

#### CLAIM PROCEDURE

##### 1.1 Procedure for Cashless claims:

- i. Treatment may be taken in a network provider and is subject to pre authorization by the Company.
- ii. Cashless request form available with the network provider and shall be completed and sent to the Company for authorization.
- iii. The Company upon getting cashless request form and related medical information from the insured person/ network provider will issue pre-authorization letter to the hospital after verification.
- (iv) At the time of discharge, the insured person has to verify and sign the discharge papers, pay for non medical and inadmissible expenses.
- v. The Company reserves the right to deny pre authorization in case the insured person is unable to provide the relevant medical details.
- vi. In case of denial of cashless access, the insured person may obtain the treatment as per treating doctor's advice and submit the claim documents to the Company for reimbursement.

##### 1.2 Procedure for reimbursement of claims:

For reimbursement of claims the insured person may submit the necessary documents

Sr. No.	Type of Claim	Prescribed Time limit
1	Reimbursement of hospitalization, day care and pre hospitalization expenses	Within thirty days of date of discharge from hospital
2	Reimbursement of Post-hospitalization expenses	Within fifteen days from completion of post hospitalization treatment

##### 1.1 Notification of Claim

Notice with full particulars shall be sent to the Company as under:

- i. Within 24 hours from the date of emergency Hospitalization/cashless Home Care Treatment.
- ii. At least 48 hours prior to admission in Hospital in case of a planned Hospitalization.

##### 1.2 Documents to be submitted

The reimbursement claim is to be supported with the following documents and submitted within the prescribed time limit.

- i. Duly Completed claim form
- ii. Photo Identity proof of the patient
- iii. Medical practitioner's prescription advising admission
- iv. Original bills with itemized break-up
- v. Payment receipts
- vi. Discharge summary including complete medical history of the patient along with other details.
- vii. Investigation/ Diagnostic test reports etc. supported by the prescription from attending medical practitioner
- viii. OT notes or Surgeon's certificate giving details of the operation performed (for surgical cases).
- ix. Sticker/Invoice of the Implants, wherever applicable.
- x. MLR(Medico Legal Report copy if carried out and FIR (First information report) if registered, where ever applicable.
- xi. NEFT Details (to enable direct credit of claim amount in bank account) and cancelled cheque
- xii. KYC (Identity proof with Address) of the proposer, where claim liability is above Rs 1 Lakh as per AML Guidelines
- xiii. Legal heir/succession certificate , wherever applicable
- xiv. Any other relevant document required by Company for assessment of the claim.

#### Note:

1. The company shall only accept bills/invoices/medical treatment related documents only in the Insured Person's name for whom the claim is submitted
2. In the event of a claim lodged under the Policy and the original documents having been submitted to any other insurer, the Company shall accept the copy of the documents and claim settlement advice, duly certified by the other insurer subject to satisfaction of the Company
3. Any delay in notification or submission may be condoned on merit where delay is proved to be for reasons beyond the control of the Insured Person

##### 1.3 Co-payment

Each and every claim under the Policy shall be subject to a Co-payment of 5% applicable to claim amount admissible and payable as per the terms and conditions of the Policy. The amount payable shall be after deduction of the co-payment.

#### **1.4 Claim Settlement (provision for Penal Interest)**

- i. The Company shall settle or reject a claim, as the case may be, within 30 days from the date of receipt of last necessary document.
- ii. In the case of delay in the payment of a claim, the Company shall be liable to pay interest from the date of receipt of last necessary document to the date of payment of claim at a rate 2% above the Bank Rate.
- iii. However, where the circumstances of a claim warrant an investigation in the opinion of the Company, it shall initiate and complete such investigation at the earliest in any case not later than 30 days from the date of receipt of last necessary document. In such cases, the Company shall settle the claim within 45 days from the date of receipt of last necessary document.
- iv. In case of delay beyond stipulated 45 days the Company shall be liable to pay interest at a rate 2% above the Bank Rate from the date of receipt of last necessary document to the date of payment of claim

#### **1.5 Payment of Claim**

- i. All claims under the Policy shall be payable in Indian currency only.