**कोचीन शिपयार्ड लिमिटेड / COCHIN SHIPYARD LIMITED**
**कोच्ची / KOCHI – 15**

सं/No.PERL/17(28)/2014Pt तिथि/Date: 10 May 2024

**GROUP MEDICLAIM POLICY FOR THE YEAR 2024-25 APPLICABLE FOR RETIRED WORKMEN COVERED UNDER INSURANCE LINKED MEDICAL ASSISTANCE SCHEME (ILMA) TRUST**

1. Reference to Circular of even number dated 30 Apr 2024 regarding renewal of Group Mediclaim Policy for retired employees for the year 2024-25, wherein details of medical insurance cover, annual premium and other details are published.

2. In supersession of the above said Circular, considering the ease of administration of three Trusts being operated for extending post-retirement medical assistance scheme for various categories of employees, the following are notified for regulating the Group mediclaim policy for retired workmen covered under **Insurance Linked Medical Assistance Scheme (ILMA) Trust applicable for Workmen who retired on or after 01 April 2007**. **However, it may be noted that, there is no change in the procedure for renewal of the Group Mediclaim Policy & remittance of insurance premium and those who are already renewed their medical insurance cover through the retirees portal need not do it again.**.

3. The Group Mediclaim Policy the year 2024-25 for retirees covered under the **Insurance Linked Medical Assistance Scheme (ILMA)** has been renewed with M/s.United India Insurance Company Limited., Ernakulam. As per the policy, the following cover/benefits are available to the eligible retired employees:

   i. In-patient (IP) treatment: upto Rs. 8,00,000/- in a year for a family unit on floater basis for all diseases (including Day care treatments)

   ii. Additional cover – Critical illness coverIP: Rs.24,00,000/- in a year per person limited to the first 10 persons (out of a Corpus of Rs.1.25 crores).

   iii. Reimbursement of Hysterectomy expenses limited to Rs.1,25,000/- (included under (i) above)

   iv. Reimbursement for Retinal Disorder - Age Related macular degeneration expenses limited to Rs. 50,000/- including the cost of injections(included under (i) above)

4. As in the previous year, for the benefit of retired workmen, CSL has taken the mediclaim coverage as a cashless policy. The cashless treatment service shall be provided by the TPA appointed by the Insurance Company namely M/s.HITPA. The Cashless medical insurance policy allows the patients to take IP/Day care treatments at network hospitals empanelled byM/s.HITPA on cashless basis.

5. The eligible persons are:
   (a) Self/Retiree
   (b) Spouse
   (c) Two dependent children (unemployed/unmarried son/daughter upto 25 years) Differently abled (40% or more disabled) son/daughter above 25 years of age will be considered as dependents.
   (d) Dependent Parents (father/mother only) (Income from all sources shall not exceed the limit prescribed ie. Rs.13,140/- per month)

6. Full premium payable to the Insurance Company for the above sum assured for the year 2024-25 per family unit of retired workmen is **Rs.51,281/-**

7. Those retired workmen covered under the Insurance Linked Medical Assistance Scheme (ILMA) are requested to remit the applicable premium, as indicated below:

| SN | Details of premium to be paid by the existing beneficiaries | Amt (Rs) |
|---|---|---|
| i | Workmen who retired between 01.04.2007 to 31.12.2010 on superannuation after 15 years of service in CSL and paid one time enrolment fee of Rs 50,000/- or Rs 40,000/- as the case may be lump sum or in installments | 100.00 |
| ii | Workmen who retired on or after 01.01.2011 on superannuation after 15 years of service in CSL and paid the one-time enrolment fee of Rs 50,000/- or Rs 40,000/- as the case may be in lump sum or in installments | 5,128.00 |
| iii | Workmen who retired on superannuation between 01.04.2007 and 01.05.2014 after 15 years of service in CSL but did not pay onetime enrolment fee and joined the scheme by paying 50% of premium | 25,641.00 |

8. Those workmen who resigned after 15 years of service in CSL may renew the mediclaim coverage by remitting full insurance premium ie. Rs.51,281/- for the year 2024-25

9. **Reimbursement of Outpatient treatment expenses:**

   a) **Coverage of OP treatment has been excluded from the medical insurance policy.**

   b) General OP treatment expenses upto **Rs.20,000/-** per family and Critical OP treatment expenses up to **Rs.40,000/-**per family shall be reimbursed directly by CSL on submission of OP claims to CSL (claims admissible only for Retiree/Spouse/dependent children/father/mother)

   c) In the case of workmen who have resigned from CSL, OP reimbursement is not permitted. However, medicines will be dispensed from CSL Medical Centre for long term OP treatment.

   d) Claims for reimbursement of OP treatment expenses with vouchers/bills shall be forwarded to CSL marking attention to **CMO/MO, CSL Medical Centre** for reimbursement.

   **e)** Medicines being taken continuously by the retired workmen or his/her eligible dependents (spouse/dependent children/father/mother), shall be dispensed from CSL Medical Centre based on the prescription of an Authorized Medical Attendant / Medical Practitioner; subject to availability. **Those retired workmen who are not receiving long term medicines from CSL and intends to avail this facility may submit their application/request for long term medicines as per the format at *Annexure-I*, by E-mail to** pharmacy.csl@cochinshipyard.in **latest by** 31 May 2024. Those who are presently receiving medicines from CSL need not apply again.

10. **All eligible retired workmen desirous of renewing the membership in the scheme are requested to submit an online application for renewal in the prescribed form available at CSL official website during 30 Apr 2024 to 12 May 2024.**

11. **The updation of dependents details and payment of premium towards renewal of insurance can be paid using following steps:-**

**Step- I : Go to www.cochinshipyard.in/ Related Links / Retirees corner and log on to retired employees portal using user ID and password, which is already provided.**

**Step-II : Select Insurance → Insurance Premium Collection. It will display existing dependants list. If required, the dependants list can be modified. The fields in the dependants list are mandatory (addition of dependents name through the portal is not permitted)**

**Step- III : On confirmation of dependants list, the following option is provided to make the insurance premium payment.**

**Pay Premium Online**

**The retired workmen are directed to pay premium online by clicking on "Pay Premium" button that navigates to your scheme details and then click on "Proceed for Payment". This link will be automatically redirected to payment gateway where you can remit the amount using various payment options. After successful completion of payment, you may take the printout of the payment receipt, if required, for your records.**

- **Printout of confirmation page OR payment receipt is not required to be sent to CSL Those retired workmen enrolled under the scheme who do not have a USER ID and Password may get the same from P&A department to renew under the insurance and pay premium.**

- **All retired workmen may please note that the USER NAME for login to the Retirees Portal remains the same as provided in the previous years. The USER NAME is a combination of first four letters of the Name and Code Number of the ex-employee concerned. Eg. If name is Rajan and code number is 543, the User Name will be RAJA543**

- **Facility to remit payment at CSL will not be available. Hence all retired workmen are requested to make use of the online payment option only.**

12. Kindly note that failure to renew the policy would entail automatic exit from the scheme and later renewal is not permitted.

13. For the modus operandi of the cashless medical policy and submission of claims, please refer the details elaborated as **Annexure – II** of this circular

14. **Contact numbers to be noted by retired workmen for Medical Insurance renewal/reimbursement/dispensing of long term medicines and related matters are given below:**

| **Information pertaining to** | **Telephone Number / Email** | **Time** |
|---|---|---|
| **Medical Insurance Renewal related administrative matters [P&A Department]** | **Tel: 0484 – 250 1925**<br>E-mail:<br>**tilson.t@cochinshipyard.in** | **CSL Working days**<br><br>**1400 Hrs to 1600 Hrs** |
| **Outpatient reimbursement related matters [CSL Medical Centre – Reimbursement Cell]** | **Tel: 0484 – 250 1204**<br>**E-mail:**<br>**csl.medicalcentre@cochinshipyard.in** | |
| **Dispensing of long term medicines for self/dependents [CSL Medical Centre - Pharmacy]** | **Tel: 0484 - 250 1414**<br>**Email:**<br>**pharmacy.csl@cochinshipyard.in** | |
| **Cashless treatment / Reimbursement of Inpatient/Day care treatment of self and dependents [M/s.HITPA]** | Name: Mr. R Rethish<br>Mob: 7428086078<br>**E-mail: r.rethish@hitpa.co.in** | **24 x 7 Support** |

This issues with the approval of the Competent Authority.

10/5/24

**(सुब्रमण्यन के के / Subramanian K K)**
**उप महाप्रबंधक (मा.सं.) /DGM(HR)**

To :

All Retired Workmen covered under ILMA

All associations representing Retired Employees

Copy to:

D(T) /D(F)/D(O)
CVO
CGMs /GMs /DGMs
CSO/CWO/CMO
General Secretary CSEF / CSEO / CSSA/ CSOA

***ANNEXURE - I***

# COCHIN SHIPYARD LIMITED
# KOCHI-15

## REQUIREMENT OF REGULAR MEDICINES FOR RETIRED EMPLOYEE & THEIR ELIGIBLE DEPENDANTS

****Those retired employees who are currently availing medicines from CSL Medical Centre need not fill this form. Their regular medicines will be couriered as per the requirement.**

### 1. Retired Employee's Information

| | | | |
|---|---|---|---|
| Name of the Employee: | | | Code No: |
| Date of Birth: | Age: | Date of Retirement: | Designation |
| Address of the Employee:<br><br>e-mail ID: | | | Phone No.: |

### 2. Details of employee/dependants who require medicines

| Sl No. | Employee/Dependant name | Date of Birth | Age | Gender | Relationship with the retired employee |
|---|---|---|---|---|---|
| **1.** | | | | | |
| **2.** | | | | | |
| **3.** | | | | | |
| **4.** | | | | | |

## 3. Medical details ( for long term medicines only)

| Sl No. | Employee/ Dependant name | Name of disease | Name of the treating doctor | Name of the hospital |
|---|---|---|---|---|
| **1.** | | | | |
| **2.** | | | | |
| **3.** | | | | |
| **4.** | | | | |

**DECLARATION BY THE RETIRED EMPLOYEE / DEPENDANT**

The information furnished by me is true to the best of my knowledge. The medicines in the prescription are taken by me/my dependant on a regular basis. Please send these medicines to my address.

Signature:
Name:
Date:
Place:

**PART - A**

# CERTIFICATE FROM TREATING DOCTOR

**(For dispensing medicines on long-term basis from Cochin Shipyard Ltd.)**

Name of the Employee……Code No…….....

This is to certify that Mr/Ms…….……. Age……...is under my treatment for (name of the disease) ……

He/she is taking the following medicines presently on long-term basis:

This certificate is issued to this person to avail these medicines from Cochin Shipyard Ltd., Kochi on a long-term basis.

Date: Signature of the doctor

Place: Name & Reg No.

(Seal)

**Note:**

1. **Schedule X** drugs, which are dispensed from medical stores only on prescription of a RMP, will not be dispensed from CSL. These drugs need not be included in the above list.
2. Fresh certificate has to be submitted if there is any change in medicines.

**ANNEXURE – II**

**MODUS-OPERANDI OF THE CASHLESS MEDICLAIM POLICY FOR RETIRED EMPLOYEES**

1) The Cashless treatment is being provided by the TPA M/s.Health Insurance TPA of India Ltd. (HITPA) on behalf of M/s.United India Insurance Company.A brief description about Cashless Service as provided by the Service Provider M/s.HITPA is enclosed (**Encl.I**)

2) Each beneficiary covered under this Cashless policy will be issued with a UHID Number and UHID e-card (digital mode) by E-mail or to the Mobile Number. Separate UHID will be issued for self and dependents. The members can also download the UHID e-card by logging in to the website https://hitpa.co.in using the UHID Number. The UHID issued will be valid during the entire policy period.

3) Cashless treatment can be taken by the beneficiaries in any of the wide network of hospitals (around 6000 hospitals) under M/s.HITPA which are spread across India. Details of hospitals can be seen at their website https://hitpa.co.in/Our-Services/Network-Hospitals. List of network hospitals under M/s. HITPA situated within Kerala are enclosed **(Encl.II)**

4) Those beneficiaries (employee/dependent) covered under this policy, wish to avail cashless treatment may contact the HITPA / Insurance Desk of the concerned hospital along with the UHID card.

5) The beneficiary shall also required to produce any of the Govt. approved Identity cards (Aadhaar /Voters ID/Driving License/Passport) at the time of availing benefits for verification/identification of the patient/beneficiary.

6) The Hospital will ask the member to fill the Pre-Authorization Request form for cashless claim. Insured member has to fill the pre-Authorisation request form with relevant information.

7) The Hospital shall send the Pre-Authorisation Request Form, ailment details & treatment estimate duly signed by treating doctor to M/s.HITPA.

8) M/s.HITPA will provide Pre-Authorisation Approval to hospital based on policy coverage, terms and conditions, within two hours from the receipt of intimation from the concerned hospital by M/s.HITPA.

9) At the time of discharge of the patient from the hospital the card holder / beneficiary avails cashless treatment is required to fill-up the claim form. The hospital will forward the bills and other details to M/s.HITPA and they will in turn approve the same within two hours from the time of receipt of intimation regarding discharge of the patient and treatment records from the hospital.

10) The beneficiary will be discharged from the hospital after obtaining approval from the TPA and on remittance of payment towards any inadmissible items.A list of non payable items forwarded by the TPA is placed at Encl.III.

11) Any inadmissible items like payment towards non-payable items etc or expenses towards any treatment not covered under the scheme or treatment expenses exceeding the limits notified under the policy shall be settled directly

by the patient to the hospital prior to discharge and CSL shall not bear such expenses.

12) The admissibility of room/bed shall be as per the eligibility prescribed by the M/s.HITPA and ceilings prescribed as under:

| S.N | Category at the time of Retirement | Entitlement Code | Per Day Room Rent + Nursing Charges (Rs.) |
|---|---|---|---|
| 1 | Workmen | W | 2,500.00 |

13) Insured can also claim pre-hospitalization expenses upto 30 days prior to admission and post-hospitalization expenses upto 60 days from the date of discharge (limited to 10% of the sum insured) as advised/prescribed by the concerned doctor in connection with the disease/illness for which inpatient treatment being taken, as per the policy terms and conditions by submitting claim documents, relevant bills etc to M/s.HITPA

14) If the insured desires to have the original medical reports back the same can be collected from M/s.HITPA office.

15) If due to any reason the cashless facility is not availed or is not approved Insured member pays for the treatment upfront, Reimbursement of claim shall be filed with M/s.HITPA after submission of Claim Documents as per documents checklist provided in the Claim Form/Website. (A copy of the claim format is enclosed as Encl-IV).

16) In case of emergency situation, if the beneficiary avails treatment from any hospital not included in the network hospital of M/s.HITPA, the Insurance company may consider reimbursement of the same on submission of insurance claim with proper documents and records. In such cases, the reimbursement shall be submitted as per the claim format.

17) Submission of claims after treatment for reimbursement, in case of non-approval of cashless treatment or in emergency situations or in the case of ayurveda treatment should be done within 90 days from the date of discharge of the patient. Such claims shall be submitted directly by the beneficiary to the Insurance Service Provided (M/s.HITPA) by the beneficiary.

18) For any information related to this Cashless policy or claim related enquiry or submission of claims,the beneficiaries may contact the service provider M/s.HITPA, Cochin Branch office.Their address and contact details are given below:

| Name | Contact Number | E-mail ID |
|---|---|---|
| Mr R Rethish | 7428086078 | r.rethish@hitpa.co.in |

**Cochin Branch Office Address**

Health Insurance TPA of India Ltd.

1st floor, Rukiya Bagh Bldg. MG Road,

Ravipuram -682016

***ENCLOSURE – I***

# Cashless Service

Cashless hospitalization is a facility provided by the Insurance Company / TPA wherein the Policy Holder can get admitted and undergo the required treatment without paying directly for the medical expenditure. The eligible medical expense, thus incurred, shall be settled by the Insurance Company directly with the hospital.

This is to reduce the direct financial burden on insured individual at the time of hospitalization. Therefore, whatever bill is raised by the healthcare provider, Insurance Company settles it directly through Third Party Administrator (TPA), Subject to policy terms and conditions.

**Process for cashless**

- To avail the cashless facility one needs to approach the hospital which is under the network of Insurance Company / TPA. The Insurance Companies / TPA have tie-up with various hospitals and to avail the cashless facility you have to get admitted in one of these hospitals.

- To avail this facility you need to fill a Pre Authorization form while getting admitted to the Network hospital. The completed form is sent to the TPA by the hospital. Depending upon the terms of the policy, the TPA, will issue an authorization or a denial letter to the hospital.

- Once this is done the hospital will start treatment and all expenses up to the admissible limits under the terms & conditions of the policy will be processed by the TPA in coordination with the Insurance Company as need be.

- Please carry your member ID card issued by HITPA and a valid Photo ID (issued by govt. authority) Proof with you and submit the photo copy of the same to the hospital. KYC (Know You Customer) details are mandatory for all claims of Rs.1 lac and above

- Please note that if authorization for cashless service from HITPA has been received then at the time of discharge complete the following steps

  - Verify the bills and counter sign the bills

  - Pay for those items that are not reimbursable under the health insurance policy

  - Leave the original discharge summary, bills and other investigation reports with the hospital.

  - Retain a photocopy for your records.

- **<u>If the authorisation for cashless is not received from HITPA or if Cashless Service denied by HITPA the at the time of dischrge complete the following steps</u>**.

- Settle the hospital bills in full and collect all the bills, discharge summary, investigation reports and other documents in original.
- Confirm from hospital that bill is raised as per rates and terms agreed with HITPA.
- Lodge your claim papers with HITPA for reimbursement processing within 15 days of discharge

- **<u>Cashless service may be denied in some of the situation as as listed below</u>**.

- The ailment or condition not covered under the policy
- The insured amount not being sufficient to cover the hospitalization expense
- If the request for pre authorization is not received by HITPA in time. ie., within 24 hrs in case of emergency hospitalization or 48 hours in advance for planned hospitalization.
- If the information sent to HITPA is insufficient to confirm coverage
- Where the reported symptoms or available/ medical inputs are inadequate /incomplete to determine the liability of the insurer
- Where the admission is primarily for investigation purpose unless specifically exempted in the policy
- Where the admission is less than 24 hrs duration except for specifically exempted conditions or procedure in the policy
- In case the personal information in policy and the coverage description differs with records registered with HITPA
- Where the hospital has been removed from the Network.

This is only an indicative list of reasons but not exhaustive

- **Please note that the denial of cashless service is not denial of treatment. You can continue with the treatment pay for the services to the hospital and later send the claim to HITPA for reimbursement processing. The procedure for the same detailed below**

1. Procedure for reimbursement of claims

In non-network hospitals payment must be made up-front and for reimbursement of claims the insured person may submit the necessary documents to TPA (if claim is processed by TPA) / to the company (if claim is processed by the company) within the prescribed time limit.

2. Documents to be submitted

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

i. Duly completed claim form;
ii. Photo ID, Age proof, Health Card - UHID, KYC documents
iii. Attending medical practitioner's / surgeon's certificate regarding diagnosis/ nature of operation performed, along with date of diagnosis, investigation test reports etc. supported by the prescription from attending medical practitioner.
iv. Original discharge card / day care summary / transfer summary;
v. Original final Hospital bill with detailed break-up with all original deposit and final payment receipt;
vi. Original invoice with payment receipt and implant stickers for all implants used during Surgeries i.e. lens sticker and Invoice in cataract Surgery, stent invoice and sticker in Angioplasty Surgery;
vii. All previous consultation papers indicating history and treatment details for current ailment;
viii. All original diagnostic reports (including imaging and laboratory) along with Medical Practitioner's prescription and invoice / bill with receipt from diagnostic center;
ix. All original medicine / pharmacy bills along with the Medical Practitioner's prescription;
x. MLC / FIR copy-in Accidental cases only;
xi. Copy of death summary and copy of death certificate (in death claims only);
xii. Pre and post-operative imaging reports;
xiii. Copy of indoor case papers with nursing sheet detailing medical history of the Insured Person, treatment details and the Insured Person's progress;
xiv. Cheque copy with name printed on the cheque leaf or copy of the first page of the bank pass book or the bank statement not later than 3 months.

**Note**

In the event of a claim lodged as per Settlement under multiple policies clause and the original documents having been submitted to the other insurer, the company may accept the duly certified documents listed above and claim settlement advice duly certified by the other insurer subject to satisfaction of the company.

3. Time limit for submission of documents**:**

   a) Reimbursement of hospitalization and pre-hospitalization expenses (limited to 30 days) shall be submitted within 90 (Ninety) days of date of discharge from hospital
   b) Reimbursement of post hospitalization expenses (limited to 60 days) shall be submitted within 30 (thirty) days from completion of post hospitalization treatment.

   Note: Waiver of this Condition may be considered in extreme cases of hardship where it is proved to the satisfaction of the Company that under the circumstances in which the insured was placed it was not possible for him or any other person to give such notice or file claim within the prescribed time-limit.

4. The Insured Person shall also give the TPA / Company such additional information and assistance as the TPA / Company may require in dealing with the claim including an authorisation to obtain Medical and other records from the hospital, lab, etc.

5. All the documents submitted to TPA shall be electronically collected by Us for settlement and denial of the claims by the appropriate authority.

6. Scrutiny of Claim Documents
   a) TPA shall scrutinize the claim form and the accompanying documents. Any deficiency in the documents shall be intimated to the Insured Person/ Network Provider as the case may be. If the deficiency in the necessary claim documents is not met or is partially met in 10 working days of the first intimation, TPA will send a maximum of 3 (three) reminders. TPA at its sole discretion, decide to deduct the amount of claim for which deficiency is intimated to the Insured Person and settle the claim if observe that such a claim is otherwise valid under the Policy.

   b) In case a reimbursement claim is received when a pre-authorisation letter has been issued, before approving such a claim, a check will be made with the Network Provider whether the pre-authorisation has been utilized as well as whether the Insured Person has settled all the dues with the Network Provider. Once such check and declaration is received from the Network Provider, the case will be processed.

   c) The claims towards Pre-Hospitalisation Medical Expenses and Post-Hospitalization Medical Expenses shall be processed only after decision of the main Hospitalization claim

7. Day Care Treatment

   (i) Day Care Treatment means medical treatment, and/or surgical procedure which is undertaken under General or Local Anesthesia in a hospital/day care centre in less than 24 hours because of technological advancement, and which would have otherwise required a hospitalization of more than 24 hours.

(ii) Treatment normally taken on an out-patient basis is not included in the scope of this definition.

(iii) Day Care Treatment is eligible for cashless hospitalization.

(iv) Cashless request should be forwarded at least 48 hours prior to admission in Hospital in case of a planned Hospitalization and within 24 hrs in case of emergency hospitalization

(v) To avail cashless facility for dialysis claim cashless request need to be submitted as single claim for every 2 weeks dialysis treatment expenses as single claim and Total final expenses can be submitted after completion of 2 weeks dialysis treatment.

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ENCL. II

हैल्थ इन्श्योरेंस टीपीए ऑफ इन्डिया लिमिटेड

# HEALTH INSURANCE TPA OF INDIA LTD.

**Hospital Network List---Kerala**

| Sl No | Hospital Name | Address | Place | District |
|---|---|---|---|---|
| 1 | Chaithanya Eye Hospital | Near Town Hall, Haripad | Haripad | Alappuzha |
| 2 | KVM Hospital | P.B. No. 30, Cherthala- Alappuzha Road, Cherthala, Kerala 688524 | Cherthala | Alappuzha |
| 3 | Sreekantapuram hospital | SH6, Kandiyoor, Mavelikara, Kerala 690103 | Mavelikara | Alappuzha |
| 4 | Kinder Medical Service Private Limited | Maruthorvattom Temple Road, Near N.H 47, Cherthala 688539 | Cherthala | Alappuzha |
| 5 | V S M Hospital | Thattarambalam, Mavelikkara | Mavelikara | Alappuzha |
| 6 | SAHRADHYA Hospital | Alappuzha | Alappuzha | Alappuzha |
| 7 | PROVIDANCE Hospital | Alappuzha | Alappuzha | Alappuzha |
| 8 | Sagara Hospital | Aalappuzha | Aalappuzha | Alappuzha |
| 9 | Amrita Institute of Medical Sciences | Ernakulam | Ernakulam | Ernakulam |
| 10 | Renai Medicity Hospital | Mamangalam, Palarivattom, Kochi, Kerala 682025 | Palarivattom | Ernakulam |
| 11 | Aster Medcity | Kuttisahib Rd, Cheranllore, South Chittoor, Kerala 682027 | Cheranllore | Ernakulam |
| 12 | Giridhar Eye Institute | Giridhar eye institute 2nd floor,vam arcade above saravana bhavan toll jn, Edappally-682024 | Edappally | Ernakulam |
| 13 | Chaithanya Ent Hospital | S.A. Road, Cochin | Ernakulam | Ernakulam |
| 14 | Aditya eye hospital | Near Cardinal High School Thrikkakkara, Edappally - Pukkattupady Road, Judgemukku, Kochi | Edappally | Ernakulam |
| 15 | Ernakulam Medical Centre | N.H.Bypass Road, Kochi | Ernakulam | Ernakulam |
| 16 | Sunrise Hospital- | Vii/528-B&C, Seaport-Airport Road, Mavelipuram, Kakkanad, Kochi | Kakkanad | Ernakulam |
| 17 | Specialists Hospital | opp.north railway station, ernakulam north, kochi, kerala 682018 | north railway station | Ernakulam |
| 18 | Vijaya Kumara Menon Hospital | North Fort Gate, Tripunitaura | Tripunitaura | Ernakulam |
| 19 | Little Flower Hospital | M.C. Road, Angamaly, Kerala 683572 | Angamaly | Ernakulam |

| | | | | |
|---|---|---|---|---|
| 20 | Maj Hospital | Market Road, Edappally, Kochi, Kerala 682024 | Edappally | Ernakulam |
| 21 | Giridhar Eye Institute | Kadavanthara | Kadavanthara | Ernakulam |
| 22 | KG Hospital , Angamaly | Chenkatti Bridge, Near Ksrtc Bus Stand, Angamali, Kochi, Kerala 683572 | Angamaly | Ernakulam |
| 23 | Lakshmi Hospital, Diwan Road | Diwan'S Road, Ernakulam, Kochi, Kerala 682016 | Diwan'S Road | Ernakulam |
| 24 | Lisie Hospital | Kathrikadavu, Kaloor, Ernakulam, Kerala 682017 | Kaloor | Ernakulam |
| 25 | Medical Trust Hospital | MG Road, Cochin - 682 016 Kerala, India. | MG Road | Ernakulam |
| 26 | The Eye Foundation | Opposite Changampuzha Park, Mamangalam, Edappally, Kochi, Kerala 682024 | Edappally | Ernakulam |
| 27 | Lourdes Hospital | Pachalam Po, Ernakulam, Kochi, Kerala 682012 | Pachalam | Ernakulam |
| 28 | Rajagiri Hospital | Near Gtn Junction, Aluva - Munnar Rd, Chunagamvely, Aluva, Kochi, Kerala 683112 | Aluva | Ernakulam |
| 29 | Vijaya Kumar Menon | North Fort Gate, Tripunithura Ernakulam District, Kerala State Pin – 682 301 | Tripunithura | Ernakulam |
| 30 | Vasan Eye Care | 27/3215, M.G Road, Cochin - 682015,Kerala | M.G.Road | Ernakulam |
| 31 | Vasan Eye Care | Padivattom,Palarivattom, Cochin - 682024, Kerala | Palarivattom | Ernakulam |
| 32 | Giridhar Eye Institute | Perumpilly, Elamkunnapuzha, Vypin, Kerala 682505 | Vypin | Ernakulam |
| 33 | Vasan Eye Care | Near Powe House, Tripunithura Road,Vytila .Cochin - 682019, Kerala | Vytila | Ernakulam |
| 34 | Kristu Jayanthi Hospital | Perumpilly, Elamkunnapuzha, Vypin, Kerala 682505 | Vypin | Ernakulam |
| 35 | Indira Gandhi Co-Operative Hospital | Gandhi Nagar Road, Opposite Rajiv Gandhi Indoor Stadium, Gandhi Nagar, Kadavanthra, Kochi, Kerala 682020 | Kadavanthra | Ernakulam |
| 36 | St.Joseph's Hospital | Muttar Eloor Road, Manjummel, Eloor, Ernakulam, Kerala 683501 | Manjummel | Ernakulam |
| 37 | Sree Sudheendra Medical Mission Hospital | Chittoor Rd, Kacheripady, Ernakulam, Kerala 682018 | Kacheripady | Ernakulam |
| 38 | Najath Hospital | Bank Jn, Aluva, Kochi, Kerala 683101 | Aluva | Ernakulam |
| 39 | Krishna Hospital | Chittoor/M.G Road, Ernakulam. Kochi | Chittoor | Ernakulam |
| 40 | Kinder Medical Service Private Limited | Pathadipalam, Edappally,Kochi-682033 | Edappally | Ernakulam |
| 41 | PS Mission Hospital | Pandavath Junction, Vakelachan Road, Maradu, Ernakulam, Kerala 682304 | Maradu | Ernakulam |

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| 42 | San Joe Hospital | Near Santhi Asram, Doctors Quarters, Perumbavoor, Ernakulam, Kerala 683542 | Perumbavoor | Ernakulam |
| 43 | Sangeeth Hospital | No 5/1496, South Cherlai, Mattancherry, Near Td Girls Lp School, Cherlai Road, Ernakulam, Kerala 682002 | Mattancherry | Ernakulam |
| 44 | V.G Saraf Memorial Hospital | 39/4603, Sreekandath Road, Ravipuram, Cochin, Kerala 682016 | Ravipuram | Ernakulam |
| 45 | Fatima Hospital | Konam Road, Kochi, Kerala 682006 | Kochi | Ernakulam |
| 46 | The Eye Foundation | Next to Chamgampuzha Park Metro Station, Devankulangara, Mamangalam, Edappally, Kochi, Kerala 682024 | Chamgampuzha | Ernakulam |
| 47 | Muvattupuzha Co-operative Super Specialty Hospital And Research Center | One Way Jn., Market P.O., Muvattupuzha | Muvattupuzha | Ernakulam |
| 48 | KMK Hospital | K.M.K. Junction, Paravoor, Opposite Potten Theruv Bus Stop, Nh-17, Kochi, Kerala 683513 | Paravoor | Ernakulam |
| 49 | MOSC Medical College Hospital | Medical College Road, Kolencherry, Ernakulam, Kerala 682311 | Kolencherry | Ernakulam |
| 50 | Vatheyayath Hospital | P P Road, Allapra, Kunnathunad, Kerala 683542 | Perumbavoor | Ernakulam |
| 51 | Bharath Rural Hospital & Training Centre | South Kuriyappilly, Moothakunnam P O, Ernakulam, Kerala 683516 | Moothakunnam | Ernakulam |
| 52 | Varma Hospital | Kochi - Madurai Bypass Rd, Thrippunithura, Kochi, Kerala 682301 | Thripunithura | Ernakulam |
| 53 | Roshan Eye Care Hospital | SN Junction, Thrippunithura, Ernakulam, Kerala 682301 | Thripunithura | Ernakulam |
| 54 | City Hospital | Mahatma Gandhi Rd, Opp Padma Theatre, Padma Junction, Shenoys, Ernakulam, Kerala 682035 | Ernakulam | Ernakulam |
| 55 | Lakshmi Hospital, Panayappally | Mother Teresa Rd, Thoppumpady, Kochi, Kerala 682005 | Panayappally | Ernakulam |
| 56 | KPM Eye Hospital & Laser Centre | Hospital Road, Near, Mahatma Gandhi Rd, Ernakulam, Kerala 682011 | Ernakulam | Ernakulam |
| 57 | Nedumchalil Trust Hospital | Moovattupuzha | Ernakulam | Ernakulam |
| 58 | A.P.Varkey Mission Hospital, Arakunnam, Ernakulam | Arakunnam, Ernakulam | Arakunnam | Ernakulam |
| 59 | Mar Baselious Medical Mission Hospital, Kothamangalam | Kothamangalam | Kothamangalam | Ernakulam |

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| 60 | DEVI HOSPITAL, TRIPUNITHURA | Ernakulam | Ernakulam | Ernakulam |
| 61 | MADONA HOSPITAL, ANGAMALY | Ernakulam | Ernakulam | Ernakulam |
| 62 | Chaithanya Eye Hospital & Research Institute | Ernakulam | Ernakulam | Ernakulam |
| 63 | Arogyalayam Hospital, Aluva | Bridge Road, Aluva, Ernakulam, Kerala- | Aluva | Ernakulam |
| 64 | Samaritian Hospital, Pazhanganadu, Kizhakambalam | Ernakulam | Pazhavangadu, Kizhakkambalam | Ernakulam |
| 65 | B & B Memorial Hospital | Opp. Thrikkakara Temple, Thrikkakara P.O, Kochin, Kochi, Kerala 682021 | Thrikkakkara | Ernakulam |
| 66 | MAGJ Hospital, Mookannur | Mookannur, Ankamaly | Mookannoor, Angamaly | Ernakulam |
| 67 | Carmel Hospital, Aluva | Asokapuram, Aluva | Aluva | Ernakulam |
| 68 | Gautham Hospital | Panapilly, Kochi | Kochi | Ernakulam |
| 69 | Thrikkakkara Muncipal Co-operative Hospital | Near Collecterate, Kakkanad | KAKKANAD | Ernakulam |
| 70 | NIRMALA MEDICAL CENTRE | MUVATTUPUZHA | MUVATTUPUZHA | Ernakulam |
| 71 | Jishy Hospital | Mundamvelly, Thoppumpady, Kochi | Kochi | Ernakulam |
| 72 | Chaithanya Eye , Palarivattom | Palarivattom | Palaravittom | Ernakulam |
| 73 | NSD Raju Eye Clinic | Vyttilla | Vyttilla | Ernakulam |
| 74 | Vijayalakshmi Hospital | Kadavanthara | Kadavanthara | Ernakulam |
| 75 | Alpha ENT Hospital | Ernakulam | Ernakulam | Ernakulam |
| 76 | St. Joseph Hospital | Kothamangalam | Kothamangalam | Ernakulam |
| 77 | JACOBS EYE Hospital | Stadium Link Road, Palarivattom | Palarivattom | Ernakulam |
| 78 | Don BOSCO Hospital | North Paravur | North Paravoor | Ernakulam |
| 79 | Vimala Hospital | Kanjoor, Kalady | Kanjoor | Ernakulam |
| 80 | Samaritian Heart Institute | Kizhakkambalam | Kizhakkambalam | Ernakulam |
| 81 | Karothukuzhi Hospital | Aluva | Aluva | Ernakulam |
| 82 | Susrutha eye hospital, Kakkananadu | Kakkanadu | Kakkanadu | Ernakulam |
| 83 | SNIMS | CHALAKKA, North Kuthiyathodu.P.O, Ernakulam, Kerala-683594 | CHALAKKA, North Kuthiyathodu.P.O, Ernakulam, Kerala-683594 | Ernakulam |
| 84 | Apollo Adlux Hospital, Karukutty, Ernakulam ( Cashless starting from 01/10/2021) | Karukutty, Ernakulam | Karukutty, Angalamy | Ernakulam |
| 85 | Welcare Hospital, Vytilla | Vytilla | Vytilla, Ernakulam | Ernakulam |
| 86 | RCM Eye Hospital | Thripunithura | Thripunithura | Ernakulam |

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| 87 | CIMAR COCHIN HOSPITAL | N.H-17 THYKKAVU BUS STOP, CHERANALLORE, Edappally | Edappally | Ernakulam |
| 88 | Ghura Dharma Mission Hospital | Mala | Mala | Ernakulam |
| 89 | JMP- Piravom | Piravom | Piravom | Ernakulam |
| 90 | Silverline Hospital | Kadavanthara | Kadavanthara | Ernakulam |
| 91 | Akshya Maternity Hospital | Kadavanthara | Kadavanthara | Ernakulam |
| 92 | Carmel Medical Centre, Varapuzha | Varapuzha | Thirumuppam, Varapuzha, Ernakulam | Ernakulam |
| 93 | Futureace Hospital | Edappally | Edappally | Ernakulam |
| 94 | Holy Family Hospital | Muthalakkodam Thodupuzha, Idukki District, Thodupuzha, Kerala 685605 | Thodupuzha | Idukki |
| 95 | Chazhikattu Hospital | River View Road, Thodupuzha | Thodupuzha | Idukki |
| 96 | Bishop Vayalil Medical Centre | Near Moolamattom - Vagamon Rd, Moolamattom, Elappally, Kerala 685589 | Moolamattom | Idukki |
| 97 | Medical Trust Hospital, Nedumkandam | Nedumkandum, Idukki, Kerala 685553 | Nedumkandam | Idukki |
| 98 | St.Marys Hospital Thodupuzha | Thodupuzha | Thodupuzha | Idukki |
| 99 | Morning Star Medical Centre, Adimali | Adimaly | Adimaly | Idukki |
| 100 | Devamatha Hospital- Rajakumary | Rajakumary | Rajakumary-idukki | Idukki |
| 101 | Karuna Medical Centre | Nedumkandum, Idukki, Kerala 685553 | Nedumkandam | Idukki |
| 102 | Alphonsa Hospital, Murikkassery | Murikkassery, Idukki | Murikkassery | Idukki |
| 103 | Idukki District Co-operative Hospital | Thodupuzha | Thodupuzha | Idukki |
| 104 | Karuna Thodupuzha | Thodupuzha | Thodupuzha | Idukki |
| 105 | Mudakkayam Medical Trust Hospital | Mundakayam East | Mundakkayam | Idukki |
| 106 | Vasan Eye Care | Netra Building Fort Road Kannur - 670001, Kerala | Kannur | Kannur |
| 107 | Tellicherry co-operative hospital | Co-Operative Hospital Junction, Thalassery, Kannur, Kerala 670101 | Thalassery | Kannur |
| 108 | Dhanalakshmi Hospital | Kannomthumchal Road, Cannanore, Kerala 670002 | Cannanore | Kannur |
| 109 | Anaamaya Medical Institute | Annur Road, Payyanur, Kannur 670307 | Payyanur | Kannur |
| 110 | Malabar Institute of Medical Scuiences Limited ( Aster MIMS Kannur ) | East Chala , Bye Pass Road Kannur | Kannur | Kannur |
| 111 | Ashoka Hospital - Kannur | South Bazar Road, Kannur | Kannur | Kannur |
| 112 | Indira Gandhi Hospital | Thalassery, Kannur | Kannur | Kannur |
| 113 | Dr.Binues Sunrise Eye care | Kannur | Kannur | Kannur |
| 114 | Jyothis Eye Hospital | Kannur | Kannur | Kannur |
| 115 | Lourde Hospital | Kannur | Kannur | Kannur |

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| 116 | St Martin Deporres Hospital | Kannur | Kannur | Kannur |
| 117 | GIMCARE Hospital | Kannur | Kannur | Kannur |
| 118 | Sreechand Hospital, Kannur | Kannur | Kannur | Kannur |
| 119 | United Medical Centre, Kasargodu | Kasargodu | Kasargodu | Kasargodu |
| 120 | Sanjeevani Integreated Medical Serives Pvt.Ltd | Ramnagar | Kanhangad | Kasargodu |
| 121 | Krishna Hospital | Vidya Nagar | Kasargodu | Kasargodu |
| 122 | Kasargodu Institute of Medical Sciences (KIMS- Kasargodu) | Kasargodu | Kasargodu | Kasargodu |
| 123 | Chaithra Medical Centre | Kasargod | Kasargod | Kasargodu |
| 124 | Precise Eye Care & Research Centre | Pada North, Pulliman Junction, Karunagapally, Kollam | Karunagapally | Kollam |
| 125 | Travancore Medical College & Hospital | Medicity, Nh Bypass Road, Thattamala, Kollam | Thattamala | Kollam |
| 126 | Valiyath Institute of Medical Sciences | Market Road, Near Thevar Kaavu Sree Devi Temple, Karunagappally, Kerala 690518 | Karunagappally | Kollam |
| 127 | Bishop Benziger Hospital | Benziger Hospital Road, Mundakkal Village, Kollam, Kerala 691001 | Mundakkal | Kollam |
| 128 | Dr. Nairs Hospital | Residency Road, Asramam, | Residency Road | Kollam |
| 129 | KIMS Kollam Multi Specialtiy Hospital | NH-47, Pallimukku, Quilon, Kerala 691571 | Pallimukku | Kollam |
| 130 | Upasana Hospital | Kadappakkada, Kollam, | Kadappakkada | Kollam |
| 131 | Sree Narayana Trust Medical Mission Hospital, Kollam | Sree Narayana Trust Medical Mission Hospital, , Kollam - 691001 | Kollam | Kollam |
| 132 | Matha Medical Centre, kollam | Mathilil Pokarunagapally, Kollam, Kerala 691601 | Kollam | Kollam |
| 133 | Assissi Atonment Hospital | Perumpuzha, Chavara | Perumpuzha, Chavara | Kollam |
| 134 | Azeezia Medical College Hospital | Meeyannoor | Meeyannoor | Kollam |
| 135 | Padmavathy Medical Foundation | Sasthamcotta, Kollam, Sasthamcotta, Kerala 690521 | Sasthamcotta | Kollam |
| 136 | Dr.Nairs Hospital , Kollam | Residency Road, Asramam, Quilon, Kerala 691002 | Kollam | Kollam |
| 137 | Amardeep Eye care Hospital, Kollam | Kollam | Kollam | Kollam |
| 138 | Pearl Hospital, Karunagappally | Karunagappally | Karunagappaly | Kollam |
| 139 | SBM KARUNAGAPPALLY | Karunagappally | Karunagappaly | Kollam |
| 140 | Rapha Aroma Hospital | Kottarakkakkara | Kottarakkakkara | Kollam |
| 141 | Meditrina Kollam | Kollam | Kollam | Kollam |
| 142 | PMC speciality Hospital Kottarakkara | Kottrakkakkara | Kottrakkakkara | Kollam |
| 143 | Vijaya Hospital Kottarakkakkara | Kottarakkakkara | Kottarakkakkara | Kollam |

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| 144 | St Thomas Hospital | Chethipuzha, Changassery | Changanassery | Kottayam |
| 145 | SH Medical Centre Hospital | Near Nagambadam Bus Stand, Kottayam, Kerala 686001 | Kottayam | Kottayam |
| 146 | Caritas Cancer Institute | Main Central Rd, Thellakom Post, Kottayam | Thellakom | Kottayam |
| 147 | Udayagiri Multi Speciality Hospital | Changanacherry, Kottayam | Changanassery | Kottayam |
| 148 | Vasan Eye Care | Union Club Road, Karapuzha, Kottayam - 686003, Kerala | Karapuzha | Kottayam |
| 149 | PNP Ponkunnam | Ponkunnam, Kottayam | Ponkunnam | Kottayam |
| 150 | Alphonsa Eye Hospital | Ettumanoor- Erattupetta Rd, Pala, Kerala 686575 | Ettumanoor | Kottayam |
| 151 | Holy Ghost Mission Hospital | Muttuchira Kaduthuruthy, Kottayam, Kerala 686535 | Muttuchira | Kottayam |
| 152 | Mary Queens Mission Hospital | Palampra P.O., Kanjirapally, Kottayam-686518 | Kanjirapally | Kottayam |
| 153 | Carmel Medical Centre, Pala | Pala | Pala | Kottayam |
| 154 | Mercy Nursing Home, Karukachal, Kottayam | Karukachal | Karukachal | Kottayam |
| 155 | Sanjeevani Hospital, Chanaganassery | Kottayam | Changassery | Kottayam |
| 156 | KIMS HOSPITAL, KUDAMALOOR, KOTTAYAM | Kottayam | Kottayam | Kottayam |
| 157 | Mercy Hospital, Pothy | Pothy, Thalayolaparambu | Thalayolaparambu | Kottayam |
| 158 | Mar Sleeva Medicity , Pala | Cherpunkal, Kezhuvankulam P.O, Kottayam, 686584 | Palai | Kottayam |
| 159 | Marian Medical Centre | Arunapuram, Pala | Pala | Kottayam |
| 160 | Little Lourdes, kidangoor | Kidangoor | Pala | Kottayam |
| 161 | St Mary's hospital-kottayam/manarcadu | kottayam/manarcadu | kottayam/manarcadu | Kottayam |
| 162 | St. Vincents Hospital, Kuravilangadu | Kuravilangadu | Kuravilangadu | Kottayam |
| 163 | Mitera Hospital | Kottayam | Kottayam | Kottayam |
| 164 | Vasan Eye Care | 825 C, Arayadathupalam, Bypass Road, Calicut - 673004, Kerala | Arayadathupalam | Kozhikodu |
| 165 | Vasan Eye Care | 27/743A, Mavoor Road, Near Kseb Office, Patteri, Calicut - 673016, Kerala | Patteri | Kozhikodu |
| 166 | Al Salama Eye Hospital | Arayidathupalam Junction,, Mavoor Rd, Arayidathupalam, Kozhikode, Kerala 673004 | Arayidathupalam | Kozhikodu |
| 167 | Baby Memorial Hospital | Arayidathupalam Junction, Arayidathupalam, Kozhikode, Kerala 673004 | Arayidathupalam | Kozhikodu |
| 168 | Meitra Hospital, Kozhikode | Calicut | Calicut | Kozhikodu |
| 169 | Malabar Multi Speciality Hospital | Eranhipaalam, Eranhippalam, Kozhikode, Kerala 673020 | Eranhippalam | Kozhikodu |

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| 170 | National Hospital | Mavoor Rd, Polpaya Mana, Tazhekkod, Kozhikode, Kerala 673001 | Mavoor | Kozhikodu |
| 171 | Malabar Medical College & Research Centre | Kozhikode-Kuttiyadi Road, Modakkallur, Kerala 673321 | Modakkallur | Kozhikodu |
| 172 | Metro Intrnational Cardiac Centre Pvt Ltd | Thondayad Bypass Road, Near Highlite City, Palazhi, Poovangal, Kozhikode, Kerala 673014 | Poovangal | Kozhikodu |
| 173 | MVR Cancer Centre & Research Institute | CP 13/516 B, C, Vellalasseri REC(via, Poolacode, Kerala 673601 | Poolacode | Kozhikodu |
| 174 | Starcare Hospital | Near Thondayad Bypass, Kozhikode, Kerala 673017 | Near Thondayad Bypass | Kozhikodu |
| 175 | Aster MIMS | mini by-pass road, govindapuram, kozhikode, kerala 673016 | govindapuram | Kozhikodu |
| 176 | Pvs Hospital | Railway Station Road, Calicut, Kerala,673002 | Railway Station Road | Kozhikodu |
| 177 | Koyas Hospital | T P Road, Feroke, Kozhikode, Kerala 673631 | kozhikode | Kozhikodu |
| 178 | Kozhikode Dt.Co-operative Hospital | Calicut | kozhikode | Kozhikodu |
| 179 | Comtrust Eye Hospital | Calicut | kozhikode | Kozhikodu |
| 180 | Dr. Sreekanth Eye Care Hospital, Calicut | Calicut | Calicut | Kozhikodu |
| 181 | Asten Specialty Orthopaedic Hospital | Calicut | Calicut | Kozhikodu |
| 182 | Ascent Hospital, Calicut | Calicut | Calicut | Kozhikodu |
| 183 | Chest Hospital, Calicut | Calicut | Calicut | Kozhikodu |
| 184 | Nirmala Hospital | Calicut | Calicut | Kozhikodu |
| 185 | St Joseph hospital | Calicut | Calicut | Kozhikodu |
| 186 | Lisa Hospital | Calicut | Calicut | Kozhikodu |
| 187 | Dr. AMBADI'S CALICUT CENTRE FOR SURGERY (A UNIT OF EINS & ERSTE HEALTHCARE) | 7TH FLOOR, METROMED INTERNATIONAL CARDIAC CENTRE, THONDAYAD BYPASS ROAD, | Calicut | Kozhikodu |
| 188 | Karuna Institute of Medicla Sciences -- koduvally | vennakad,Koduvally | Calicut | Kozhikodu |
| 189 | HOLY CROSS HOSPITAL PVT LTD | Manjeri, Malappuram | Manjeri | Malappuram |
| 190 | Moulana Hospital | Ooty Road, Malappuram, Perintalmanna, Kerala 679322 | Perintalmanna | Malappuram |
| 191 | Korambayil Hospital | Pandikkad Road, Manjeri, Malappuram, Kerala 676122 | Manjeri | Malappuram |
| 192 | ALMAS HSOPITAL | Changuvetty, Malappuram, Kerala 676503 | Changuvetty | Malappuram |
| 193 | Kims Al Shifa Super Speciality Hospital | Ootty Road, Perintalmanna, Kerala 679322 | Perintalmanna | Malappuram |
| 194 | AL SALAMA EYE HOSPITAL | PERINTHALMANNA | Perintalmanna | Malappuram |

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| 195 | NIMS , Nilambur | Nilambur | Nilambur | Malappuram |
| 196 | ASCENT ENT HOSPITAL | **Calicut Road, Perinthalmanna** | **Calicut Road, Perinthalmanna** | Malappuram |
| 197 | Prasanthi Hi-Tech Hospital | Manjeri,Malappuram | Manjeri,Malappuram | Malappuram |
| 198 | Ernad Hospital | Malappuram | Malappuram | Malappuram |
| 199 | Malabar Institute of Medical Scuiences Limited ( Aster MIMS Kottakkal ) | Kottakkal | Kottakkal | Malappuram |
| 200 | Lakshmi Hospital | 17/751, Chittur Road, Palakkad, Kerala 678013 | Chittur Road | Palakkad |
| 201 | Thangam Hospital Of Pmrc | Chadanamkurussi, West Yakkara, Palakkad, Kerala 678004 | West Yakkara | Palakkad |
| 202 | ASCENT ENT HOSPITAL | Harikkara Streetcourt Road, Sulthanpet, Palakkad, Kerala 678001 | Harikkara Streetcourt Road | Palakkad |
| 203 | Trinity Eye Centre | Calicut Bypass Road, Manali Junction, Palakkad, Kerala 678001 | Manali Junction | Palakkad |
| 204 | P K Das Institute of Medical Sciences | Palakkad - Ponnani Road, Ottapalam, District Palakkad, Vaniamkulam | Ottapalam | Palakkad |
| 205 | Vasan Eye Care | 18/88 (7) Chittur Road Kunnathur Medu Po Palakkad - 678013, Kerala | Kunnathur Medu | Palakkad |
| 206 | Welcare Hospital | Shornur Road , Welcare Junction, Palakkad, Kerala 678006 | Welcare Junction | Palakkad |
| 207 | Athani Hospital | Nattukal–Athicode Road, Nattukal P.O., Chittur Taluk | Nattukal | Palakkad |
| 208 | Sevana Hospital and Research Centre | SH-23, Ottappalam, Kerala 679303 | pattambi | Palakkad |
| 209 | Seventh-Day Adventist Hospital | Kanniampuram Post, Palakkad District, Ottapalam, Kerala 679104 | Ottapalam | Palakkad |
| 210 | Paalana Institute of Medical Sciences | Kannadi P.O, Palakkad, Kerala 678701 | Kannadi | Palakkad |
| 211 | Sevana Hospital , Palakkad | Palakkad | Palakkad | Palakkad |
| 212 | Avitis Super Specialty Hospitals Pvt Ltd | Opp. Japamalarani Church, Thrissur-Pollachi Main Road,Nemmara, Palakkad | Nemmara | Palakkad |
| 213 | SAI Hospital | Palakkad | | Palakkad |
| 214 | Ahalia Diabetic Center | Palakkad | Palakkad | Palakkad |
| 215 | Mother Care Hospital | Vattambalam, NH 966 ,Kumaramputhur P.O, Mannarkkad | Mannarkkad | Palakkad |
| 216 | Vasan Eye Care | No 640/Ward No 7, Mc Road, Near Indusand Bank, Thiruvalla | Thiruvalla | Pathanamthitta |
| 217 | Christian Mission Hospital | MC Road, Pandalam | Pandalam | Pathanamthitta |

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| 218 | Chitra Multi Speciality Hospital in Pandalam | Pandalam, Pathanamthitta, Kerala 689501 | Pandalam | Pathanamthitta |
| 219 | MGM Muthoot Medical Centre | College Road, Kozhencherry Pathanamthitta Dist, Kozhenchery | Kozhenchery | Pathanamthitta |
| 220 | Muthoot Hospitals Pathanamthitta | Ring Road, Near Malayala Manorama, Pathanamthitta | Ring Road | Pathanamthitta |
| 221 | St. Gregorious ,Parumala | Parumala, Pathanamthitta | Parumala, Pathanamthitta | Pathanamthitta |
| 222 | Tiruvlla Medical Mission Hospital | Paipad -Manthanam Road, Tiruvalla, Pathanamthitta, Kerala-689101 | Paipad-Manthanam Road, Tiruvalla | Pathanamthitta |
| 223 | St.Thomas Hospital, Chengannur, Malakkara | Malakkara, Aranmula | Malakkara, Aranmula | Pathanamthitta |
| 224 | Pushpagiri Medical Colllege Hospital | Thiruvalla | Thiruvalla | Pathanamthitta |
| 225 | Holy Cross Adoor | Adoor | Adoor | Pathanamthitta |
| 226 | Line Line Adoor | Adoor | Adoor | Pathanamthitta |
| 227 | Kerala Institute Of Medical Science | Anayara Road, Anayara, Thiruvananthapuram, Kerala | Anayara | Thiruvananthapuram |
| 228 | Precise Speciality Eye Care | Vikash Bhavan Post, Pmg Junction Ttc Junction Road, Thiruvananthapuram, Kerala 695033 | Ttc Junction Road | Thiruvananthapuram |
| 229 | S K Hospital | Thiruvananthapuram - Neyyar Dam Road, Edappazhinji, Pangode, Thiruvananthapuram, Kerala 695006 | Pangode | Thiruvananthapuram |
| 230 | S P Fort Hospital | Fort, Pazhavangadi, Thiruvananthapuram, Kerala 695023 | Pazhavangadi | Thiruvananthapuram |
| 231 | Sut Royal Hospital | Ulloor, Medical College P O, Pongumoodu, Thiruvananthapuram, Kerala 695011 | Pongumoodu | Thiruvananthapuram |
| 232 | Vasan Eye Care | Opp. Vydyuthi Bhavan, Pattom.P.O, Trivandrum - 695004, Kerala | Pattom | Thiruvananthapuram |
| 233 | Chaithanya Eye Hospital & Research Institute | Ulloor Road, Near Kesavadasapuram Jn, Vivekanand Nagar, Kesavadasapuram, Thiruvananthapuram, Kerala 695004 | Kesavadasapuram | Thiruvananthapuram |
| 234 | Saraswati Hospital | Pavathiyan Villaparassala, Trivandrum, Kerala 695502 | Villaparassala | Thiruvananthapuram |
| 235 | India Hospital | Mele Thampanoor, Gandhariamman Kovil Road, Trivandrum, Kerala 695001 | Gandhariamman Kovil | Thiruvananthapuram |
| 236 | Ananthapuri Hospital & Research Institute | Nh Bypass, Chackai, Thiruvananthapuram, Kerala 695024 | Nh Bypass, Chackai | Thiruvananthapuram |

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| 237 | NIMS HOSPITAL NEYYATTINKARA | 7/31(1), Ulloor Jn, Med College P O, Thoppil, Near Peedikayil Chambers, Trivandrum, Kerala 695001 | Thoppil | Thiruvananthapuram |
| 238 | Sree Gokulam Medical College And Research Foundation | Aalamthara - Bhoothamadakki Road, Venjaramoodu, Trivandrum, Kerala 695607 | Venjaramoodu | Thiruvananthapuram |
| 239 | S.U.T. Hospital | Pattom Palace View Road, Vrindavan Gardens, Trivandrum, Kerala 695004 | Pattom | Thiruvananthapuram |
| 240 | Amardeep Eye Care | Peroorkada Vattiyoorkavu Road, Indira Nagar, Opposite Police Station, Peroorkkada, Trivandrum, Kerala 695005 | Peroorkkada | Thiruvananthapuram |
| 241 | Cosmopolitan Hospital | Pottakkuzhi Road, Trivandrum, Kerala 695004 | Pottakkuzhi Road | Thiruvananthapuram |
| 242 | Attukal Devi Institute Of Medical Sciences | Attukal Bhagavathi Temple Road, Manacaud, Trivandrum, Kerala 695009 | Thiruvananthapuram | Thiruvananthapuram |
| 243 | Divya Prabha Eye Hospital,TVM | Trivandrum | Trivandrum | Thiruvananthapuram |
| 244 | PRS Hospital | NH 47, Near PRS Hospital, Killipalam, Karamana, Thiruvananthapuram, Kerala 695002 | Thiruvananthapuram | Thiruvananthapuram |
| 245 | G.G.Hospital | Kumarapuram Road, Murinjapalam, Trivandrum, Kerala 695011 | Thiruvananthapuram | Thiruvananthapuram |
| 246 | Lords Hospital, Tvm | Anayara, Trivandrum | Anayara, Trivandrum | Thiruvananthapuram |
| 247 | Sivagiri Sree Narayana Medical Mission, Varkala | Varkala | Varkala | Thiruvananthapuram |
| 248 | Meditrina Hospital, Trivandrum | Trivandrum | Trivandrum | Thiruvananthapuram |
| 249 | Mamal Hospital | Trivandrum | Trivandrum | Thiruvananthapuram |
| 250 | Nirmala Hospital, Trivandrum | Trivandrum | Trivandrum | Thiruvananthapuram |
| 251 | TSC HOSPITAL PVT LTD | N.H BYPASS,S.N NAGAR,KULATHOOR | KULATHOOR | Thiruvananthapuram |
| 252 | Holy Cross Trivandrum | Thiruvananthapuram | Thiruvananthapuram | Thiruvananthapuram |
| 253 | Neyyar Medcity Hospital | Trivandrum | Trivandrum | Thiruvananthapuram |
| 254 | Medicare Hospital | Nh66, Keetholi, Kodungallur, Thrissur Dist | Kodungallur | Thrissur |
| 255 | Amala Institute Of Medical Sciences | Amala Nagar Po, Thrissur, Kerala, India - 680555 | Amala Nagar | Thrissur |
| 256 | Sun Medical and Research Centre | ST Nagar, Near Sakthan Thampuran Bus Stand, Kannamkulangara | Kannamkulangara | Thrissur |

| | | | | |
|---|---|---|---|---|
| 257 | Vasan Eye Care | Opp. Ima Office, Tc Ix/376, Tb Road, Thrissur - 680001, Kerala | Tb Road | Thrissur |
| 258 | Aswini Hospital | Karunakaran Nambiar Rd,aswani junction, opposite to big bazaar, Patturaikkal, Thrissur, Kerala 680020 | Patturaikkal | Thrissur |
| 259 | Jubilee Mission Hospital | P.B.No.737, Thrissur, Kerala 680005 | Thrissur | Thrissur |
| 260 | Drishyam Eye Care Hospital | Kovilakathumpaadam, TUDA road, Thrissur, Kerala, Pincode:, 680020 | Kovilakathumpaadam | Thrissur |
| 261 | I Vision Eye Hospital | Smart City Building, Near Kinar Stop, Koorkenchery, Thrissur, Kerala 680007 | Koorkenchery | Thrissur |
| 262 | DR. Rani Menon's Eye Clinic | Chungam bus Stop, Kanjani Road, Trichur, Kerala 680003 | Kanjani Road | Thrissur |
| 263 | Modern Hospital | P.B. No. 22, Kodungallur Post, Thrissur, Kerala 680664 | Kodungallur | Thrissur |
| 264 | Rajah Memorial Charitable Hospital | Guruvaoor, Chavakkad, Kerala-680506 | Chavakkad | Thrissur |
| 265 | West Fort Hospital | Thrissur Round | Thrissur Round | Thrissur |
| 266 | Daya General Hospital and Speciality Surgical Centre | SH 22, Near Viyyur bridge, Thrissur, Kerala 680022 | Thrissur | Thrissur |
| 267 | I Vision Chalakudy | KSRTC ROAD, Chalakudy, Kerala 680307 | Chalakudy | Thrissur |
| 268 | GEM Hospital | Ollukkara Village, Paravattani, Thrissur. Kerala 680 001, | Paravattani | Thrissur |
| 269 | Royal Hospital | Thrissur | Thrissur | Thrissur |
| 270 | Metropolitai Hospital | Thrissur | Thrissur | Thrissur |
| 271 | St.James Hospital, chalkudy | Chalakudy | Thrissur | Thrissur |
| 272 | Secred Heart Mission Hospital Pullur | Pullur P O , Irinjalakuda, Thrissur | Irinjalakuda | Thrissur |
| 273 | M. I. MISSION HOSPITAL ( Mary Immaculate Mission Hospital) | ENGANDIYUR, THRISSUR | ENGANDIYUR | Thrissur |
| 274 | Devamatha Hospital | Koratty, Thrissur | Koratty, Thrissur | Thrissur |
| 275 | Bishop Alappat Mission Hospital | Karanchira N. Kattoor.P.O | Irinjalakuda | Thrissur |
| 276 | Irinjalakuda Cooperative Hospital | Irinjalakuda | Irinjalakuda | Thrissur |
| 277 | Vinayaka Hospital-sulthan bathery | Sulthan bathery, Wayanadu | sulthan bathery | Wayanad |
| 278 | St.Martin Hospital, Ambalavayil | Ambalavayil | Ambalavayil | Wayanad |
| 279 | LEO Hospital, Kalpetta | Kalpetta | Kalpetta | wayanad |
| 280 | DM wayanad institute of Medical Sciences | NASEERA NAGAR, Meppadi, Wayanad | Meppadi | wayanad |

**ENCL. III**

# LIST OF NON PAYABLE ITEMS

| SN | ITEM/DESCRIPTION | REMARKS |
|---|---|---|
| 1 | BABY FOOD | Not Payable |
| 2 | BABY UTILITIES CHARGES | Not Payable |
| 3 | BEAUTY SERVICES | Not Payable |
| 4 | BELTS/ BRACES | Payable for cases who have undergone surgery of thoracic or lumbar spine |
| 5 | BUDS | Not Payable |
| 6 | COLD PACK/HOT PACK | Not Payable |
| 7 | CARRY BAGS | Not Payable |
| 8 | EMAIL / INTERNET CHARGES | Not Payable |
| 9 | FOOD CHARGES (OTHER THAN PATIENT'S DIET PROVIDED BY HOSPITAL) | Not Payable |
| 10 | LEGGINGS | Payable in case of varicose vein surgery |
| 11 | LAUNDRY CHARGES | Not Payable |
| 12 | MINERAL WATER | Not Payable |
| 13 | SANITARY PAD | Not Payable |
| 14 | TELEPHONE CHARGES | Not Payable |
| 15 | GUEST SERVICES | Not Payable |
| 16 | CREPE BANDAGE | Not Payable |
| 17 | DIAPER OF ANY TYPE | Not Payable |
| 18 | EYELET COLLAR | Not Payable |
| 19 | SLINGS | Reasonable costs for one sling in case of upper arm fractures is payable |
| 20 | BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES | Part of Cost of Blood, not payable |
| 21 | SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED | Part of room charge not payable separately |
| 22 | Television Charges Payable under room charges not if separately levied | Not Payable |
| 23 | SURCHARGES Part of Room Charge | Not payable separately |
| 24 | ATTENDANT CHARGES | Not Payable - Part of Room Charges |

| | | |
|---|---|---|
| 25 | EXTRA DIET OF PATIENT (OTHER THAN THAT WHICH FORMS PART OF BED CHARGE) | Patient Diet provided by hospital is payable |
| 26 | BIRTH CERTIFICATE | Not Payable |
| 27 | CERTIFICATE CHARGES | Not Payable |
| 28 | COURIER CHARGES | Not Payable |
| 29 | CONVEYANCE CHARGES | Not Payable |
| 30 | MEDICAL CERTIFICATE | Not Payable |
| 31 | MEDICAL RECORDS | Not Payable |
| 32 | PHOTOCOPIES CHARGES | Not Payable |
| 33 | MORTUARY CHARGES Payable up to 24 hrs, | shifting charges not payable |
| 34 | WALKING AIDS CHARGES | Not Payable |
| 35 | OXYGEN CYLINDER (FOR USAGE OUTSTDE THE HOSPITAL) | Not Payable |
| 36 | SPACER | Not Payable |
| 37 | SPIROMETRE | Device not payable |
| 38 | NEBULIZER KIT | Not Payable |
| 39 | STEAM INHALER | Not Payable |
| 40 | ARMSLING | Not Payable |
| 41 | THERMOMETER | Not Payable |
| 42 | CERVICAL COLLAR | Not Payable |
| 43 | SPLINT | Not Payable |
| 44 | DIABETIC FOOT WEAR | Not Payable |
| 45 | KNEE BRACES (LONG/ SHORT/ HINGED) | Not Payable |
| 46 | KNEE IMMOBILIZER/SHOULDER IMMOBILIZER | Not Payable |
| 47 | LUMBO SACRAL BELT | Payable for cases who have undergone surgery of lumbar spine |
| 48 | NIMBUS BED OR WATER OR AIR BED CHARGES | Payable for any ICU patient requiring more than 3 days in ICU, all patients with paraplegia/ quadriplegia for any reason and at reasonable cost of approximately Rs 200/ day |
| 49 | AMBULANCE COLLAR | Not Payable |
| 50 | AMBULANCE EQUIPMENT | Not Payable |

| | | |
|---|---|---|
| 51 | ABDOMINAL BINDER | Payable for cases who have undergone surgery of lumbar spine. |
| 52 | CREAMS POWDERS LOTIONS | (Toiletries are not payable, only prescribed medical pharmaceuticals payable)Payable when prescribed |
| 53 | ECG ELECTRODES Upto 5 electrodes are required for every case visiting OT or ICU. | For longer stay in ICU, may require a change and at least one set every single day is payable |
| 54 | GLOVES - Sterilized Gloves payable | Unsterilized gloves not payable |
| 55 | NEBULISATION KIT | Payable reasonably if used during hospitalisation |
| 56 | ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT,ORTHOKIT, RECOVERY KIT, ETC] | Not Payable |
| 57 | KIDNEY TRAY | Not Payable |
| 58 | MASK | Not Payable |
| 59 | OUNCE GLASS | Not Payable |
| 60 | OXYGEN MASK | Not Payable |
| 61 | PELVIC TRACTION BELT | Payable in case of PIVD requiring traction |
| 62 | PAN CAN | Not Payable |
| 63 | TROLLEY COVER | Not Payable |
| 64 | UROMETER, URINE JUG | Not Payable |
| 65 | AMBULANCE | Payable |

UNITED INDIA INSURANCE COMPANY LIMITED
REGISTERED & HEAD OFFICE: 24, WHITES ROAD, CHENNAI-600014

# CLAIM FORM - PART A

**TO BE FILLED IN BY THE INSURED**

The issue of theis form is not to be taken as admission of liability

**(To be filled in block letters)**

## DETAILS OF PRIMARY INSURED

a) Policy no: b) Sl. No/ Certificate No:

c) Company/ TPA ID No:

d) Name:

e) Address:

City: State:

Pin Code: Phone No: Email ID:

SECTION A

## DETAILS OF INSURANCE HISTORY

a) Currently covered by any other Mediclaim/ Health Insurance: Yes No b) Date of commencement of first insurance without break:

c) If yes, company name: Policy No:

Sum Insured (`): d) Have you been hospitalized in the last four years since inception of the contract? Yes No Date:

Diagnosis: e) Previously covered by any other Mediclaim/ Health Insurance : Yes No

f) If yes, Company Name :

SECTION B

## DETAILS OF INSURED PERSON HOSPITALIZED

a) Name :

b) Gender : Male Female c) Age: years months d) Date of Birth:

e) Relatuionship to Primary Insured: Self Spouse Child Father Mother Other (Please specify)

f) Occupation: Service Self Employed Homemaker Student Retired Other (Please specify)

g) Address (if different from above):

City: State:

Pin Code: Phone No: Email ID:

SECTION C

## DETAILS OF HOSPITALIZATION

a) Name of Hospital where Admitted:

b) Room category occupied: Day Care Single occupancy Twin sharing 3 or more beds per room

c) Hospitalization due to: Injury Illness Maternity d) Date of injury/ Date Disease first detected/ Date of Delivery:

e) Date of Admission: f) Time: : g) Date of Discharge: h) Time: :

i) If injury, give cause: Self inflicted Road Traffic Accident Substance abuse / Alcohol Consumption i. If Medico Legal: Yes No

ii. Reported to police: Yes No iii. MLC Report & Police FIR attached: Yes No j) System of medicine:

SECTION D

## DETAILS OF CLAIM

a) Details of treatment expenses claimed

i. Pre Hospitalization Expenses ` ii. Hospitalization Expenses `

iii. Post Hospitalization Expenses ` iv. Health Check up Cost `

v. Ambulance Charges ` vi. Others (code): `

**Total** `

vi. Pre hospitalization period: days vii. Pre hospitalization period: days

b) Claim for Domiciliary Hospitalization: Yes No (if yes, provide details in annexure)

c) Details of Lump sum / cash benefit claimed:

i. Hospital Daily Cash: ` ii. Surgical Cash: `

iii. Critical Illness Benefit: ` iv. Convalescence: `

v. Pre/Post hosp. Lump sum benefit: ` vi. Others: `

**Total** `

**Claim Documents Submitted- Check List:**

- Claim FormDuly signed
- Copy of the claim intimation, if any
- Hospital Main bill
- Hospital Break-up bill
- Hospital Discharge Summary
- Pharmacy Bill
- Operation Theatre Notes
- ECG
- Doctor's request for investigation
- Investigation Reports (including CT / MRI / USG / HPE)
- Doctor's Prescription
- Others

SECTION E

## DETAILS OF BILLS ENCLOSED

| Sl. No. | Bill No. | Date | Issued By | Towards | Amount (`) |
|---|---|---|---|---|---|
| 1 | | | | Hospital Main Bill | |
| 2 | | | | Pre hospitalisation Bills: ___ Nos | |
| 3 | | | | Post hospitalisation Bills: ___ Nos | |
| 4 | | | | Pharmacy Bills: | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| 8 | | | | | |
| 9 | | | | | |
| 10 | | | | | |

SECTION F

## DETAILS OF PRIMARY INSURED'S BANK ACCOUNT

a) PAN: b) Account Number:

c) Bank Name and Branch

SECTION

d) Cheque/ DD Payable details:

e) IFSC Code:

SECTION G

**DECLARATION BY THE INSURED**

SECTION H

I hereby declare that the information furnished in this claim form is true & correct to the best of my knowledge and belief. If I have made any false or untrue statement, suppression or concealment of any material fact with respect to questions asked in relation to this claim, my right to claim reimbursement shall be forfeited. I also consent & authorize TPA / insurance company, to seek necessary medical information / documents from any hospital / Medical Practitioner who has attended on the person against whom this claim is made. I hereby declare that I have included all the bills / receipts for the purpose of this claim & that I will not be making any supplementary claim except the pre/post-hospitalization claim, if any.

Date: Place: Signature of the insured:

| GUIDANCE FOR FILLING CLAIM FORM – PART A (To be filled in by the insured) | | |
|---|---|---|
| **DATA ELEMENT** | **DESCRIPTION** | **FORMAT** |
| **SECTION A - DETAILS OF PRIMARY INSURED** | | |
| a) Policy No. | Enter the policy number | As allotted by the insurance company |
| b) SI. No/ Certificate No. | Enter the social insurance number or the certificate number of social health insurance scheme | As allotted by the organization |
| c) Company TPA ID No. | Enter the TPA ID No | License number as allotted by IRDA and printed in TPA documents. |
| d) Name | Enter the full name of the policyholder | Surname, First name, Middle name |
| e) Address | Enter the full postal address | Include Street, City and Pin Code |
| **SECTION B - DETAILS OF INSURANCE HISTORY** | | |
| a) Currently covered by any other Mediclaim / Health Insurance? | Indicate whether currently covered by another Mediclaim / Health Insurance | Tick Yes or No |
| b) Date of Commencement of first Insurance without break | Enter the date of commencement of first insurance | Use dd-mm-yy format |
| c) Company Name | Enter the full name of the insurance company | Name of the organization in full |
| Policy No. | Enter the policy number | As allotted by the insurance company |
| Sum Insured | Enter the total sum insured as per the policy | In rupees |
| d) Have you been Hospitalized in the last 4 years since inception of the contract? | Indicate whether hospitalized in the last 4 years | Tick Yes or No |
| Date | Enter the date of hospitalization | Use mm-yy format |
| Diagnosis | Enter the diagnosis details | Open Text |
| e) Previously Covered by any other Mediclaim/ Health Insurance? | Indicate whether previously covered by another Mediclaim / Health Insurance | Tick Yes or No |
| f) Company Name | Enter the full name of the insurance company | Name of the organization in full |
| **SECTION C - DETAILS OF INSURED PERSON HOSPITALIZED** | | |
| a) Name | Enter the full name of the patient | Surname, First name, Middle name |
| b) Gender | Indicate Gender of the patient | Tick Male or Female |
| c) Age | Enter age of the patient | Number of years and months |
| d) Date of Birth | Enter Date of Birth of patient | Use dd-mm-yy format |
| e) Relationship to primary Insured | Indicate relationship of patient with policyholder | Tick the right option. If others, please specify. |
| f) Occupation | Indicate occupation of patient | Tick the right option. If others, please specify. |
| g) Address | Enter the full postal address | Include Street, City and Pin Code |
| h) Phone No | Enter the phone number of patient | Include STD code with telephone number |
| i) E-mail ID | Enter e-mail address of patient | Complete e-mail address |
| **SECTION D - DETAILS OF HOSPITALIZATION** | | |
| a) Name of Hospital where admitted | Enter the name of hospital | Name of hospital in full |
| b) Room category occupied | Indicate the room category occupied | Tick the right option |
| c) Hospitalization due to | Indicate reason of hospitalization | Tick the right option |
| d) Date of Injury/Date Disease first detected/ Date of Delivery | Enter the relevant date | Use dd-mm-yy format |
| e) Date of admission | Enter date of admission | Use dd-mm-yy format |
| f) Time | Enter time of admission | Use hh:mm format |
| g) Date of discharge | Enter date of discharge | Use dd-mm-yy format |
| h) Time | Enter time of discharge | Use hh:mm format |
| i) If Injury give cause | Indicate cause of injury | Tick the right option |
| If Medico legal | Indicate whether injury is medico legal | Tick Yes or No |
| Reported to Police | Indicate whether police report was filed | Tick Yes or No |
| MLC Report & Police FIR attached | Indicate whether MLC report and Police FIR attached | Tick Yes or No |
| j) System of Medicine | Enter the system of medicine followed in treating the patient | Open Text |
| **SECTION E - DETAILS OF CLAIM** | | |
| a) Details of Treatment Expenses | Enter the amount claimed as treatment expenses | In rupees (Do not enter paise values) |
| b) Claim for Domiciliary Hospitalization | Indicate whether claim is for domiciliary hospitalization | Tick Yes or No |
| c) Details of Lump sum/ cash benefit claimed | Enter the amount claimed as lump sum/ cash benefit | In rupees (Do not enter paise values) |
| d) Claim Documents Submitted-Check List | Indicate which supporting documents are submitted | Tick the right option |
| **SECTION F - DETAILS OF BILLS ENCLOSED** | | |
| Indicate which bills are enclosed with the amounts in rupees | | |
| **SECTION G - DETAILS OF PRIMARY INSURED'S BANK ACCOUNT** | | |
| a) PAN | Enter the permanent account number | As allotted by the Income Tax department |
| b) Account Number | Enter the bank account number | As allotted by the bank |
| c) Bank Name and Branch | Enter the bank name along with the branch | Name of the Bank in full |
| d) Cheque/ DD payable details | Enter the name of the beneficiary the cheque/ DD should be made out to | Name of the individual/ organization in full |
| e) IFSC Code | Enter the IFSC code of the bank branch | IFSC code of the bank branch in full |
| **SECTION H - DECLARATION BY THE INSURED** | | |
| Read declaration carefully and mention date (in dd:mm:yy format), place (open text) and sign. | | |

UNITED INDIA INSURANCE COMPANY LIMITED
REGISTERED & HEAD OFFICE: 24, WHITES ROAD, CHENNAI-600014

# CLAIM FORM - PART B

**TO BE FILLED IN BY THE HOSPITAL**

The issue of theis form is not to be taken as admission of liability

Please include the original preauthorization request form in lieu of PART A

**(To be filled in block letters)**

## DETAILS OF HOSPITAL

SECTION A

a) Name of the Hospital:

c) Hospital ID: c) Type of Hospital: Network ☐ Non Network ☐ (if non network, fill Section E)

d) Name of the treating doctor:

e) Qualification: f) Registration No. with state code: g) Phone No.

## DETAILS OF PATIENT ADMITTED

SECTION B

a) Name of Patient:

b) IP Registration No.: c) Gender : Male ☐ Female ☐ d) Age: years months e) Date of Birth:

f) Date of Admission: g) Time: : h) Date of Discharge: i) Time: :

j) Type of Admission: Emergency ☐ Planned ☐ Day Care ☐ Maternity ☐ k) If Maternity: i. Date of Delivery: ii. Gravida Status:

l) Status at time of discharge: Discharged to home ☐ Discharged to another hospital ☐ Deceased ☐ m) Total claimed amount

## DETAILS OF AILMENT DIAGNOSED (PRIMARY)

SECTION C

| a) | ICD 10 Codes | Description | b) | ICD 10 PCS | Description |
|---|---|---|---|---|---|
| i. Primary Diagnosis : | | | i. Procedure 1 : | | |
| ii. Additional Diagnosis : | | | ii. Procedure 2 : | | |
| iii. Co-morbidities : | | | iii. Procedure 3 : | | |
| iv. Co-morbidities : | | | iv. Details of Procedure : | | |

c) Pre authorization obtained: ☐ Yes ☐ No d) Pre-authorization number:

e) If authorization by network hospital not obtained, give reason:

f) Hospitalization due to injury: ☐ Yes ☐ No i. If yes, give cause Self inflicted ☐ Road Traffic Accident ☐ Substance abuse / alcohol consumption ☐

ii. If injurydue to Substance abuse / alcohol consumption, Test Conducted to establish this: ☐ Yes ☐ No (if yes, attach reports) iii. If Medico Legal: ☐ Yes ☐ No iv. Reported to Police: ☐ Yes ☐ No

v. FIR No. vi. If not reported to police, give reason:

## CLAIM DOCUMENTS SUBMITTED - CHECKLIST

SECTION D

- ☐ Claim Form duly signed
- ☐ Original Pre-authorization request
- ☐ Copy of the Pre-authorization approval letter
- ☐ Copy of photo ID card of patient verified by hospital
- ☐ Hospital discharge summary
- ☐ Oparation Theatre Notes
- ☐ Hospital main bill
- ☐ Hospital break-up bill
- ☐ Investigation reports
- ☐ CT/ MRI/ USG/ HPE/ Investigation reports
- ☐ Doctor's referance slip
- ☐ ECG
- ☐ Pharmacy bills
- ☐ MLC report & Police FIR
- ☐ Original death summary from hospital, where applicable
- ☐ Any other, please specify

## DETAILS IN CASE OF NON NETWORK HOSPITAL (ONLY FILL IN CASE OF NON NETWORK HOSPITAL)

SECTION E

a) Address of the hospital:

City: State:

Pin Code: b) Phone No: c) Registration No. with State Code:

d) Hospital PAN e) Number of inpatient beds f) Facilities available in the hospital: i. OT: ☐ Yes ☐ No ii. ICU: ☐ Yes ☐ No

iii. Others:

## DECLARATION BY THE HOSPITAL

**(Please read very carefully)**

SECTION F

We hereby declare that the information furnished in this Claim Form is true & correct to the best of our knowledge and belief. If we have made any false or untrue statement, suppress or concealment of anu material fact, our right to claim under this claim shall be forfeited.

Date:

Place: Signature of the insured:

| GUIDANCE FOR FILLING CLAIM FORM – PART B (To be filled in by the hospital) | | |
|---|---|---|
| **DATA ELEMENT** | **DESCRIPTION** | **FORMAT** |
| **SECTION A - DETAILS OF HOSPITAL** | | |
| a) Name of Hospital | Enter the name of hospital | Name of hospital in full |
| b) Hospital ID | Enter ID number of hospital | As allocated by the TPA |
| c) Type of Hospital | Indicate whether In network or non network nospital | Tick the right option |
| d) Name of treating doctor | Enter the name of the treating doctor | Name of doctor in full |
| e) Qualification | Enter the qualifications of the treating doctor | Abbreviations of educational qualifications |
| f) Registration No. with State Code | Enter the registration number of the doctor along with the state code | As allocated by the Medical Council of India |
| g) Phone No. | Enter the phone number of doctor | Include STD code with telephone number |
| **SECTION B – DETAILS OF THE PATIENT ADMITTED** | | |
| a) Name of Patient | Enter the name of hospital | Name of hospital in full |

| | | |
|---|---|---|
| b) IP Registration Number | Enter insurance provider registration number | As allotted by the insurance provider |
| c) Gender | Indicate Gender of the patient | Tick Male or Female |
| d) Age | Enter age of the patient | Number of years and months |
| e) Date of Admission | Enter date of admission | Use dd-mm-yy format |
| f) Time | Enter time of admission | Use hh:mm format |
| g) Date of Discharge | Enter date of discharge | Use dd-mm-yy format |
| h) Time | Enter time of discharge | Use hh:mm format |
| i) Type of Admission | Indicate type of admission of patient | Tick the right option |
| j) If Maternity | | |
| Date of Delivery | Enter Date of Delivery if maternity | Use dd-mm-yy format |
| Gravida Status | Enter Gravida status if maternity | Use standard format |
| k) Status at time of discharge | Indicate status of patient at time of discharge | Tick the right option |
| **SECTION C – DETAILS OF AILMENT DIAGNOSED (PRIMARY)** | | |
| a) ICD 10 Code | | |
| Primary Diagnosis | Enter the ICD 10 Code and description of the primary diagnosis | Standard Format and Open text |
| Additional Diagnosis | Enter the ICD 10 Code and description of the additional diagnosis | Standard Format and Open text |
| Co-morbidities | Enter the ICD 10 Code and description of the co-morbidities | Standard Format and Open text |
| b) ICD 10 PCS | | |
| Procedure 1 | Enter the ICD 10 PCS and description of the first procedure | Standard Format and Open text |
| Procedure 2 | Enter the ICD 10 PCS and description of the second procedure | Standard Format and Open text |
| Procedure 3 | Enter the ICD 10 PCS and description of the third procedure | Standard Format and Open text |
| Details of Procedure | Enter the details of the procedure | Open text |
| c) Pre-authorization obtained | Indicate whether pre-authorization obtained | Tick Yes or No |
| d) Pre-authorization Number | Enter pre-authorization number | As allotted by TPA |
| e) If authorization by network hospital not obtained, give reason | Enter reason for not obtaining pre-authorization number | Open text |
| f) Hospitalization due to injury | Indicate if hospitalization is due to injury | Tick Yes or No |
| Cause | Indicate cause of injury | Tick the right option |
| If injury due to substance abuse/alcohol consumption, test conducted to establish this | Indicate whether test conducted | Tick Yes or No |
| Medico Legal | Indicate whether injury is medico legal | Tick Yes or No |
| Reported To Police | Indicate whether police report was filed | Tick Yes or No |
| FIR No. | Enter first information report number | As issued by police authorities |
| If not reported to police, give reason | Enter reason for not reporting to police | Open Text |
| **SECTION D – CLAIM DOCUMENTS SUBMITTED-CHECK LIST** | | |
| Indicate which supporting documents are submitted | | |
| **SECTION E – DETAILS IN CASE OF NON NETWORK HOSPITAL** | | |
| a) Address | Enter the full postal address | Include Street, City and Pin Code |
| b) Phone No. | Enter the phone number of hospital | Include STD code with telephone number |
| c) Registration No. with State Code | Enter the registration number of the doctor along with the state code | As allocated by the Medical Council of India |
| d) Hospital PAN | Enter the permanent account number | As allotted by the Income Tax department |
| e) Number of Inpatient Beds | Enter the number of inpatient beds | Digits |
| f) Facilities available in the hospital | Indicate facilities available in the hospital | Tick the right option. If others, please specify |
| **SECTION F - DECLARATION BY THE INSURED** | | |
| Read declaration carefully and mention date (in dd:mm:yy format), place (open text) and sign. | | |