

Product brochure

Patient administration and billing for healthcare providers, owned outright.

One patient record behind registration, billing, claims and the pharmacy counter, so a bill, a deposit and a guarantee letter refer to the same episode. Bought once and owned outright.

One patient record	Behind registration, billing, claims and the pharmacy.
Answered at the desk	What has been paid, and where a claim has reached.
Claims followed up	Queried and short-paid claims, visible before write-off.
Owned outright	Run in the provider's own data centre or cloud account.

What it does

Registration and admission

The front desk registers and admits on one patient record, and billing, the pharmacy and the claims desk read that record rather than keeping their own.

Registered and admitted at the desk	The front desk registers and admits patients on one record, the same record every other counter reads.
Returning patients found, not re-created	A returning patient is found rather than created again. The same person does not exist three times with three balances, and no balance sits against a record nobody is using.
Read by billing, the pharmacy and claims	Billing, the pharmacy and the claims desk read from the registration record instead of keeping their own version of the patient.
One episode for the bill, the deposit and the letter	A bill, a deposit and a guarantee letter refer to the same episode, so one episode is not held in several places for the back office to reconcile.

Appointments and queues

Booking, rescheduling and the queue at the counter run from one schedule, and the display in the waiting area reads the schedule the desk works.

Booking and rescheduling	Appointments are booked and rescheduled on the schedule the front desk works from.
The queue at the counter	The queue at the counter runs from the same schedule as the bookings.
The display in the waiting area	The waiting area display reads the schedule the desk works. Patients see where they are, and the desk stops answering the question in person for everyone in the room.

Billing and deposits

Deposits, interim bills and the final bill are built against the same episode as the stay goes on, rather than assembled at the end.

Deposits at admission	A deposit is taken at admission against the episode it belongs to.
Interim bills during a stay	Interim bills are raised during the stay against the same episode, so the final bill is not assembled at the end.
The final bill at discharge	The final bill is built against the same episode, and the deposit nets against it.
Paid, estimated and outstanding	What has been paid, what is estimated and what is outstanding are on screen while the patient is still at the desk.
Payment posts against the bill	DuitNow QR, cards and the major Malaysian e-wallets taken at registration, discharge and the pharmacy counter post against the bill, not into a separate takings figure. The payment terminal is driven from the billing screen, so the amount is keyed once.

Panel and insurer claims

Guarantee letters, claim submission and the follow-up when a claim is queried or short-paid are tracked against the episode the claim belongs to.

Guarantee letters	A guarantee letter is held against the episode it belongs to, the same episode as the deposit and the bill.
Panel and insurer submission	Claims to panels and insurers are submitted against the episode they belong to.
Follow-up on queried and short-paid claims	Most of what a provider loses on claims is not rejected outright: it is queried, short-paid or left sitting. Each query and short payment is followed up against the episode the claim belongs to.
Where a claim has reached	The desk can say where a guarantee letter or a claim has reached without calling the insurer, while the patient is still at the counter.
Ageing claims, before write-off	Finance sees which claims are queried, short-paid or simply sitting, in time to act, rather than finding them during a write-off review.

Pharmacy and dispensing

The pharmacy dispenses against the prescription and the patient record, and stock is drawn down as it is dispensed.

Dispensing at the counter	The pharmacy dispenses against the prescription and the patient record, the same record registration and billing use.
Stock drawn down as it is dispensed	Stock is drawn down as each item is dispensed, so the position the pharmacy sees is the actual one.

Reordering from the actual position	Reordering works from the actual stock position rather than a count someone does at month end.
By location, batch and expiry	Pharmacy stock is held by location, with batch and expiry tracked where the item requires it.

Reporting and reconciliation

Takings by counter and by method reconcile against settlement and against what was billed, and the day closes from one report.

Takings by counter and by method	What was taken at registration, discharge and the pharmacy counter, by counter and by payment method.
Reconciled against settlement and the bills	Each counter's takings are reconciled against settlement and against what was billed.
Claims, deposits and balances in the same view	Claims, deposits and outstanding balances sit in the same view as the takings.
One report to close the day	The day closes from one report. There is no separate exercise to make the billing system and the payment records agree.

Who it's for

The front desk	Registration and admission on one patient record, bookings and the counter queue, deposits and payments posted against the bill, and answers about payments and claims while the patient is still at the counter.
Billing and the claims desk	Deposits, interim bills and the final bill built against the episode, guarantee letters and panel and insurer claims held against the same episode, and the follow-up when a claim is queried or short-paid.
The pharmacy	Dispensing against the prescription and the patient record, stock drawn down as it is dispensed and held by location, reordering from the actual position, and payment at the counter posted against the bill.
Finance and management	Takings by counter and by method reconciled against settlement and what was billed, claims, deposits and outstanding balances in one view, ageing claims seen in time to act, and a rollout proven at one site before the group commits.

A day at the counters on asasii health

08:00 A returning patient registers	The desk finds the existing record instead of creating a new one, so the same person does not end up with three records and three balances.
08:30 The queue starts moving	The display in the waiting area reads the schedule the desk works. Patients see where they are, and the desk stops answering the question for everyone in the room.

10:00 An admission	The patient is admitted on the same record. The deposit and the guarantee letter go against the same episode as the bill.
11:30 An interim bill	Raised during a stay against the same episode, so the final bill is not assembled at the end.
13:00 Dispensing at the pharmacy	Against the prescription and the patient record, with stock drawn down as it is dispensed. Payment at the counter posts against the bill.
14:30 A claim is queried	The follow-up is tracked against the episode the claim belongs to, so the desk can say where it has reached without calling the insurer.
16:00 Discharge and the final bill	The deposit nets against the final bill. What has been paid, what is estimated and what is outstanding are on screen while the patient is still at the desk.
18:00 The day closes	From one report: takings by counter and by method, reconciled against settlement and against what was billed, with deposits, claims and outstanding balances in the same view.

A licence, not five or six systems that never agree

The provider buys one system and keeps every record it produces. idataraya is paid to customise, install and maintain it.

	Separate systems	asasii health
The patient	A record in each system, so one person can exist three times with three balances	One record, read by every counter
A bill, a deposit and a guarantee letter	Held apart and assembled at the end	Built against the same episode
Where a claim has reached	A call to the insurer	On screen at the desk
Closing the day	A reconciliation between billing and the payment records	One report
The software	Bought at different times and never made to agree	One system, owned outright and run in the provider's own environment

Security and Malaysian compliance

PDPA 2010	Patient data stays in the provider's own environment.
Roles	Access to patient records is scoped to role.
Single sign-on and MFA	On every console, with the provider's own identity provider.

Audit trail	Every change to a record is logged with who made it.
Data residency	Where the data lives is the provider's decision, not a condition of the product.
The provider's records	Owned by the provider, with the keys and the backups held by its own team.

Services

Rollout plan and proposal	Send the provider, the number of sites and the systems in use today. An engineer replies with a rollout plan, a migration plan and a proposal. It goes live at one clinic, branch or department first, before a group commits to it.
Installation and moving across	asasii health is installed in the provider's own data centre or cloud account and integrated with the clinical systems already in place. Outstanding balances, active episodes and open claims move with the data, and the previous path stays available until the new one is trusted. A provider cannot pause admissions for a cutover, so the plan assumes the counter keeps working throughout, and idataraya is present when it goes live.
Support and maintenance	One team looks after the system for the life of the agreement. A front desk that cannot bill is not a ticket that waits until Monday, and the people who set up how deposits net against the final bill are the people who answer when a discharge will not close. Severity-based response times, measured monthly. Continuous monitoring from within the provider's environment. A drilled backup and restore. Releases, patches and incident response. Changes as a growing group opens branches and adds panels.
The yearly agreement	Software updates and patches, the customisations made for you, monitoring and incident response, severity-based response and restoration targets, and the changes a growing group needs as it opens branches and adds panels. Hosting stays with you. It is a fee, not a subscription.

Talk to our team

Send us the provider, the number of sites and the systems in use today. An engineer replies with a rollout plan, a migration plan and a proposal.

Send us	The provider and its main site, The number of clinics, branches or departments, The systems in use today
You get back	A rollout plan, A migration plan, A proposal
Email	info@idataraya.com
Website	health.asasii.com/contact/

asasii health is a product of idataraya Sdn Bhd (1263428-K), Kuala Lumpur. Deployed in the client's own environment, customised and maintained by idataraya. info@idataraya.com · health.asasii.com