

#### **GENESIS FLEX SDN. BHD.** G-FLEX MOBILE APP – USER GUIDE

June 2022





- To login to the employee mobile app, the user must **already be registered** by his/her employer onto the G-Flex system.
- To login, use your NRIC or passport number (exclude any hyphens, space or special characters).
- 3. The **default password** during the initial login is preset as **"123456"**. You will need to change your password upon your first login.
- 4. If you have forgotten your password, you can retrieve your password by using the "forgot your password" function.





#### Main Menu

(Normal mode)

Upon login, the landing page will show the simplified menu for user.

> The app will automatically change the appearance according to phone's mode.

> > (Dark mode)

Member Card My Medical Plan 圜 Pre-register Visit Tele-consultation 3

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**G-Flex** 

**Benefits Administration** 



### **Clinic Locator**



- To find the nearest G-Flex merchant (i.e.: general practitioner, dentist, medical specialist, physiotherapist, etc.), click on the "Clinic Locator" tab.
- 2. You can use the **filter** function at the top of the page to further narrow your search criteria.

Member Card  $\bigcirc$  $(\cdots)$ G-Flex Benefits Administration www.gflex.com.my Welcome 18F **Clinic Locator** \$----Member Card My Medical Plan Contact 闘 Pre-register Visit Tele-consultation Submit Claim

## Member Card All Cards V **G-Flex** Cardholders name Identification no.: Company name Showing 1 of 3 cards Θ View plan details Pre-register Visit 🏾 💿



This function can be used to access your e-member card.

You can also swipe right to view emember cards belonging to your dependents (if any).

Principal and dependent cards can be differentiated from the **color of** the card.

#### Member Card – Plan Details

To view details of your employee benefit plan, click on the "**View Plan Details**" tab.

Here you will be able to view the details of your plan in **real-time**.

Alternatively, you can also view your own benefit plan at "**My Medical Plan**" located at main menu.

In the event you find any discrepancies in your plan details or should you need to reach out to the G-Flex helpdesk, click on the "Contact" tab.





Pre-register Visit

To pre-register a visit to a merchant (i.e.: medical facility), click on the "Pre-register Visit" tab. Θ

> Here, you will need to choose the member you are seeking to preregister a visit for by **switching to** their member card before clicking on the "Pre-register Visit" button.

#### Pre-register Visit





Here, you will need **to identify the merchant** (i.e.: healthcare provider) that you would like to get registered with.

Click on the "View Details" and then "Pre-register Visit" tab to proceed with pre-registration.

Next, you will be prompted to specify your preferred date and time for your visit.

Upon successful pre-registration, you will receive a success notification.

 $\bigcirc$  $(\cdots)$ G-Flex Benefits Administration www.gflex.com.my Welcome 1YH Clinic Locator \$----Member Card My Medical Plan 圜 Pre-register Visit Tele-consultation Submit Claim

#### **Tele-consultation**



This is a feature that allows the G-Flex app user **to request for a tele-consultation** encounter with a merchant (i.e.: healthcare practitioner) of their choosing.

Begin by clicking on the "Teleconsultation" tab.

Note that only merchants (i.e: healthcare providers) that have enabled the option to provide tele-consultation services will be visible here.

#### **Tele-consultation**





Here, you will need **to identify the merchant** (i.e.: healthcare provider) that you would like to get registered with.

Click on the "View Details" and then "Request Now" tab to proceed with booking.

Next, you will be prompted to specify your preferred date and time for your session.

Upon successful pre-registration, you will receive a success notification.

Your chosen merchant (i.e.: healthcare provider) will now initiate the call at the chosen date and time.

Please ensure that your available and have your G-Flex mobile app active at this chosen time slot.

 $\bigcirc$  $\bigcirc$ G-Flex Benefits Administration www.gflex.com.my Welcome Clinic Locator \$\_\_\_\_ Member Card My Medical Plan 闘 Pre-register Visit Tele-consultation A P Submit Claim

### Submit Claim



# This function can be used for **pay-and-claim facility** by the corporate.

# The staff will receive reimbursement for their purchases **within categories provided by the corporate**.

All claims will be viewed and approved by the corporate before accepted for reimbursement.



#### Submit Claim





Select the appropriate user type the claim intended for.

Fill in the details of the claim according to the invoice/receipt.

Next, attach the relevant document/proof of purchase in the form of **image** (.png, .jpeg, .jpg) or **.pdf** file.

Please check the details again before submitting. Scroll down the page and click "**Submit**". The claim will appear at the list of the claim submitted.

Note: user **can edit the claim in the "Submitted" state**. Once the status changed from "Submitted" to "Approved/Rejected", the claim is unable to be edited.

#### Submit Claim





After reviewed by the corporate, the status will change from Submitted to **Approved** or **Rejected**.

The claim can be viewed through **"Details"** button.

User can also view the rejection note through () button.





#### Menu - Detailed



A more detailed menu is accessible for the user **to view their medical bills and visit, request guarantee letters** and **change their password**.

To access the detailed menu, click  $\bigcirc$  icon at the top left of main menu.

A side bar will appear with access to the menu.



#### This module allows you to view a list of all **previous bills** from past medical

encounters.

To access any of your past medical bills, click on the "medical bills" tab.

To view the details of the bill, click on the specific bill item.

#### MEDICAL BILL

Medical Bills

POLIKLINIK DR AZHAR DAN RAKAN-RATAR (TAMAN KELISA RIA) Invoice No: GFLEX0066-KDC-2022-0094 Date: 26/06/2022

POLIKLINIK DR AZHAR DAN RAKAN-R29:071974 (TAMAN CINDAI JAYA) Invoice No: GFLEX0031-KDC-2022-0331 Date: 07/06/2022

POLIKLINIK DR HALIMAH (BANDAR PUBERIPM JAYA) Invoice No: GFLEX0019-KDC-2022-0154 Date: 29/05/2022

POLIKLINIK DR HALIMAH (BANDAR PUTPERIAM JAYA) Invoice No: GFLEX0019-KDC-2022-0149 Date: 24/05/2022

POLIKLINIK DR AZHAR DAN RAKAN-RØ\$:50\PM (TAMAN CINDAI JAYA) Invoice No: GFLEX0031-KDC-2022-0228 Date: 15/04/2022

POLIKLINIK DR. AKRAM 24 JAM (SUNG211 PM PETANI)

#### Medical Bill

POLIKLINIK DR AZHAR DAN RAKAN-RAKAN (TAMAN KELISA RIA)

105, Jalan Kelisa Ria 1-C, Taman Kelisa Ria, 08000 Sungai Petani, Kedah Darul Aman. , Sungai Petani , 08000

Invoice No: GFLEX0066-KDC-2022-0094

| Card No:<br>26 Jun 2022                       |          |
|-----------------------------------------------|----------|
| Bill Summary<br>Total                         | RM 50    |
| temized Statement                             |          |
| Diagnosis:<br>AGE<br>Medical Certificate Days | 0        |
| Consultation                                  | RM 15.00 |
| Consultation<br>Unit Price: 15.00             | RM 15.00 |

Quantity: 1



#### Prescriptions

This module allows you to view a **list of all medical prescriptions** that have been issued to you through the G-Flex system.

To access any of your medical prescriptions, click on the "prescriptions" tab.

To view the details, click on the specific item.

#### PRESCRIPTION

POLIKLINIK DR AZHAR DAN RAKAN-RAMAR (TAMAN KELISA RIA) Invoice No: GFLEX0066-KDC-2022-0094 Date: 26/06/2022

POLIKLINIK DR AZHAR DAN RAKAN-R29:07(PM (TAMAN CINDAI JAYA) Invoice No: GFLEX0031-KDC-2022-0331 Date: 07/06/2022

POLIKLINIK DR HALIMAH (BANDAR PU®E29/PM JAYA) Invoice No: GFLEX0019-KDC-2022-0154 Date: 29/05/2022

POLIKLINIK DR HALIMAH (BANDAR PUTERIAM JAYA) Invoice No: GFLEX0019-KDC-2022-0149 Date: 24/05/2022

POLIKLINIK DR AZHAR DAN RAKAN-RØ5500PM (TAMAN CINDAI JAYA) Invoice No: GFLEX0031-KDC-2022-0228 Date: 15/04/2022

POLIKLINIK DR. AKRAM 24 JAM (SUNG211 PM PETANI)

| Electronic Prescrij                                                                                                                                                                                                 | otion                                                                       | Prescription re    | ef. no.:GFLEX0066-KDC-2022-(        | 0094 |  |  |  |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|--------------------|-------------------------------------|------|--|--|--|--|
|                                                                                                                                                                                                                     |                                                                             |                    |                                     |      |  |  |  |  |
| POLIKLINIK DR AZHAR DAN RAKAN-RAKAN (TAMAN KELISA<br>RIA)                                                                                                                                                           |                                                                             |                    |                                     |      |  |  |  |  |
| DR                                                                                                                                                                                                                  | KIA)<br>DR.MOHD ZAMANI BIN MD NOR(MMC reg. no here)<br>Latest APC no.: here |                    |                                     |      |  |  |  |  |
|                                                                                                                                                                                                                     |                                                                             | a, 08000 Sungai Pe | tani, Kedah Darul Aman.<br>mail.com |      |  |  |  |  |
| Patients name:                                                                                                                                                                                                      |                                                                             |                    |                                     |      |  |  |  |  |
| NRIC/Passport no.:                                                                                                                                                                                                  |                                                                             |                    |                                     |      |  |  |  |  |
| Age                                                                                                                                                                                                                 |                                                                             |                    |                                     |      |  |  |  |  |
| Gender                                                                                                                                                                                                              | Female                                                                      | DOB                |                                     |      |  |  |  |  |
| Diagnosis:                                                                                                                                                                                                          | AGE                                                                         |                    |                                     |      |  |  |  |  |
| R<br>1) TAB COLODIUM<br>Instructions<br>Indication<br>Precaution<br>2) TAB COLIOPAN<br>Instructions<br>Indication<br>Precaution<br>3) TAB CHARCOAL<br>Instructions<br>Indication<br>Precaution<br>4) ORS ( ORANGE ) |                                                                             |                    | 20<br>10<br>10                      |      |  |  |  |  |
| Instructions<br>Indication<br>Precaution<br>5) TAB MAXOLON<br>Instructions<br>Indication<br>Precaution                                                                                                              |                                                                             |                    | 10                                  |      |  |  |  |  |

#### **Guarantee Letter**

MEDICAL BILLS PRESCRIPTIONS GUARANTEE LETTER CALL Vogsedical Plan

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TERMS OF USE

SETTINGS

This module allows you to view a list of all guarantee letters that have been issued to you through the G-Flex system.

To access any of your guarantee letters, click on the "Guarantee Letter" tab.

To view the details, click "View" on the specific item. The GL will be generated in .pdf form.

| <            | Guarante                        | e Letter               |   |
|--------------|---------------------------------|------------------------|---|
| User type:   | All Users                       |                        | ~ |
| Q Click here | e to start you                  | r search               |   |
|              |                                 | Add new                |   |
| (BUTTER      | n 1, Taman Ba<br>ng<br>rfarahan | CENTRE                 | , |
|              |                                 | View                   |   |
|              |                                 |                        |   |
|              |                                 |                        | Ś |
| Note: Gua    | rantee Letter will              | only remain in the app |   |
|              | days from the c                 |                        |   |



The Corporate will not bear the cost of the following

- Expenses for miscarriage, abortion and prenatal (pregnancy) or postnatal care and surgical, mechanical or chemical contraceptive methods of birth control or treatment pertaining to infertility, erectile dysfunction and tests or treatment related to impotence or sterilization are excluded from medical/hospitalization;
- Expenses incurred in respect of child birth (including surgical delivery) are excluded from hospitalization(however, these can be claimed under Medical benefit subject to its terms and conditions);
- expenses for treatment or surgical operation for congenital deformities and abnormalities, including hereditary conditions i.e. deformities pre birth such as hare-lip, club-foot, birthmark and any other congenital anomalies;

#### Guarantee Letter -Request



To submit a request for a new guarantee letter, click on the **"Add new"** button.

Identify the facility, click "View Details" button and proceed with "Request GL".

Ms Aini Nurfarahan

Outpatient specialist clinic

Open

00:00

00:00

00:00

00:00

00:00

00:00

00:00

00:00

Open Now

🚽 11156.99 KM

Close

23:59

23:59

23:59 23:59

23:59

23:59

23:59

23:59



Fill-in the details of the visit, together with **type of visit**. For new visit, it will require referral letter while it is not needed when emergency/follow-up is selected. Select appropriate user type for whom the GL intended for. After confirm, the GL will appear on the list of Guarantee Letter. 18



### Settings

This module allows you to **manage/reset your password** and email address for password retrieval.

It also allows you to **enable fingerprint** bio-metric verification and change the language.

To change your password, type in your new password and then reenter your new password to confirm.

| Language                           | English 🗸            |
|------------------------------------|----------------------|
|                                    |                      |
| Enable Fingerprint                 |                      |
|                                    |                      |
| Please enter valid email address f | or password retrieva |
| Enter Email                        |                      |
| Submit                             |                      |
| Change Passw                       | ord                  |
| New Password                       |                      |
| Confirm password                   |                      |
| Submit                             |                      |
|                                    |                      |
|                                    |                      |
|                                    |                      |

#### Contact Us



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