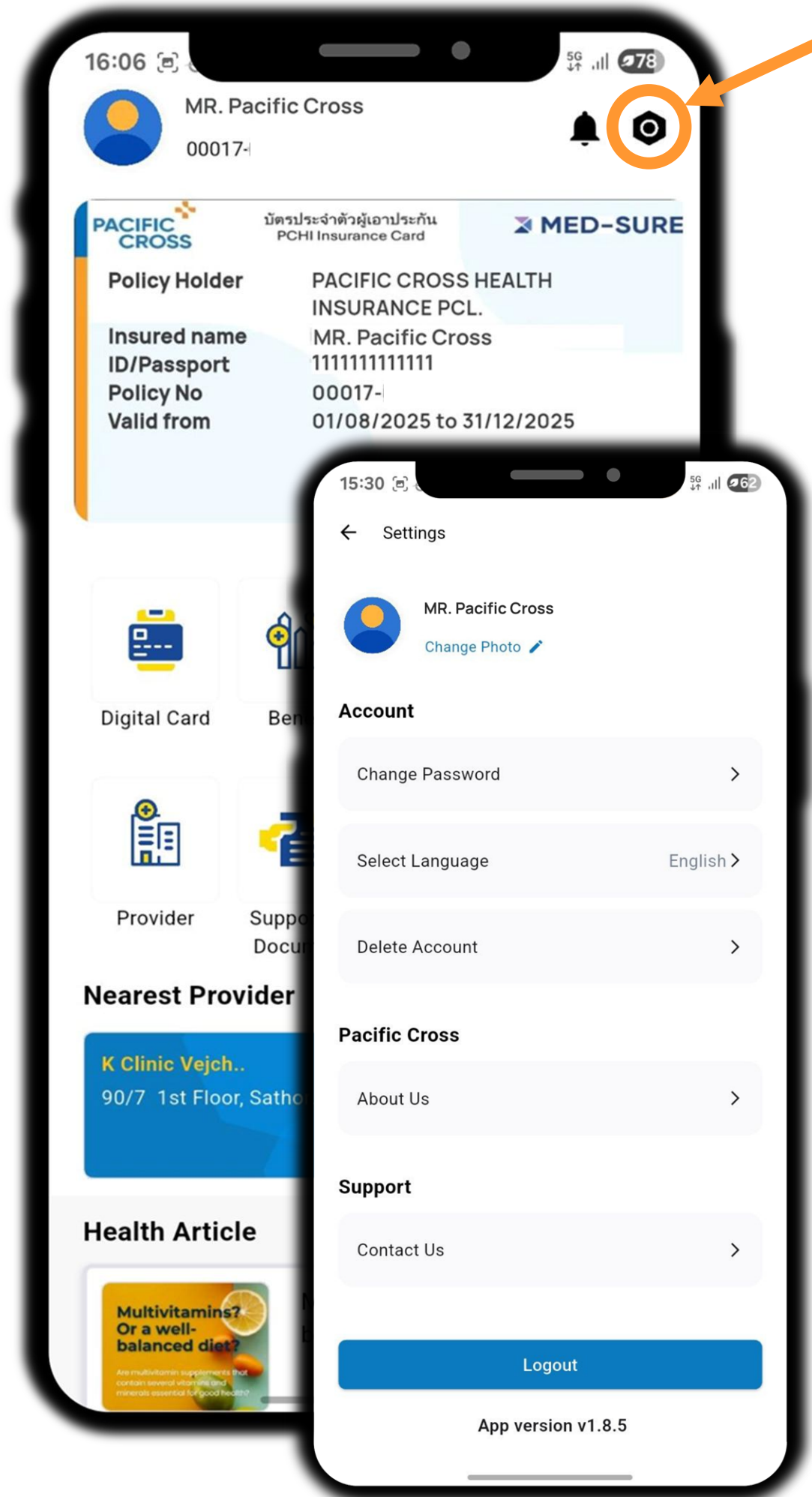
Purpose: Announce important updates from the application system.

How to use:

- 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.



12. Setting



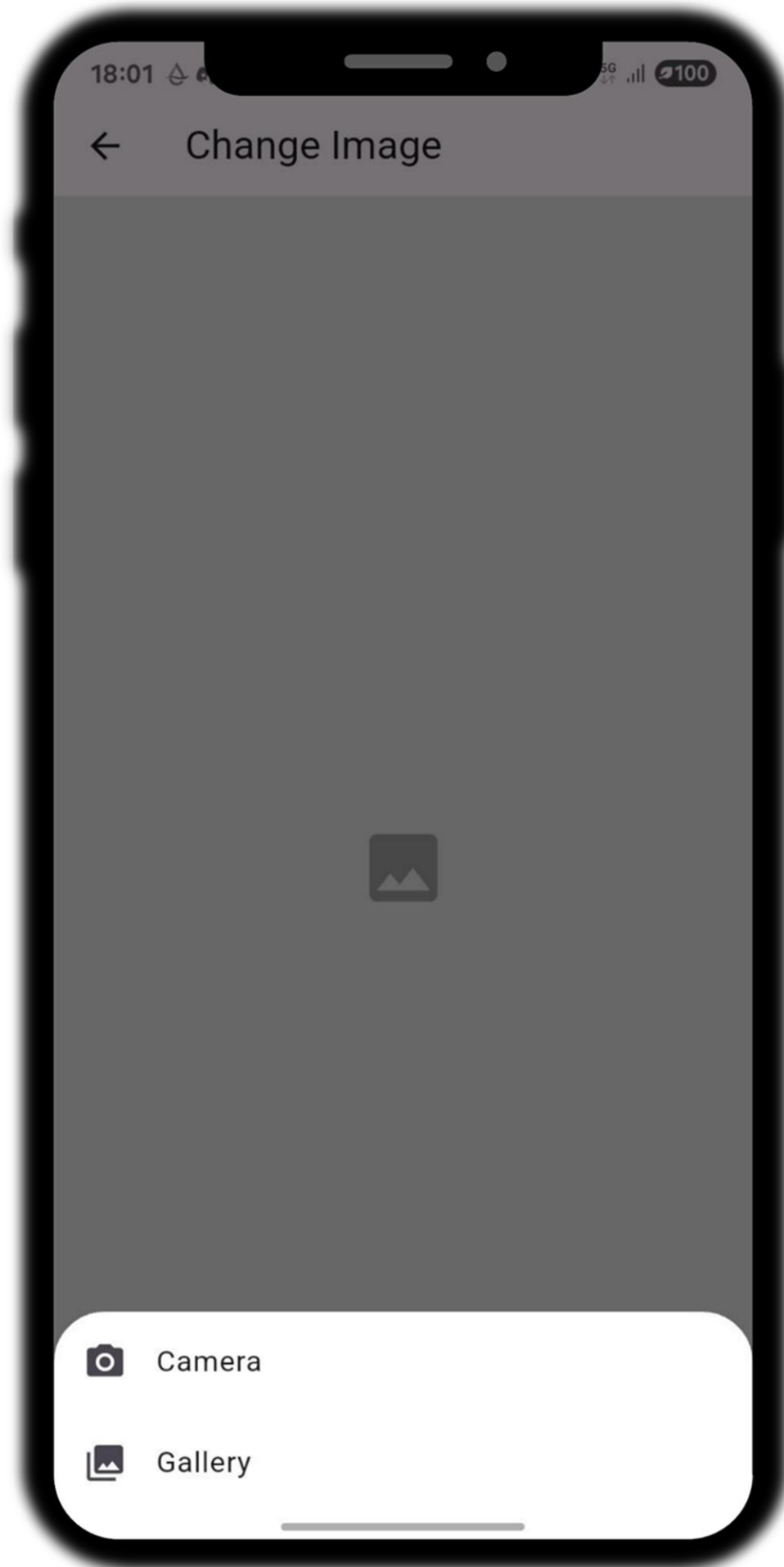
1. **Change Photo:** Tap Change Photo (under your profile name) and Upload a new profile picture from your device.
2. **Change Password:** Allows you to create a new password for logging in.
3. **Select Language:** Lets you change the display language for the application.
4. **Delete Account:** For permanently 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.

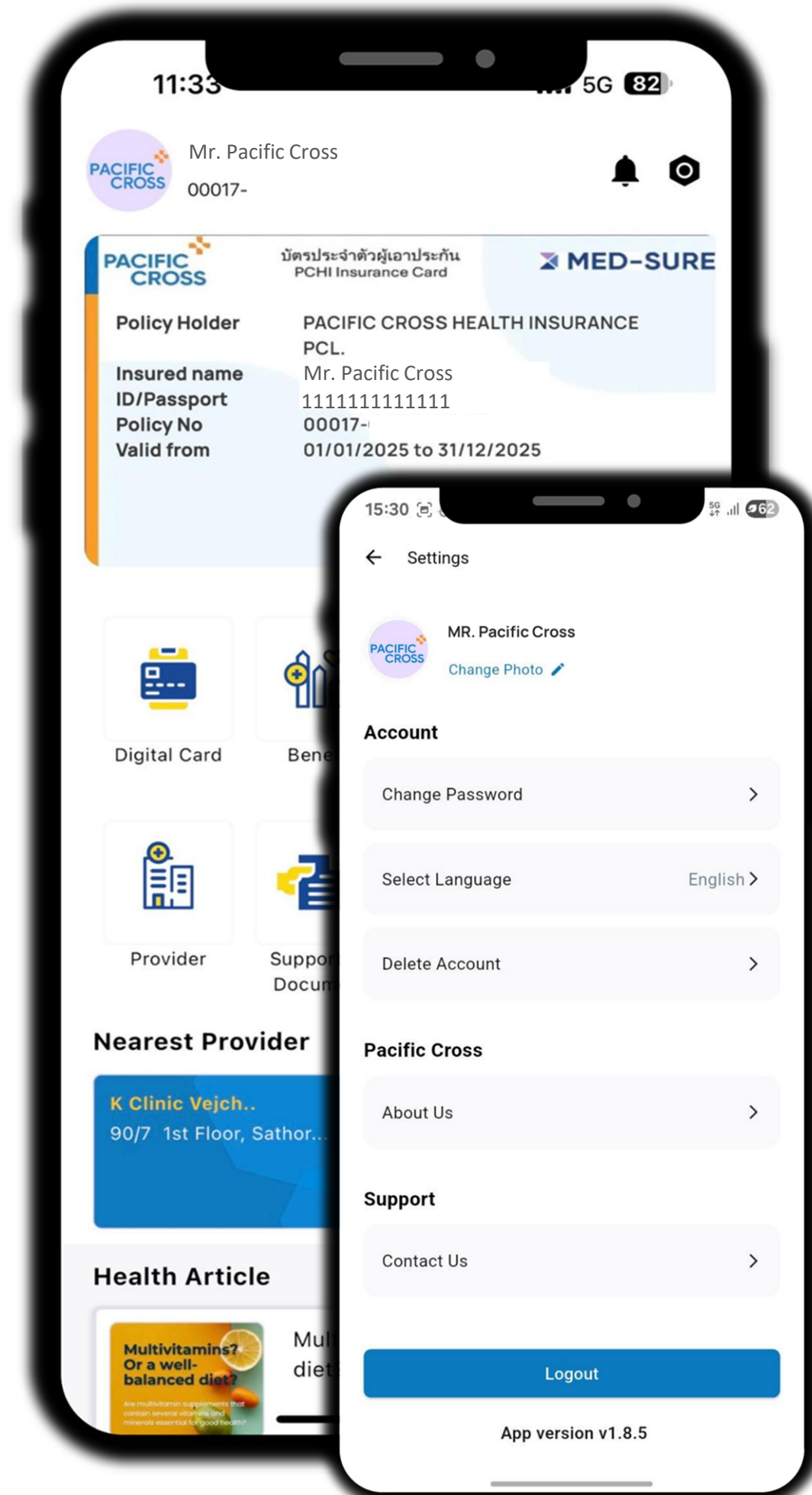
The Change Photo function allows you to:

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



12.1 Change Photo

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



16:36 5G 94

← Change Password

Change Password
Please enter the details below to continue

Old Password

New Password

Re-New Password

Password must be at least 8 characters long and include letters, numbers and symbols ! @ # \$ %

Password Strength:

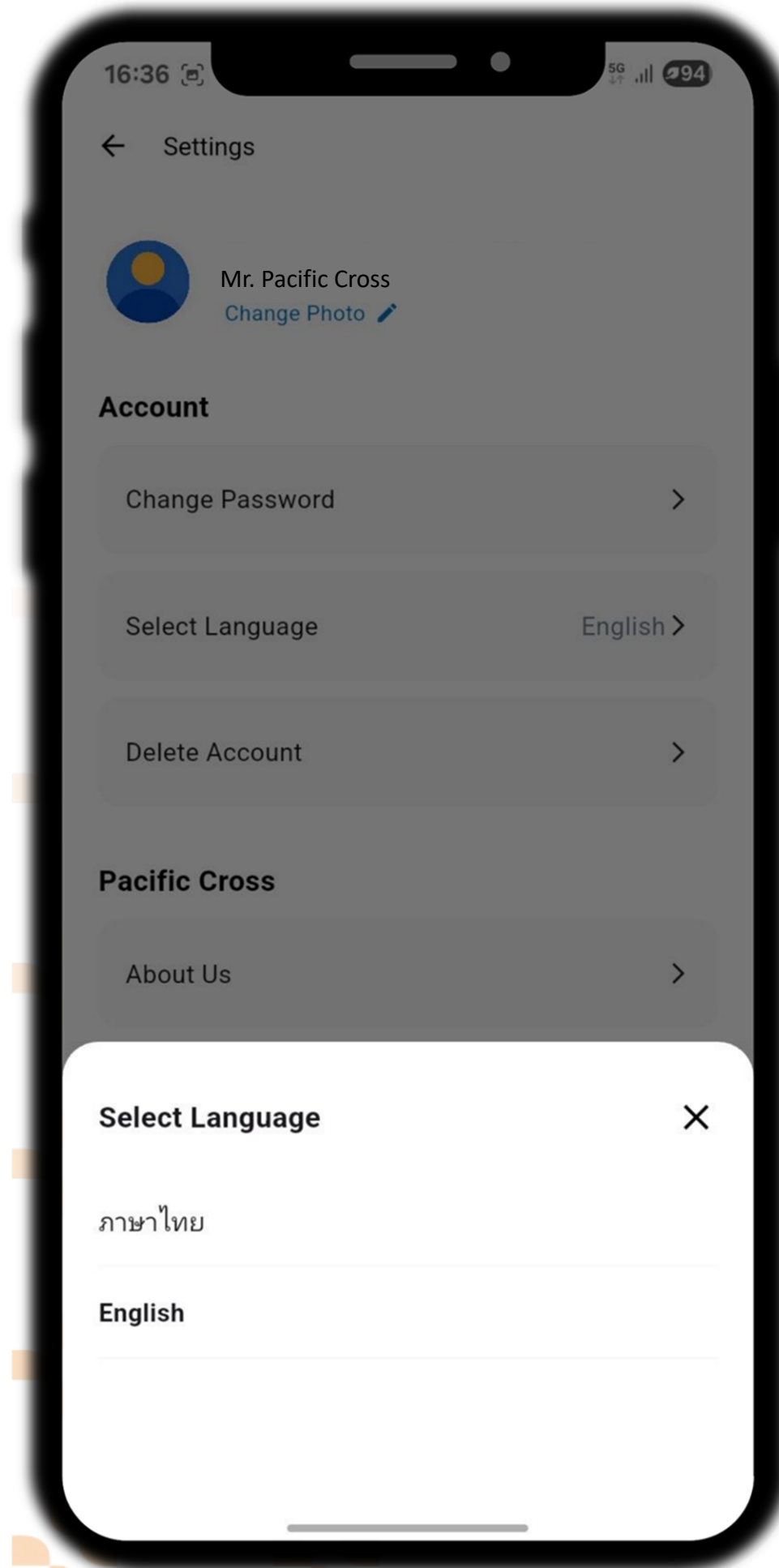
Change Password

12.2 Change Password

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

1. 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

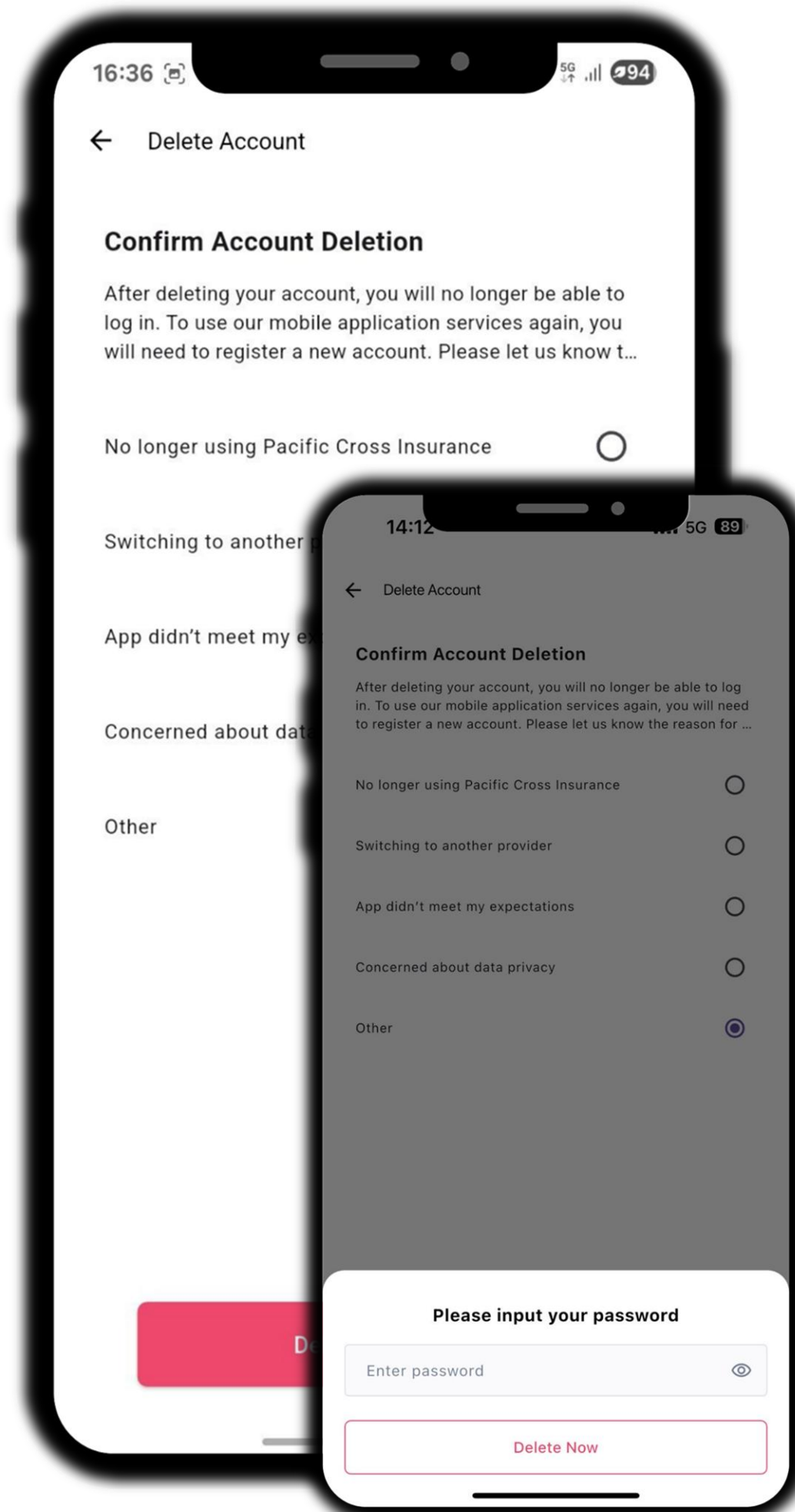
1. Tap '**Select Language**':
2. Choose Language: ภาษาไทย, English.
3. The application will immediately switch its display language to your selection.

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:

1. 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.



12.5 About Us

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

About Us



Pacific Cross Health Insurance is a member of Pacific Cross Insurance Group, originally operating since 1949.

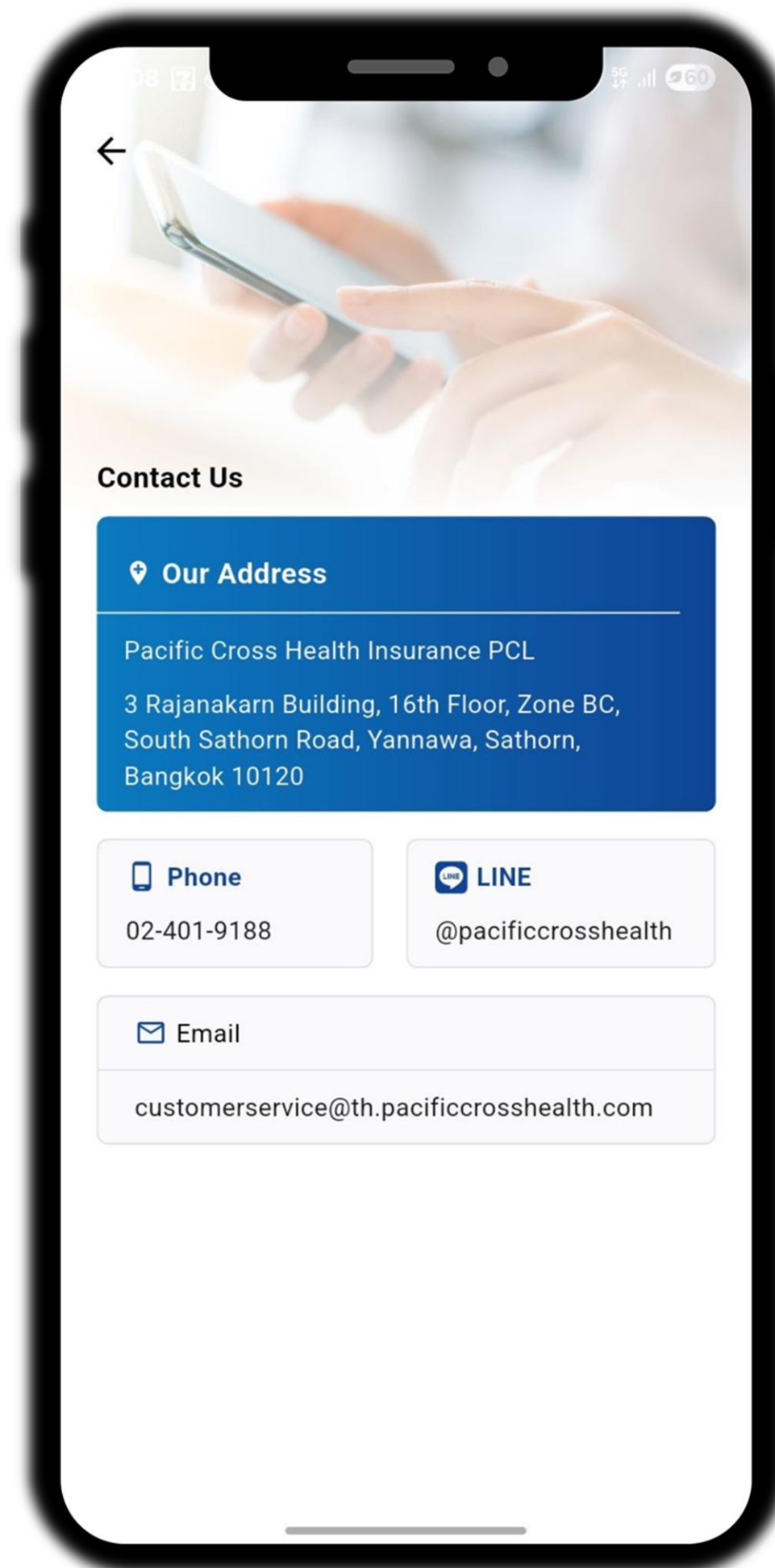
Pacific Cross Health Insurance: More than insurance. A partner for life's journeys – providing peace of mind, security, and personalized support every step of the way. For decades, Pacific Cross Health Insurance has been a trusted name in Thailand's health insurance landscape.

As one of the country's top three largest providers, we are known for our reliability, financial stability, customer-centric service, and a diverse range of need-based products. Our mission is to provide comprehensive, accessible, and tailored health insurance solutions for locals and expats in Thailand. We are committed to understanding the unique healthcare needs of our diverse clients, providing personalized support, and empowering individuals and families with peace of mind.

With offices across Asia, Pacific Cross Health Insurance continues to innovate and evolve, making healthcare more accessible and secure for individuals and families. Whether you're looking for flexible coverage or expert guidance, we are here to support you 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](#)

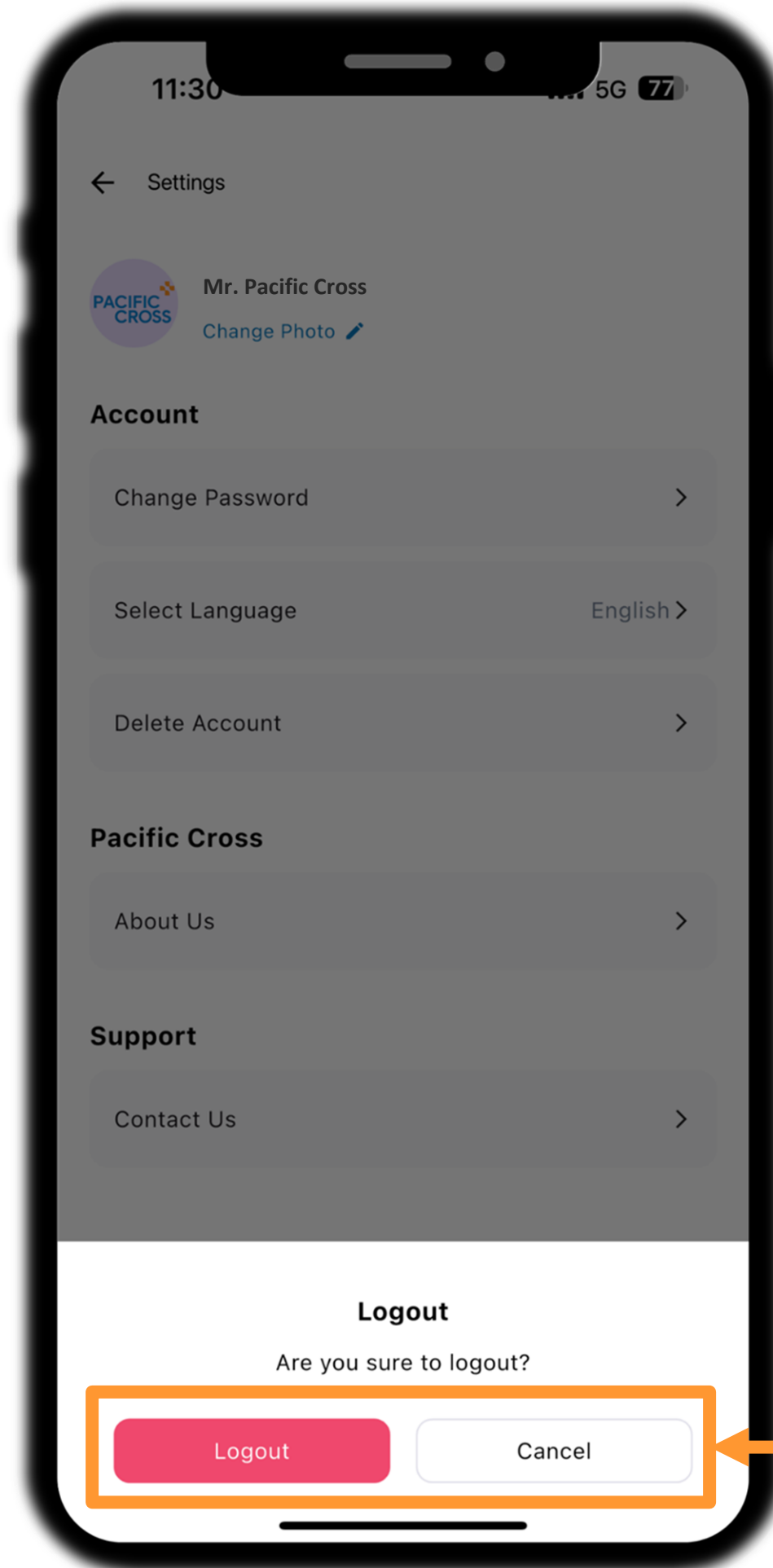
12.6 Contact Us

Provides access to customer service contact channels.



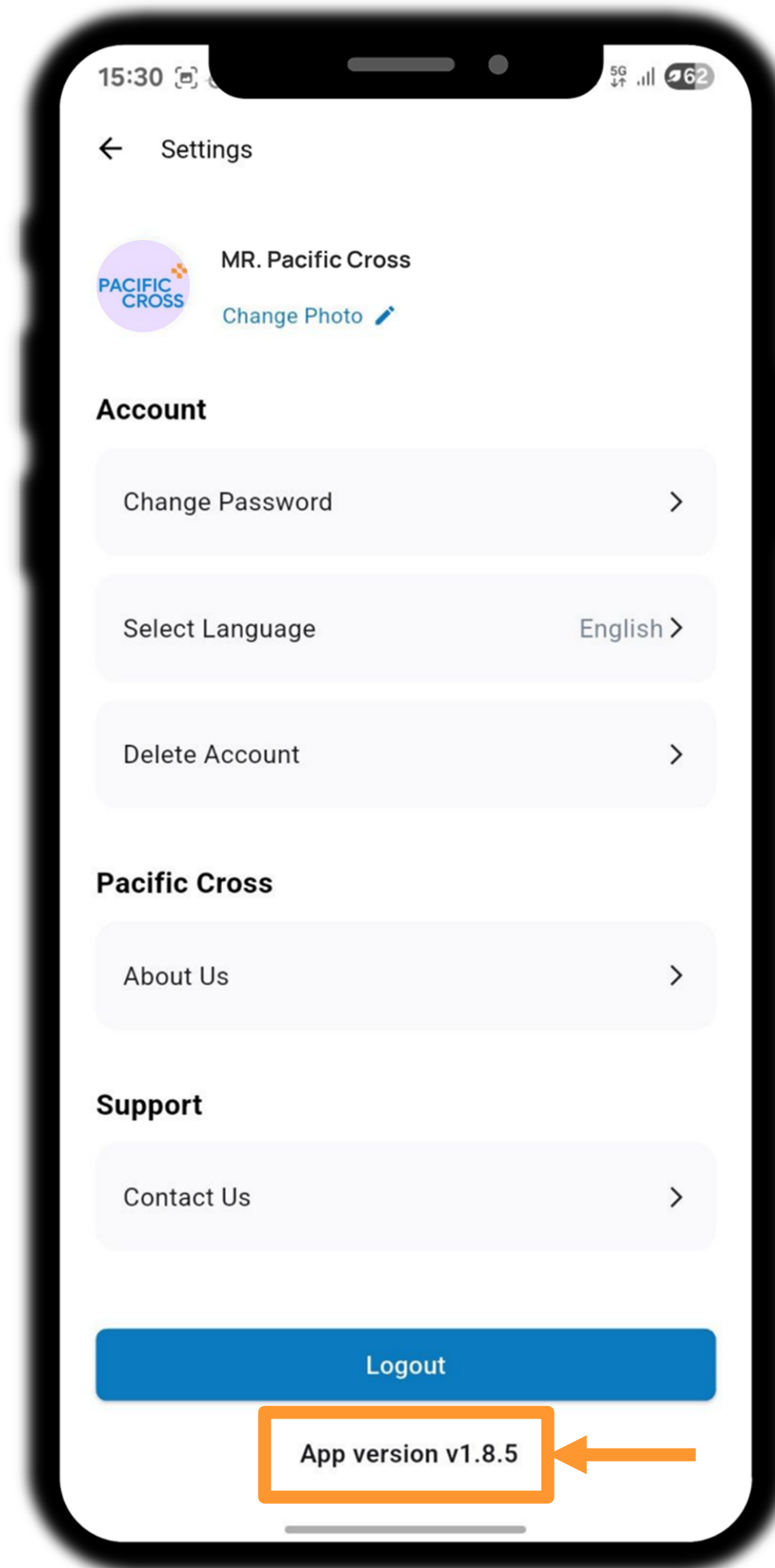
12.7 Logout

Require to sign out of your account.



12.8 App Version

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





THANK YOU

