

MediGAP® enables Insurance House to monitor and manage millions of various type medical claims like pharmacy, dental, in-patient / out-patient, GP and clinics on-line-real time.

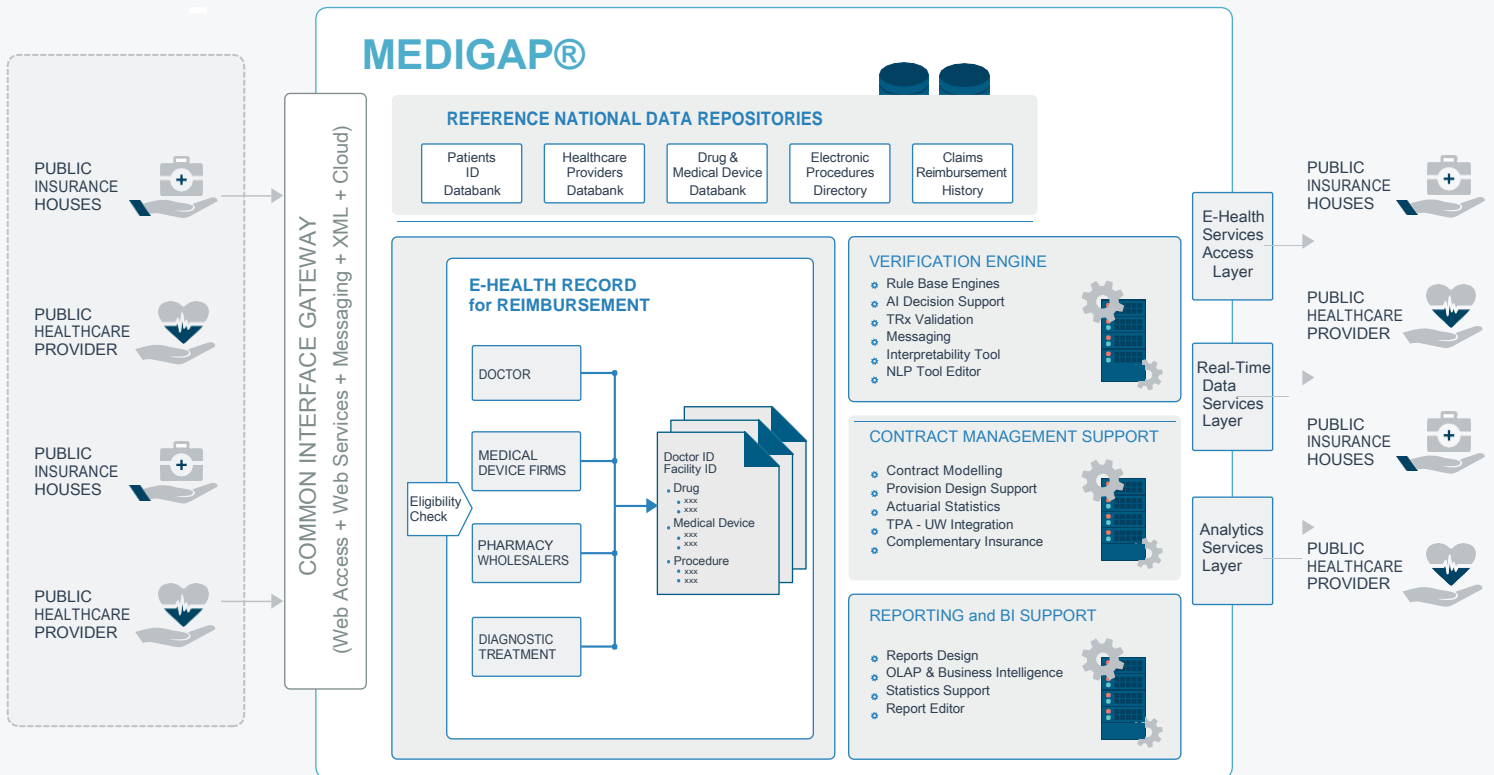
MediGAP® processes nearly unlimited type of different insurance policies/contracts regulations/rules/cedes (ICD, ATC, CPT, HUV, TTB, SUT) for healthcare providers and insurers supported by semantic Rule-based MediRule® Engine.

MediGAP® supports seamless integration to Government Mandatory Insurance Schema defined as Complementary Insurance Policy.

MediGAP® manages the claim and re-imbusement processes end-to-end and fully covers revenue cycle and brings all necessary and complete information to Insurance House users fingertips.

Insurance house end users can trace each and every claim and payment steps from initial stages of patient admission till to discharge.

MEDIGAP® Interoperates upon a centralized architecture, and provides on-line real-time claim management between all parties; hospitals, clinics, private physicians, pharmacies, drug/medical devices distributors and insurance houses.



## FUNCTIONALITY

### INSURERS

- No Hidden Costs
- Fast claim response
- e-Monitoring of personal claims
- Reminders for treatment
- Call Centre Support
- Fair/Transparent Claims

### HEALTHCARE PROVIDERS

- Contract Management
- Mandatory Insurance Reconciliation
- Fast Electronic Reimbursement (EFT)
- No surprises

### INSURANCE HOUSE

- Policy Management/Complimentary
- Contract Management
- Monitoring
- Planning/Actuarial Management/AI Decision Making
- 26,000 Medical/Admin rules embedded
- Less Error, Less Fraud, Less Personnel, Cost Efficient