

कोचीन शिपयार्ड लिमिटेड / COCHIN SHIPYARD LIMITED
कोच्ची / KOCHI - 15

सं/No.PERL/17(28)/2014Pt

तिथि/Date: 25 अप्रैल / Apr 2023

वर्ष 2023-24 के लिए सेवानिवृत्त कर्मचारियों के लिए ग्रुप मेडिकलेम पॉलिसी
GROUP MEDICLAIM POLICY FOR RETIRED EMPLOYEES FOR THE YEAR 2023-24

1. वर्ष 2023-24 के लिए सेवानिवृत्त कर्मचारियों के लिए ग्रुप मेडिकलेम पॉलिसी का मेसर्स यूनाइटेड इंडिया इंश्योरेंस कंपनी लिमिटेड, एर्णाकुलम के साथ नवीकृत किया गया है। नीति के अनुसार, पात्र सेवानिवृत्त कर्मचारियों को निम्नलिखित संरक्षण/लाभ उपलब्ध हैं:
The Group Mediclaim Policy for Retired Employees for the year 2023-24 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. अंतरंग रोगी (आईपी) उपचार: सभी बीमारियों (डे केयर उपचार सहित) के लिए फ्लोटर आधार पर अधिकतम 4 व्यक्तियों की एक परिवार इकाई के लिए एक वर्ष में 8,00,000/- रुपए तक।
In-patient (IP) treatment: upto Rs. 8,00,000/- in a year for a family unit of maximum 4 persons on floater basis for all diseases (including Day care treatments)
 - ii. अतिरिक्त संरक्षण : गंभीर बीमारी संरक्षण (आईपी): 24,00,000/ रुपए – एक वर्ष में प्रति व्यक्ति पहले 10 व्यक्तियों तक सीमित (1.25 करोड़ रुपए के कोष में से)
Additional cover – Critical illness cover IP: 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. 1,25,000/-रुपए (उपरोक्त (i) के तहत शामिल) तक सीमित गर्भाशय-उच्छेदन व्यय की प्रतिपूर्ति।
Reimbursement of Hysterectomy expenses limited to Rs.1,25,000/- (included under (i) above)
 - iv. रेटिनल डिऑर्डर के लिए प्रतिपूर्ति- आयु संबंधी मैकुलर डीजनरेशन व्यय, राजुमब इंजेक्शन के मूल्य सहित 50,000/- रुपए (उपरोक्त (i) के अंतर्गत शामिल) तक सीमित।
Reimbursement for Retinal Disorder - Age Related macular degeneration expenses limited to Rs.50,000/- including the cost of Razumab Injection (included under (i) above)
2. सेवानिवृत्त कर्मचारियों के लाभ के लिए सीएसएल ने चिकित्सा संरक्षण को नकदीहीन पॉलिसी के रूप में लिया है। नकदीहीन उपचार सेवा बीमा कंपनी द्वारा नियुक्त टीपीए अर्थात मेसर्स एचआईटीपीए द्वारा प्रदान की जाएगी। नकदीहीन चिकित्सा बीमा पॉलिसी रोगियों को नकदीहीन आधार पर मेसर्स एचआईटीपीए द्वारा सूचीबद्ध नेटवर्क अस्पतालों में आईपी/डे केयर उपचार लेने की अनुमति देती है। नकदीहीन चिकित्सा नीति के कार्यप्रणाली और दावों को प्रस्तुत करने हेतु, कृपया इस परिपत्र के अनुलग्नक - I के रूप में विस्तृत विवरण देखें।

For the benefit of retired employees 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 by M/s. HITPA on cashless basis. For the modus operandi of the cashless medical policy and submission of claims, please refer the details elaborated as **Annexure – I** of this circular.

3. पात्र व्यक्तियों (अधिकतम 4 सदस्य) में शामिल हैं:

क) स्वयं / सेवानिवृत्त

ख) पति या पत्नी

ग) आश्रित बच्चों (बेरोज़गार / अविवाहित पुत्र / 25 वर्ष की आयु तक की पुत्री) 25 वर्ष से अधिक आयु के पुत्र/पुत्री जो अशक्त (40% या अधिक अशक्त) हैं उन्हें आश्रित माना जाएगा।

घ) आश्रित माता-पिता (सभी स्रोतों से आय निर्धारित सीमा 12,420/- रुपए प्रति माह से अधिक न हो)।

The eligible persons (**maximum 4 members**) includes:

(a) Self/Retiree

(b) Spouse

(c) Dependent children (unemployed/unmarried son/daughter upto 25 years of age) . Differently abled(40% or more disabled) son/daughter above 25 years of age will be considered as dependents.

(d) Dependent Parents (Income from all sources shall not exceed the limit prescribed ie. Rs.12,420/- per month)

वर्ष 2023-24 में अधिकतम 4 व्यक्तियों को शामिल करने वाले सेवानिवृत्त कर्मचारियों की प्रति परिवार इकाई के लिए उपरोक्त बीमा राशि के लिए देय पूर्ण प्रीमियम **41,205/- रुपए** है।

Full premium payable for the above sum assured for the year 2023-24 per family unit of retired employees covering maximum 4 persons is **Rs.41,205/-**

4. सेवानिवृत्त के बाद चिकित्सा सहायता योजनाओं के अंतर्गत आनेवाले सेवानिवृत्त कर्मचारियों से अनुरोध है कि वे लागू प्रीमियम का भुगतान करें, जैसा कि नीचे दर्शाया गया है:

The retired employees covered under the respective post retirement medical assistance schemes are requested to remit the applicable premium, as indicated below:

क्र.सं. SN	मौजूदा हिताधिकारियों द्वारा भुगतान किए जाने वाले प्रीमियम का विवरण Details of premium to be paid by the existing beneficiaries	राशि (रु.) Amt (Rs)
i	Workmen who retired prior to 01.04.2007 on superannuation or under VRS/VPRS after 15 years of service in CSL	100.00
ii	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
iii	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	4,121.00
iv	Workmen who resigned after 15 years of service in CSL	41,205.00
v	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	20,603.00

vi	Supervisors and officers who retired prior to 01.01.2007 on superannuation or under VRS/VPRS after 15 years of service in CSL	100.00
vii	Supervisors and officers who retired between 01.01.2007 to 31.12.2010 on superannuation after 15 years of service in CSL	100.00
viii	Supervisors and officers who retired on or after 01.01.2011 on superannuation after 15 years of service in CSL	4,121.00
ix	Officers, supervisors who resigned after 15 years of service in CSL	41,205.00

5. बाह्य रोगी उपचार व्यय की प्रतिपूर्ति / Reimbursement of Outpatient treatment expenses:

- a) बाह्य रोगी उपचार के संरक्षण को चिकित्सा बीमा पॉलिसी से बाहर रखा गया है।
Coverage of OP treatment has been excluded from the medical insurance policy.
- b) प्रति परिवार 20,000/- रुपए तक के सामान्य ओपी उपचार व्यय और 40,000/- रुपए तक के गंभीर ओपी उपचार व्यय की प्रतिपूर्ति सीएसएल द्वारा ओपी दावों को प्रस्तुत करने पर सीधे सीएसएल द्वारा की जाएगी।
General OP treatment expenses upto **Rs.20,000/-** per family and Critical OP treatment expenses upto **Rs.40,000/-** per family shall be reimbursed directly by CSL on submission of OP claims to CSL
- c) सीएसएल से इस्तीफा देनेवाले कर्मचारियों के मामले में ओपी प्रतिपूर्ति की अनुमति नहीं है (अनुच्छेद - 4 में तालिका की क्रमसंख्या (iv) & (ix))। हालांकि, लंबी अवधि के ओपी इलाज के लिए सीएसएल चिकित्सा केंद्र से दवाएं वितरित की जाएंगी।
In the case of employees who have resigned from CSL, OP reimbursement is not permitted [Serial Number (iv) & (ix) of the table at para-4]. However, medicines will be dispensed from CSL Medical Centre for long term OP treatment.
- d) वाउचर/बिलों के साथ ओपी उपचार व्यय की प्रतिपूर्ति के दावों को प्रतिपूर्ति के लिए मु.चि.अ./चि.अ. सीएसएल को सूचित करते हुए सीएसएल को अग्रेषित किया जाएगा।
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) सेवानिवृत्त कर्मचारी या उसके पात्र आश्रित द्वारा लगातार ली जा रही दवाओं को एक प्राधिकृत चिकित्सकीय परिचारक/चिकित्सक के पर्चे के आधार पर सीएसएल चिकित्सा केंद्र से हटा दिया जाएगा।
Those medicines being taken continuously by the retired employee or his/her eligible dependent, shall be dispensed from CSL Medical Centre based on the prescription of an Authorized Medical Attendant / Medical Practitioner.

6. सभी योग्य सेवानिवृत्त कर्मचारीगण जो इस योजना में सदस्यता को नवीकृत करने के इच्छुक हैं, उनसे अनुरोध है कि वे दिनांक 25 अप्रैल 2023 से 01 मई 2023 के दौरान सीएसएल कार्यालयीन वेबसाइट पर उपलब्ध निर्धारित प्रपत्र में नवीकरण के लिए ऑनलाइन आवेदन प्रस्तुत करें।

All eligible retired employees 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 25 Apr 2023 to 01 May 2023.

7. आश्रितों के विवरण का अद्यतन और बीमा के नवीकरण के लिए प्रीमियम का भुगतान निम्नलिखित चरणों का उपयोग करके किया जा सकता है: -

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

चरण / Step- I : www.cochinshipyard.in / Related Links / Retirees corner पर जाएं और उपयोगकर्ता आईडी और पासवर्ड का उपयोग करके retired employees portal पर लॉग इन करें, जो पहले से ही उपलब्ध है।

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.

चरण / Step-II : Insurance → Insurance Premium Collection का चयन करें। यह मौजूदा आश्रितों की सूची प्रदर्शित करेगा। यदि आवश्यक हो, तो आश्रितों की सूची को संशोधित किया जा सकता है। आश्रितों की सूची में क्षेत्र अनिवार्य हैं। **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.**

चरण / Step- III : आश्रितों की सूची की पुष्टि पर, बीमा प्रीमियम भुगतान करने हेतु निम्न विकल्प प्रदान किया जाता है।

On confirmation of dependants list, the following option is provided to make the insurance premium payment.

ऑनलाइन प्रीमियम का भुगतान करें / Pay Premium Online

सेवानिवृत्त कर्मचारीगण जिन्हें प्रीमियम का भुगतान करने हेतु निर्देशित किया जाता है, वे "Pay Premium" बटन पर क्लिक करें जो आपकी योजना के विवरण की ओर ले जाएगा और फिर "Proceed for Payment" पर क्लिक करें। यह लिंक स्वचालित रूप से भुगतान द्वार पर पुनर्निर्देशित किया जाएगा जहां आप विभिन्न भुगतान विकल्पों का उपयोग करके राशि भेज सकते हैं। भुगतान सफलतापूर्वक पूरा होने के बाद, आप भुगतान रसीद का प्रिंट आउट ले सकते हैं।

The retired employees 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.



- पुष्टिकरण पृष्ठ या भुगतान रसीद का प्रिंट आउट सीएसएल को भेजने की आवश्यकता नहीं है। इस योजना के तहत नामांकित सेवानिवृत्त कर्मचारी जिनके पास उपयोगकर्ता आईडी और पासवर्ड नहीं है, वे बीमा के तहत नवीनीकरण और प्रीमियम का भुगतान करने हेतु इसे कार्मिक व प्रशासन विभाग से प्राप्त कर सकते हैं।

Printout of confirmation page OR payment receipt is not required to be sent to CSL

Those retired employees 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.

- सभी सेवानिवृत्त कृपया ध्यान दें कि Retirees portal में लॉगिन के लिए उपयोगकर्ता नाम पिछले वर्षों में उपलब्ध कराए गए अनुसार ही रहेगा। उपयोगकर्ता नाम, नाम और कोड संख्या के पहले चार अक्षरों का एक संयोजन है। यदि कर्मचारी Rajan और कोड संख्या 543 है, तो उपयोगकर्ता का नाम RAJA543 होगा।

All retirees 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

- सीएसएल में भुगतान भेजने का विकल्प उपलब्ध नहीं होगा। अतः सभी सेवानिवृत्त कर्मचारियों से अनुरोध है कि वे ऑनलाइन भुगतान विकल्प का उपयोग करें।

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

8. कृपया ध्यान दें कि पॉलिसी को नवीकृत करने में विफलता होने पर योजना से स्वतः बाहर निकल जाएगी और बाद में नवीकरण की अनुमति नहीं है। आगे कोई स्पष्टीकरण और मार्ग-निर्देश के लिए कृपया दूरभाष: 0484 - 2501925 / 2501237 में संपर्क करें।

Kindly note that failure to renew the policy would entail automatic exit from the scheme and later renewal is not permitted. For any further clarification and guidance, please contact Tel: 0484 - 2501925 / 2501237

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

सेवा में/To :

सभी सेवानिवृत्त कर्मचारी / All Retired Employees
सेवानिवृत्त कर्मचारियों को प्रतिनिधित्व करनेवाले सभी यूनियन और संघ।
All Unions and Associations representing Retired Employees

प्रतिलिपि / Copy to:

नि (तक.) / नि (वि.) / नि(प्र)/D(T) / D(F)/D(O)

मु.स.अ. / CVO

मु.म.प्र. / म.प्र. / उ.म.प्र. / CGMs / GMs / DGMs

मु.स.अ./मु.क.अ./मु.चि.अ./CSO/CWO/CMO

उ.क.(सीआईएसएफ)/DC (CISF)

महासचिव सीएसईएफ/सीएसईओ/सीएसएसए/सीएसओए
General Secretary CSEF / CSEO / CSSA / CSOA

सेवानित्त कर्मचारियों के लिए नकदीहीन मेडिकलेम पॉलिसी संबंधी कार्यप्रणाली

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

- 1) नकदीहीन उपचार मेसर्स युनाइटेड इंडिया इन्शुरेंस कंपनी की ओर से मेसर्स हेल्थ इन्शुरेंस टीपीए ऑफ इंडिया लिमिटेड (एचआईटीपीए) द्वारा प्रदान किया जा रहा है। नकदीहीन सेवा के बारे में एक संक्षिप्त विवरण, जो सेवा प्रदाता मेसर्स एचआईटीपीए द्वारा प्रदान किया गया है जो (अनुलग्नक. I) में संलग्न है।
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) इस नकदीहीन नीति के तहत शामिल प्रत्येक लाभार्थी को ई-मेल या मोबाइल नं. द्वारा यूएचआईडी नंबर और यूएचआईडी ई-कार्ड (डिजिटल मोड) जारी किया जाएगा। स्वयं और आश्रितों के लिए अलग यूएचआईडी जारी किया जाएगा। सदस्य अपने यूएचआईडी संख्या का उपयोग करते हुए वेबसाइट <https://hitpa.co.in> में लॉग इन करके यूएचआईडी ई-कार्ड भी डाउनलोड कर सकते हैं। जारी किया गया यूएचआईडी पूरी पॉलिसी अवधि के दौरान मान्य होगा।
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) मेसर्स एचआईटीपीए के तहत अस्पतालों की व्यापक श्रेणी (लगभग 6000 अस्पताल) जो पूरे भारत में फैला हुआ है, इसमें से किसी एक में लाभार्थियों द्वारा नकदीहीन उपचार लिया जा सकता है। अस्पतालों का विवरण उनकी वेबसाइट <https://hitpa.co.in/Our-Services/Network-Hospitals> पर देखा जा सकता है। केरल के अंतर्गत स्थित मेसर्स एचआईटीपीए के तहत नेटवर्क वाले अस्पतालों की सूची संलग्न (अनुलग्नक – II) किया गया है
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) इस पॉलिसी में शामिल लाभार्थी (कर्मचारी / आश्रित) नकदीहीन उपचार लेने हेतु यूएचआईडी कार्ड के साथ एचआईटीपीए / संबंधित अस्पताल के इन्शुरेंस डेस्क से संपर्क कर सकते हैं।
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) लाभार्थी को रोगी/लाभार्थी का सत्यापन/ पहचान हेतु लाभ उठाने के लिए सरकार द्वारा अनुमोदित पहचान कार्ड (आधार/मतदाता पहचान पत्र/ ड्राइविंग लाइसेंस/पासपोर्ट) में से किसी एक को प्रस्तुत करने की आवश्यकता है।
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) अस्पताल में सदस्य को नकदीहीन दावे के लिए एक पूर्व-प्राधिकरण अनुरोध प्रपत्र भरना है। बीमित सदस्य को उचित जानकारी सहित पूर्व-प्राधिकरण अनुरोध प्रपत्र भरना होगा।
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) अस्पताल, डॉक्टर द्वारा विधिवत् हस्ताक्षरित पूर्व-प्राधिकरण अनुरोध प्रपत्र, बीमारी का विवरण और उपचार का अनुमान मेसर्स एचआईटीपीए को अग्रेषित करेगा।
The Hospital shall send the Pre-Authorisation Request Form, ailment details & treatment estimate duly signed by treating doctor to M/s.HITPA.
- 8) मेसर्स एचआईटीपीए द्वारा संबंधित अस्पताल से सूचना प्राप्त करने के दो घंटे के भीतर पॉलिसी कवरेज, नियमों और शर्तों के आधार पर मेसर्स एचआईटीपीए अस्पताल को पूर्व-प्राधिकरण अनुमोदन प्रदान करेगा।
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) अस्पताल से मरीज़ के रिहाई के समय कार्ड धारक / लाभार्थी को नकदीहीन उपचार का लाभ उठाने हेतु दावा प्रपत्र भरना होता है। अस्पताल मेसर्स एचआईटीपीए को बिलों और अन्य विवरणों को अग्रेषित करेगा और वे मरीज़ को रिहाई देने और अस्पताल से उपचार रिकॉर्ड के बारे में सूचना प्राप्त होने के समय से दो घंटे के भीतर उसकी मंजूरी देगा।
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) लाभार्थी को अस्पताल से टीपीए से अनुमोदन प्राप्त करने के पश्चात और किसी भी अस्वीकार्य वस्तुओं की ओर भुगतान के प्रेषण पर रिहाई दी जाएगी। टीपीए द्वारा अग्रेषित अदेय मदों की सूची अनुलग्नक III में दी गई हैं।
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) किसी भी अस्वीकार्य मदें जैसे गैर-देय मदों आदि की ओर भुगतान या योजना के तहत सम्मिलित न किए गए किसी भी उपचार हेतु व्यय या नीति के अधीन अधिसूचित सीमा से अधिक उपचार व्यय को अस्पताल से छुट्टी देने से पूर्व सीधे मरीज़ द्वारा निपटाया जाएगा और सीएसएल ऐसे खर्चों का वहन नहीं करेगा।
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) कमरा / बिस्तर की स्वीकार्यता मेसर्स एचआईटीपीए द्वारा निर्धारित पात्रता और निम्नानुसार निर्धारित सीमा के अनुसार होगी ;

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

क्र.सं. S.N	सेवानिवृत्ति के समय श्रेणी Category at the time of Retirement	पात्रता कोड Entitlement Code	प्रतिदिन कमरे का किराया + नर्सिंग प्रभार (रु.) Per Day Room Rent + Nursing Charges (Rs.)
1	कामगार Workmen	W	2,500.00
2	पर्यवेक्षक Supervisors	S	3,500.00
3	कार्यपालक (सहायक प्रबंधक/उप प्रबंधक/प्रबंधक एवं वरिष्ठ प्रबंधक) Executives (Asst. Manager / Dy. Manager/ Manager & Sr. Manager)	E2	5,000.00
4	कार्यपालक (स.म.प्र., उ.म.प्र., म.प्र., मु.म.प्र. एवं का.नि.) Executives (AGM, DGM, GM, CGM & ED)	E1	5,500.00
5	अ.एवं प्र.नि.एवं निदेशकगण CMD & Directors	D	7,900.00

- 13) बीमित व्यक्ति 30 दिनों तक के पूर्व -अस्पताल में भर्ती होने का दावा कर सकता है, और छुट्टी की तारीख से 60 दिनों तक अस्पताल में भर्ती होने के बाद का खर्च उठा सकता है, जो कि रोग / बीमारी के संबंध में संबंधित चिकित्सक द्वारा सलाह / निर्धारित के रूप में जिसके लिए अंतरंग रोगी का उपचार लिया जा रहा है, जैसा कि पॉलिसी के नियमों और शर्तों के अनुसार मेसर्स एचआईटीपीए को दस्तावेजों, उचित बिल इत्यादि को जमा कर सकता है।

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 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) यदि बीमित व्यक्ति को मूल चिकित्सा रिपोर्ट वापस लेने की इच्छा हो तो उसे मेसर्स एचआईटीपीए कार्यालय से एकत्र किया जा सकता है।

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

- 15) यदि किसी कारण से नकदीहीन सुविधा का लाभ नहीं उठाया गया है या बीमित सदस्य द्वारा अनुमोदित उपचार हेतु भुगतान नहीं किया गया है, तो दावा प्रपत्र / वेबसाइट में उपलब्ध कराए गए दस्तावेजों की जांच-सूची के अनुसार दावा दस्तावेज जमा करने के पश्चात दावे की प्रतिपूर्ति मेसर्स एचआईटीपीए के साथ दर्ज की जाएगी। (दावा प्रारूप की एक प्रति अनुलग्नक - IV के रूप में संलग्न है)

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) आपातकालीन स्थिति के मामले में, यदि लाभार्थी मेसर्स एचआईटीपीए के नेटवर्क वाले अस्पताल में शामिल न किए गए किसी भी अस्पताल से उपचार प्राप्त करता है, तो बीमा कंपनी उचित दस्तावेजों और रिकार्ड सहित बीमा दावा जमा करने पर उस की प्रतिपूर्ति पर विचार कर सकता है। ऐसे मामलों में, दावा प्रारूप के अनुसार प्रतिपूर्ति प्रस्तुत की जाएगी।

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) प्रतिपूर्ति के लिए उपचार के पश्चात दावों को प्रस्तुत करना नकदीहीन उपचार की मंजूरी न देने की स्थिति में या आपातकालीन स्थितियों में या आयुर्वेद उपचार के मामले में रोगी के रिहाई की तारीख से 90 दिनों के भीतर किया जाना चाहिए। इस तरह के दावे लाभार्थी द्वारा सीधे बीमा सेवा (मेसर्सएचआईटीपीए) को प्रस्तुत किया जाएगा।

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) इस नकदीहीन नीति से संबंधित किसी भी जानकारी के लिए या दावों से संबंधित जांच का दावा करने हेतु, लाभार्थी सेवा प्रदाता मेसर्स एचआईटीपीए, कोचीन शाखा कार्यालय से संपर्क कर सकते हैं। उनका पता व संपर्क विवरण नीचे दिया गया है:

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:

नाम Name	संपर्क सं . Contact Number	ई-मेल आईडी E-mail ID
श्री आर रतीश Mr R Rethish	7428086078	r.rethish@hitpa.co.in
कोचीन शाखा कार्यालय पता / Cochin Branch Office Address हेल्थ इश्योरेंस टीपीए ऑफ इंडिया लिमिटेड पहली मंजिल, रुकिया बाग बिल्डिंग, एम जी रोड रविपुरम 682016 - Health Insurance TPA of India Ltd. 1st floor, Rukiya Bagh Bldg. MG Road, Ravipuram -682016		

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.

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

- 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

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

- 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.

ENCLOSURE.II

LIST OF NETWORK HOSPITALS IN KERALA

SI No	<u>Hospital Name</u>	<u>Place</u>	<u>District</u>	<u>Category</u>
1	Chaithanya Eye Hospital	Haripad	Alappuzha	Eye
2	Ahalia Foundation Eye Hospital	Kayamkulam	Alappuzha	Eye
3	KVM Hospital	Cherthala	Alappuzha	Multispeciality
4	Sreekantapuram hospital	Mavelikara	Alappuzha	Multispeciality
5	Kinder Medical Service Private Limited	Cherthala	Alappuzha	Speciality
6	V S M Hospital	Mavelikara	Alappuzha	Multispeciality
7	Ebanzeer Kayamkulam	Kayamkulam	Alappuzha	Multispeciality
8	SAHRADHYA Hospital	Alappuzha	Alappuzha	Multispeciality
9	PROVIDANCE Hospital	Alappuzha	Alappuzha	Multispeciality
10	Prathyasa Msgr Joseph Kandathil Memorial Cancer Research centre	Cherthala	Alappuzha	Multispeciality
11	Sagara Hospital	Aalappuzha	Alappuzha	Multispeciality
12	Amrita Institute of Medical Sciences	Ernakulam	Ernakulam	Multispeciality
13	Renai Medicity Hospital	Palarivattom	Ernakulam	Multispeciality
14	Aster Medcity	Cheranllore	Ernakulam	Multispeciality
15	Giridhar Eye Institute	Edappally	Ernakulam	Eye
16	Chaithanya Ent Hospital	Ernakulam	Ernakulam	Speciality
17	Aditya eye hospital	Edappally	Ernakulam	Eye
18	Ernakulam Medical Centre	Ernakulam	Ernakulam	Multispeciality
19	Ahalia Foundation Eye Hospital	Palarivattam	Ernakulam	Eye
20	Ahalia Foundation Eye Hospital	Nort Paravur	Ernakulam	Eye
21	Specialists Hospital	north railway station	Ernakulam	Speciality
22	Vijaya Kumara Menon Hospital	Tripunitaura	Ernakulam	Multispeciality
23	Ahalia Foundation Eye Hospital	Muvattupuzha	Ernakulam	Eye

24	Little Flower Hospital	Angamaly	Ernakulam	Multispeciality
25	Maj Hospital	Edappally	Ernakulam	Multispeciality
26	Giridhar Eye Institute	Kadavanthara	Ernakulam	Eye
27	KG Hospital , Angamaly	Angamaly	Ernakulam	Multispeciality
28	Lakshmi Hospital, Diwan Road	Diwan'S Road	Ernakulam	Multispeciality
29	Lisie Hospital	Kaloor	Ernakulam	Multispeciality
30	Medical Trust Hospital	MG Road	Ernakulam	Multispeciality
31	The Eye Foundation	Edappally	Ernakulam	Eye
32	Lourdes Hospital	Pachalam	Ernakulam	Multispeciality
33	Pvs Memeorial Hospital	Kaloor	Ernakulam	Multispeciality
34	Rajagiri Hospital	Aluva	Ernakulam	Multispeciality
35	Vijaya Kumar Menon	Tripunithura	Ernakulam	Multispeciality
36	Vasan Eye Care	M.G.Road	Ernakulam	Eye
37	Vasan Eye Care	Palarivattom	Ernakulam	Eye
38	Giridhar Eye Institute	Vypin	Ernakulam	Eye
39	Vasan Eye Care	Vytilla	Ernakulam	Eye
40	Kristu Jayanthi Hospital	Vypin	Ernakulam	Multispeciality
41	Indira Gandhi Co-Operative Hospital	Kadavanthra	Ernakulam	Multispeciality
42	St.Joseph's Hospital	Manjummel	Ernakulam	Multispeciality
43	Sree Sudheendra Medical Mission Hospital	Kacheripady	Ernakulam	Multispeciality
44	Cochin Hospital	M.G.Road	Ernakulam	Multispeciality
45	Najath Hospital	Aluva	Ernakulam	Multispeciality
46	Krishna Hospital	Chittoor	Ernakulam	Multispeciality
47	Kinder Medical Service Private Limited	Edappally	Ernakulam	Multispeciality
48	PS Mission Hospital	Maradu	Ernakulam	Multispeciality

49	San Joe Hospital	Perumbavoor	Ernakulam	Multispeciality
50	Sangeeth Hospital	Mattancherry	Ernakulam	Multispeciality
51	V.G Saraf Memorial Hospital	Ravipuram	Ernakulam	Multispeciality
52	Fatima Hospital	Kochi	Ernakulam	Multispeciality
53	The Eye Foundation	Chamgampuzha	Ernakulam	Eye
54	Muvattupuzha Co-operative Super Specialty Hospital And Research Center	Muvattupuzha	Ernakulam	Multispeciality
55	KMK Hospital	Paravoor	Ernakulam	Multispeciality
56	MOSC Medical College Hospital	Kolencherry	Ernakulam	Multispeciality
57	Vatheyayath Hospital	Perumbavoor	Ernakulam	Multispeciality
58	Bharath Rural Hospital & Training Centre	Moothakunnam	Ernakulam	Multispeciality
59	Varma Hospital	Thripunithura	Ernakulam	Multispeciality
60	Roshan Eye Care Hospital	Thripunithura	Ernakulam	Eye
61	City Hospital	Ernakulam	Ernakulam	Multispeciality
62	Lakshmi Hospital, Panayappally	Panayappally	Ernakulam	Multispeciality
63	KPM Eye Hospital & Laser Centre	Ernakulam	Ernakulam	Eye
64	Nedumchalil Trust Hospital	Ernakulam	Ernakulam	Multispeciality
65	A.P.Varkey Mission Hospital, Arakunnam, Ernakulam	Arakunnam	Ernakulam	Multispeciality
66	Mar Baselious Medical Mission Hospital, Kothamangalam	Kothamangalam	Ernakulam	Multispeciality
67	DEVI HOSPITAL, TRIPUNITHURA	Ernakulam	Ernakulam	Multispeciality
68	MADONA HOSPITAL, ANGAMALY	Ernakulam	Ernakulam	Multispeciality
69	Chaithanya Eye Hospital & Research Institute	Ernakulam	Ernakulam	Eye
70	Arogyalayam Hospital, Aluva	Aluva	Ernakulam	Multispeciality
71	Samaritian Hospital, Pazhanganadu, Kizhakambalam	Pazhavangadu, Kizhakkambalam	Ernakulam	Multispeciality
72	B & B Memorial Hospital	Thrikkakkara	Ernakulam	Multispeciality
73	Lotus Eye Care Hospital, Ernakulam	Ernakulam	Ernakulam	Eye

74	MAGJ Hospital, Mookannur	Mookannoor, Angamaly	Ernakulam	Multispeciality
75	Carmel Hospital, Aluva	Aluva	Ernakulam	Multispeciality
76	Gautham Hospital	Kochi	Ernakulam	Multispeciality
77	THRIKKAKARA MUNICIPAL CO OPERATIVE HOSPITAL	KAKKANAD	Ernakulam	Multispeciality
78	NIRMALA MEDICAL CENTRE	MUVATTUPUZHA	Ernakulam	Multispeciality
79	Jishy Hospital	Kochi	Ernakulam	Multispeciality
80	Chaithanya Eye , Palarivattom	Palaravittom	Ernakulam	Eye
81	NSD Raju Eye Clinic	Vytilla	Ernakulam	Eye
82	Vijayalakshmi Hospital	Kadavanthara	Ernakulam	Speciality
83	Alpha ENT Hospital	Ernakulam	Ernakulam	Speciality
84	St. Joseph Hospital	Kothamangalam	Ernakulam	Multispeciality
85	JACOBS EYE Hospital	Palarivattom	Ernakulam	Eye
86	Don BOSCO Hospital	North Paravoor	Ernakulam	Multispeciality
87	Vimala Hospital	Kanjoor	Ernakulam	Multispeciality
88	Samaritan Heart Institute	Kizhakkambalam	Ernakulam	Multispeciality
89	Karothukuzhi Hospital	Aluva	Ernakulam	Multispeciality
90	Susrutha eye hospital, Kakkananadu	Kakkanadu	Ernakulam	Eye
91	SREE NARYANA INSTITUTE OF MEDICAL SCIENCES	CHALAKKA, North	Ernakulam	Multispeciality
92	Apollo Adlux Hospital, Karukutty, Ernakulam	Karukutty, Angalam	Ernakulam	Multispeciality
93	Welcare Hospital, Vytilla	Vytilla, Ernakulam	Ernakulam	Multispeciality
94	RCM Eye Hospital	Thripunithura	Ernakulam	Eye
95	CIMAR COCHIN HOSPITAL	Edappally	Ernakulam	
96	Holy Family Hospital	Thodupuzha	Idukki	Multispeciality
97	Chazhikattu Hospital	Thodupuzha	Idukki	Multispeciality
98	Al-Azhar Medical College, Thodupuzha	Thodupuzha	Idukki	Multispeciality

99	Bishop Vayalil Medical Centre	Moolamattom	Idukki	Multispeciality
100	Medical Trust Hospital, Nedumkandam	Nedumkandam	Idukki	Multispeciality
101	St.Marys Hospital Thodupuzha	Thodupuzha	Idukki	Multispeciality
102	Morning Star Medical Centre, Adimali	Adimaly	Idukki	Multispeciality
103	Devamatha Hospital- Rajakumary	Rajakumary-idukki	Idukki	Multispeciality
104	Karuna Medical Centre	Nedumkandam	Idukki	Multispeciality
105	Alphonsa Hospital, Murikkassery	Murikkassery	Idukki	Multispeciality
106	Idukki District Co-operative Hospital	Thodupuzha	Idukki	Multispeciality
107	Karuna Thodupuzha	Thodupuzha	Idukki	Multispeciality
108	Mudakkayam Medical Trust Hospital	Mundakkayam	Idukki	Multispeciality
109	Vasan Eye Care	Kannur	Kannur	Eye
110	Tellicherry co-operative hospital	Thalassery	Kannur	Multispeciality
111	Dhanalakshmi Hospital	Cannanore	Kannur	Multispeciality
112	Anaamaya Medical Institute	Payyanur	Kannur	Multispeciality
113	Malabar Institute of Medical Scuiences Limited (Aster MIMS Kannur)	Kannur	Kannur	Multispeciality
114	Ashoka Hospital - Kannur	Kannur	Kannur	Multispeciality
115	Indira Gandhi Hospital	Kannur	Kannur	Multispeciality
116	Dr.Binues Sunrise Eye care	Kannur	Kannur	Eye
117	Thaliparamba Cooperative Hospital	Thaliparambu	Kannur	Multispeciality
118	Jyothis Eye Hospital	Kannur	Kannur	Eye
119	Lourde Hospital	Kannur	Kannur	Multispeciality
120	St Martin Deporres Hospital	Kannur	Kannur	Multispeciality
121	GIMCARE Hospital	Kannur	Kannur	Multispeciality
122	BKM Kannur	Kannur	Kannur	Multispeciality
123	Sreechand Hospital, Kannur	Kannur	Kannur	Multispeciality

124	Ahalia Foundation Eye Hospital	Kasargod	Kasargodu	Eye
125	United Medical Centre, Kasargodu	Kasargodu	Kasargodu	Multispeciality
126	Sanjeevani Integrated Medical Services Pvt.Ltd	Kanhangad	Kasargodu	Multispeciality
127	Krishna Hospital	Kasargodu	Kasargodu	Multispeciality
128	Kasargodu Institute of Medical Sciences (KIMS- Kasargodu)	Kasargodu	Kasargodu	Multispeciality
129	Deepa Nursing Home	Khangadu	Kasargodu	Multispeciality
130	Ceeyam Hospital	Kasargod	Kasargodu	Multispeciality
131	Chaithra Medical Centre	Kasargod	Kasargodu	Multispeciality
132	Precise Eye Care & Research Centre	Karunagapally	Kollam	Eye
133	Travancore Medical College & Hospital	Thattamala	Kollam	Multispeciality
134	Valiyath Institute of Medical Sciences	Karunagappally	Kollam	Multispeciality
135	Bishop Benziger Hospital	Mundakkal	Kollam	Multispeciality
136	Dr. Nairs Hospital	Residency Road	Kollam	Multispeciality
137	KIMS Kollam Multi Speciality Hospital	Pallimukku	Kollam	Multispeciality
138	Upasana Hospital	Kadappakkada	Kollam	Multispeciality
139	Sree Narayana Trust Medical Mission Hospital, Kollam	Kollam	Kollam	Multispeciality
140	Pranavam Hospital, Punalur, Kollam	Punalur	Kollam	Multispeciality
141	Matha Medical Centre, kollam	Kollam	Kollam	Multispeciality
142	Assissi Atonment Hospital	Perumpuzha, Chavara	Kollam	Multispeciality
143	Shankers Eye Hospital	Punulur	Kollam	Eye
144	Shankers Hospital	Kollam	Kollam	
145	Aravind Medical Centre	Chavara	Kollam	Multispeciality
146	Azeezia Medical College Hospital	Meeyannoor	Kollam	Multispeciality
147	Padmavathy Medical Foundation	Sasthamcotta	Kollam	Multispeciality
148	Dr.Nairs Hospital , Kollam	Kollam	Kollam	Multispeciality

149	Amardeep Eye care Hospital, Kollam	Kollam	Kollam	Eye
150	Mercy Hospital, Valakom, Kottarakkara	Valakom, Kottarkkara	Kollam	Multispeciality
151	Pearl Hospital, Karunagappally	Karunagappaly	Kollam	Multispeciality
152	SBM KARUNAGAPPALLY	Karunagappaly	Kollam	Multispeciality
153	Rapha Aroma Hospital	Kottarakkakkara	Kollam	Multispeciality
154	Meditrina Kollam	Kollam	Kollam	Multispeciality
155	PMC speciality Hospital Kottarakkara	Kottrakkakkara	Kollam	Multispeciality
156	BR Hospital	Kollam	Kollam	Multispeciality
157	Vijaya Hospital Kottarakkakkara	Kottarakkakkara	Kollam	Multispeciality
158	Ahalia Foundation Eye Hospital	Changanassery	Kottayam	Eye
159	St Thomas Hospital	Changanassery	Kottayam	Multispeciality
160	SH Medical Centre Hospital	Kottayam	Kottayam	Multispeciality
161	Caritas Cancer Institute	Thellakom	Kottayam	Multispeciality
162	Udayagiri Multi Speciality Hospital	Changanassery	Kottayam	Multispeciality
163	Vasan Eye Care	Karapuzha	Kottayam	Eye
164	PNP Ponkunnam	Ponkunnam	Kottayam	Multispeciality
165	Alphonsa Eye Hospital	Ettumanoor	Kottayam	Eye
166	Holy Ghost Mission Hospital	Muttuchira	Kottayam	Multispeciality
167	Mary Queens Mission Hospital	Kanjirapally	Kottayam	Multispeciality
168	Carmel Medical Centre, Pala	Pala	Kottayam	Multispeciality
169	Aravinda Hosapital	Ponkunnam	Kottayam	Multispeciality
170	Mercy Nursing Home, Karukachal, Kottayam	Karukachal	Kottayam	Multispeciality
171	Sanjeevani Hospital, Chanaganassery	Changassery	Kottayam	Multispeciality
172	KIMS HOSPITAL, KUDAMALOOR, KOTTAYAM	Kottayam	Kottayam	Multispeciality
173	Mercy Hospital, Pothy	Thalayolaparambu	Kottayam	Multispeciality

174	Mar Sleevea Medicity , Pala	Palai	Kottayam	Multispeciality
175	Marian Medical Centre	Pala	Kottayam	Multispeciality
176	Little Lourdes, kidangoor	Pala	Kottayam	Multispeciality
177	St Mary's hospital-kottayam/manarcadu	kottayam/manarcadu	Kottayam	Multispeciality
178	St. Vincents Hospital, Kuravilangadu	Kuravilangadu	Kottayam	Multispeciality
179	CNK Hospital	Changanassery, Kottayam	Kottayam	Multispeciality
180	Vasan Eye Care	Arayadathupalam	Kozhikodu	Eye
181	Vasan Eye Care	Patteri	Kozhikodu	Eye
182	Al Salama Eye Hospital	Arayidathupalam	Kozhikodu	Eye
183	Baby Memorial Hospital	Arayidathupalam	Kozhikodu	Multispeciality
184	Meitra Hospital, Kozhikode			
185	Malabar Multi Speciality Hospital	Eranhippalam	Kozhikodu	Multispeciality
186	National Hospital	Mavoor	Kozhikodu	Multispeciality
187	Ahalia Foundation Eye Hospital	Vadakara	Kozhikodu	Eye
188	Malabar Medical College & Research Centre	Modakkallur	Kozhikodu	Multispeciality
189	Metro Intrnational Cardiac Centre Pvt Ltd	Poovangal	Kozhikodu	Speciality
190	MVR Cancer Centre & Research Institute	Poolacode	Kozhikodu	Speciality
191	Starcare Hospital	Near Thondayad Bypass	Kozhikodu	Multispeciality
192	Aster MIMS	govindapuram	Kozhikodu	Multispeciality
193	Shiba Hospital	Wayanad Road, Near Malayala	Kozhikodu	Multispeciality
194	Pvs Hospital	Railway Station Roa	Kozhikodu	Multispeciality
195	Koyas Hospital	kozhikode	Kozhikodu	Multispeciality
196	Kozhikode Dt.Co-operative Hospital	kozhikode	Kozhikodu	Multispeciality
197	Comtrust Eye Hospital	kozhikode	Kozhikodu	Eye
198	Dr. Sreekanth Eye Care Hospital, Calicut	Calicut	Kozhikodu	Eye

199	Asten Specialty Orthopaedic Hospital	Calicut	Kozhikodu	Multispeciality
200	Ascent Hospital, Calicut	Calicut	Kozhikodu	Multispeciality
201	Chest Hospital, Calicut	Calicut	Kozhikodu	Multispeciality
202	Nirmala Hospital	Calicut	Kozhikodu	Multispeciality
203	St Joseph hospital	Calicut	Kozhikodu	Multispeciality
204	Lisa Hospital	Calicut	Kozhikodu	Multispeciality
205	Dr. AMBADI'S CALICUT CENTRE FOR SURGERY (A UNIT OF EINS & ERSTE	Calicut	Kozhikodu	Multispeciality
206	Karuna Institute of Medical Sciences -- koduvally	Calicut	Kozhikodu	Multispeciality
207	Ahalia Foundation Eye Hospital	Malappuram	Malappuram	Eye
208	Ahalia Foundation Eye Hospital	Manjeri	Malappuram	Eye
209	HOLY CROSS HOSPITAL PVT LTD	Manjeri	Malappuram	Multispeciality
210	Moulana Hospital	Perinthalmanna	Malappuram	Multispeciality
211	Korambayil Hospital	Manjeri	Malappuram	Multispeciality
212	ALMAS HSOPITAL	Changuvetty	Malappuram	Multispeciality
213	Kims Al Shifa Super Speciality Hospital	Perinthalmanna	Malappuram	Multispeciality
214	AL SALAMA EYE HOSPITAL	Perinthalmanna	Malappuram	Eye
215	NIMS , Nilambur	Nilambur	Malappuram	Multispeciality
216	ASCENT ENT HOSPITAL	Calicut Road, Perinthalmanna	Malappuram	ENT
217	Prasanthi Hi-Tech Hospital	Manjeri, Malappuram	Malappuram	
218	Ernad Hospital	Malappuram	Malappuram	
219	MBH Hospital	Malappuram	Malappuram	Multispeciality
220	Maanu Memorial Hospital	Malappuram	Malappuram	Multispeciality
221	Malabar Institute of Medical Sciences Limited (Aster MIMS Kottakkal)	Kottakkal	Malappuram	Multispeciality
222	Ahalia Foundation Eye Hospital	Kanal Piruvu, Palakkad	Palakkad	Eye
223	Ahalia Foundation Eye Hospital	Kunthipuzha	Palakkad	Eye

224	Ahalia Foundation Eye Hospital	Pattambi	Palakkad	Eye
225	Lakshmi Hospital	Chittur Road	Palakkad	Multispeciality
226	Thangam Hospital Of Pmrc	West Yakkara	Palakkad	Multispeciality
227	ASCENT ENT HOSPITAL	Harikkara Streetcourt Road	Palakkad	Speciality
228	Trinity Eye Centre	Manali Junction	Palakkad	Eye
229	P K Das Institute of Medical Sciences	Ottapalam	Palakkad	Multispeciality
230	Vasan Eye Care	Kunnathur Medu	Palakkad	Eye
231	Welcare Hospital	Welcare Junction	Palakkad	Multispeciality
232	Athani Hospital	Nattukal	Palakkad	Multispeciality
233	Sevana Hospital and Research Centre	pattambi	Palakkad	Multispeciality
234	Seventh-Day Adventist Hospital	Ottapalam	Palakkad	Multispeciality
235	Paalana Institute of Medical Sciences	Kannadi	Palakkad	Multispeciality
236	Sevana Hospital , Palakkad	Palakkad	Palakkad	Multispeciality
237	Avitis Super Specialty Hospitals Pvt Ltd	Nemmara	Palakkad	Multispeciality
238	SAI Hospital		Palakkad	Multispeciality
239	Ahalia Diabetic Center	Palakkad	Palakkad	Multispeciality
240	Mother Care Hospital	Mannarkkad	Palakkad	Multispeciality
241	Vasan Eye Care	Thiruvalla	Pathanamthitta	Eye
242	Christian Mission Hospital	Pandalam	Pathanamthitta	Multispeciality
243	Chitra Multi Speciality Hospital in Pandalam	Pandalam	Pathanamthitta	Multispeciality
244	MGM Muthoot Medical Centre	Kozhenchery	Pathanamthitta	Multispeciality
245	Believers Church Medical College Hospital	Thiruvalla	Pathanamthitta	Multispeciality
246	Muthoot Hospitals Pathanamthitta	Ring Road	Pathanamthitta	Multispeciality
247	Ahalia Foundation Eye Hospital	College Road	Pathanamthitta	Multispeciality
248	St. Gregorious ,Parumala	Parumala, Pathanamthitta	Pathanamthitta	Multispeciality

249	Tiruvlla Medical Mission Hospital	Paipad-Manthanam Road,	Pathanamthitta	Multispeciality
250	St.Thomas Hospital, Chengannur, Malakkara	Malakkara, Aranmu	Pathanamthitta	Multispeciality
251	Pushpagiri Medical College Hospital	Thiruvalla	Pathanamthitta	Multispeciality
252	Holy Cross Adoor	Adoor	Pathanamthitta	Multispeciality
253	Line Line Adoor	Adoor	Pathanamthitta	Multispeciality
254	Kerala Institute Of Medical Science	Anayara	Thiruvananthapuram	Multispeciality
255	Precise Speciality Eye Care	Ttc Junction Road	Thiruvananthapuram	Eye
256	S K Hospital	Pangode	Thiruvananthapuram	Multispeciality
257	S P Fort Hospital	Pazhavangadi	Thiruvananthapuram	Speciality
258	Sut Royal Hospital	Pongumoodu	Thiruvananthapuram	Multispeciality
259	Ahalia Foundation Eye Hospital	Near Uloor Bridge	Thiruvananthapuram	Eye
260	Ahalia Foundation Eye Hospital	Attingal	Thiruvananthapuram	Eye
261	Vasan Eye Care	Pattom	Thiruvananthapuram	Eye
262	Chaithanya Eye Hospital & Research Institute	Kesavadasapuram	Thiruvananthapuram	Eye
263	Saraswati Hospital	Villaparassala	Thiruvananthapuram	Multispeciality
264	India Hospital	Gandhariamman Kovil	Thiruvananthapuram	Multispeciality
265	Ananthapuri Hospital & Research Institute	Nh Bypass, Chackai	Thiruvananthapuram	Multispeciality
266	NIMS HOSPITAL NEYYATTINKARA	Thoppil	Thiruvananthapuram	Multispeciality
267	Sree Gokulam Medical College And Research Foundation	Venjaramoodu	Thiruvananthapuram	Multispeciality
268	S.U.T. Hospital	Pattom	Thiruvananthapuram	Multispeciality
269	Amardeep Eye Care	Peroorkkada	Thiruvananthapuram	Eye
270	Cosmopolitan Hospital	Pottakkuzhi Road	Thiruvananthapuram	Multispeciality
271	Attukal Devi Institute Of Medical Sciences	Thiruvananthapura m	Thiruvananthapuram	Multispeciality
272	Dr.Priyas Hospital	Eanikkara, Karakulam	Thiruvananthapuram	Multispeciality
273	AJ Hospital	Kazhakootam, TVM	Thiruvananthapuram	Multispeciality

274	Divya Prabha Eye Hospital,TVM	Trivandrum	Thiruvananthapuram	Eye
275	Jayanthi Fertility Clininc	Karakulam	Thiruvananthapuram	Speciality
276	PRS Hospital	Thiruvananthapuram	Thiruvananthapuram	Multispeciality
277	G.G.Hospital	Thiruvananthapuram	Thiruvananthapuram	Multispeciality
278	Lords Hospital, Tvm	Anayara, Trivandrum	Thiruvananthapuram	Multispeciality
279	Sivagiri Sree Narayana Medical Mission, Varkala	Varkala	Thiruvananthapuram	Multispeciality
280	PEROOR MEDICAL CENTRE, PEROORKADA	Trivandrum	Thiruvananthapuram	Multispeciality
281	Meditrina Hospital, Trivandrum	Trivandrum	Thiruvananthapuram	Multispeciality
282	Mamal Hospital	Trivandrum	Thiruvananthapuram	Multispeciality
283	Roland Hospital	Trivandrum	Thiruvananthapuram	Multispeciality
284	Nirmala Hospital, Trivandrum	Trivandrum	Thiruvananthapuram	Multispeciality
285	TSC HOSPITAL PVT LTD	KULATHOOR	Thiruvananthapuram	Multispeciality
286	Anupama Hospital	Neyyattinkara	Thiruvananthapuram	Multispeciality
287	Janaki Nursing Home	Kadakkavoor, Trivandrum	Thiruvananthapuram	Multispeciality
288	Holy Cross Trivandrum	Thiruvananthapuram	Thiruvananthapuram	Multispeciality
289	Kolath Medical Centre	Trivandrum	Thiruvananthapuram	Multispeciality
290	Kaduvayil Thangal Hospital	Trivandrum	Thiruvananthapuram	Multispeciality
291	Neyyar Medcity Hospital	Trivandrum	Thiruvananthapuram	Multispeciality
292	S P Well Fort	Trivandrum	Thiruvananthapuram	Multispeciality
293	Sree Nethra Eye Care	Palayam	Thiruvananthapuram	Eye
294	Medicare Hospital	Kodungallur	Thrissur	Multispeciality
295	Ahalia Foundation Eye Hospital	Kuruppam Road	Thrissur	Eye
296	Ahalia Foundation Eye Hospital	Irinjalakuda	Thrissur	Eye
297	Amala Institute Of Medical Sciences	Amala Nagar	Thrissur	Multispeciality
298	Sun Medical and Research Centre	Kannamkulangara	Thrissur	Multispeciality

299	Vasan Eye Care	Tb Road	Thrissur	Eye
300	Aswini Hospital	Patturaikkal	Thrissur	Multispeciality
301	Jubilee Mission Hospital	Thrissur	Thrissur	Multispeciality
302	Drishyam Eye Care Hospital	Kovilakathumpaadam	Thrissur	Eye
303	I Vision Eye Hospital	Koorkenchery	Thrissur	Eye
304	DR. Rani Menon's Eye Clinic	Kanjani Road	Thrissur	Eye
305	Modern Hospital	Kodungallur	Thrissur	Multispeciality
306	Rajah Memorial Charitable Hospital	Chavakkad	Thrissur	Multispeciality
307	West Fort Hospital	Thrissur Round	Thrissur	Multispeciality
308	I Vision Chalakudy	Chalakudy	Thrissur	Eye
309	GEM Hospital	Paravattani	Thrissur	Multispeciality
310	Royal Hospital, Thrissur	Thrissur	Thrissur	Multispeciality
311	METROPOLITAN HOSPITAL, THRISSUR	Thrissur	Thrissur	Multispeciality
312	St.James Hospital, chalkudy	Thrissur	Thrissur	Multispeciality
313	Secred Heart Mission Hospital Pullur	Irinjalakuda	Thrissur	Multispeciality
314	M. I. MISSION HOSPITAL (Mary Immaculate Mission Hospital)	ENGANDIYUR	Thrissur	Multispeciality
315	Devamatha Hospital	Koratty, Thrissur	Thrissur	Multispeciality
316	Rohini Hospital	Thrissur	Thrissur	Multispeciality
317	Bishop Alappat Mission Hospital	Irinjalakuda	Thrissur	Multispeciality
318	Ahalia Foundation Eye Hospital	Kalpetta	Wayanad	Eye
319	Vinayaka Hospital-sulthan bathery	sulthan bathery	Wayanad	Multispeciality
320	St.Martin Hospital, Ambalavayil	Ambalavayil	Wayanad	Multispeciality
321	LEO Hospital, Kalpetta	Kalpetta	wayanad	Multispeciality
322	Assumption Hospital Sultan Bathery	Sultan Bathery	wayanad	Multispeciality
323	DM WAYANAD INSTITUTE OF MEDICAL SCIENCES	Meppadi	wayanad	Multispeciality

324	Sree Ramakrishna Hospital	Thiruvananthapuram	Thiruvananthapuram	Multispeciality
325	MSGR JOSEPH KANDATHIL MEMORIAL CANCER RESEARCH	Alappuzha	Alappuzha	Multispeciality
326	MUM Hospital	Monipally	Ernakulam	Multispeciality
327	Ghura Dharma Mission Hospital	Mala	Ernakulam	Multispeciality
328	Mitera Hospital	Kottayam	Kottayam	Multispeciality
329	JMP- Piravom	Piravom	Ernakulam	Multispeciality
330	JK Hospital, Kottayam	Kottayam	Kottayam	Multispeciality
331	Karakona Medical college	Karakonam	Thiruvananthapuram	Multispeciality
332	Silverline Hospital	Kadavanthara	Ernakulam	Multispeciality
333	Akshya Maternity Hospital	Kadavanthara	Ernakulam	Single Specilaity
334	Carmel Medical Centre, Varapuzha	Thirumuppam, Varapuzha	Ernakulam	Multispeciality
335	Futureace Hospital	Edappally	Ernakulam	Multispeciality

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 OUTSIDE THE HOSPITAL)	Not Payable
36	SPACER	Not Payable
37	SPIROMETER	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 this 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:	

DETAILS OF INSURANCE HISTORY

a) Currently covered by any other Mediclaim/ Health Insurance:	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Diagnosis:		Date:	
f) If yes, Company Name :		e) Previously covered by any other Mediclaim/ Health Insurance :	<input type="checkbox"/> Yes <input type="checkbox"/> No

DETAILS OF INSURED PERSON HOSPITALIZED

a) Name :			
b) Gender :	Male <input type="checkbox"/> Female <input type="checkbox"/>	c) Age: years	
		months	
		d) Date of Birth:	
e) Relationship to Primary Insured:	Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other <input type="checkbox"/>	(Please specify)	
f) Occupation:	Service <input type="checkbox"/> Self Employed <input type="checkbox"/> Homemaker <input type="checkbox"/> Student <input type="checkbox"/> Retired <input type="checkbox"/> Other <input type="checkbox"/>	(Please specify)	
g) Address (if different from above):			
City:		State:	
Pin Code:		Phone No:	
		Email ID:	

DETAILS OF HOSPITALIZATION

a) Name of Hospital where Admitted:			
b) Room category occupied:	Day Care <input type="checkbox"/> Single occupancy <input type="checkbox"/> Twin sharing <input type="checkbox"/> 3 or more beds per room <input type="checkbox"/>		
c) Hospitalization due to:	Injury <input type="checkbox"/> Illness <input type="checkbox"/> Maternity <input type="checkbox"/>	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 <input type="checkbox"/> Road Traffic Accident <input type="checkbox"/> Substance abuse / Alcohol Consumption <input type="checkbox"/>	i. If Medico Legal:	<input type="checkbox"/> Yes <input type="checkbox"/> No
ii. Reported to police:	<input type="checkbox"/> Yes <input type="checkbox"/> No	iii. MLC Report & Police FIR attached:	<input type="checkbox"/> Yes <input type="checkbox"/> No
		j) System of medicine:	

DETAILS OF CLAIM

a) Details of treatment expenses claimed		Claim Documents Submitted- Check List:
i. Pre Hospitalization Expenses		<input type="checkbox"/> Claim Form/Duly signed
iii. Post Hospitalization Expenses		<input type="checkbox"/> Copy of the claim intimation, if any
v. Ambulance Charges		<input type="checkbox"/> Hospital Main bill
vi. Pre hospitalization period: days		<input type="checkbox"/> Hospital Break-up bill
b) Claim for Domiciliary Hospitalization: <input type="checkbox"/> Yes <input type="checkbox"/> No	(if yes, provide details in annexure)	<input type="checkbox"/> Hospital Discharge Summary
c) Details of Lump sum / cash benefit claimed:		<input type="checkbox"/> Pharmacy Bill
i. Hospital Daily Cash:		<input type="checkbox"/> Operation Theatre Notes
iii. Critical Illness Benefit:		<input type="checkbox"/> ECG
v. Pre/Post hosp. Lump sum benefit:		<input type="checkbox"/> Doctor's request for investigation
ii. Hospitalization Expenses		<input type="checkbox"/> Investigation Reports (including CT / MRI / USG / HPE)
iv. Health Check up Cost		<input type="checkbox"/> Doctor's Prescription
vi. Others (code):		<input type="checkbox"/> Others
Total		
vii. Pre hospitalization period: days		
ii. Surgical Cash:		
iv. Convalescence:		
vi. Others:		
Total		

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					

DETAILS OF PRIMARY INSURED'S BANK ACCOUNT

a) PAN:		b) Account Number:	
c) Bank Name and Branch			

d) Cheque/ DD Payable details:

e) IFSC Code:

DECLARATION BY THE INSURED

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) Sl. 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 Medicaclaim / Health Insurance?	Indicate whether currently covered by another Medicaclaim / 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 Medicaclaim/ Health Insurance?	Indicate whether previously covered by another Medicaclaim / 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.		

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SECTION H

CLAIM FORM - PART B
TO BE FILLED IN BY THE HOSPITAL

The issue of this 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

a) Name of the Hospital:																																					
c) Hospital ID:						c) Type of Hospital:	Network	<input type="checkbox"/>	Non Network	<input type="checkbox"/>	(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

[illegible]**DETAILS OF AILMENT DIAGNOSED (PRIMARY)**

a) ICD 10 Codes										b) ICD 10 PCS									
Description					Description					Description									
i. Primary Diagnosis :					i. Procedure 1 :					i. Procedure 1 :									
ii. Additional Diagnosis :					ii. Procedure 2 :					ii. Procedure 2 :									
iii. Co-morbidities :					iii. Procedure 3 :					iii. Procedure 3 :									
iv. Co-morbidities :					iv. Details of Procedure :					iv. Details of Procedure :									
c) Pre authorization obtained:					d) Pre-authorization number:					d) Pre-authorization number:									
<input type="checkbox"/> Yes <input type="checkbox"/> No					<input type="checkbox"/> Yes <input type="checkbox"/> No					<input type="checkbox"/> Yes <input type="checkbox"/> No									
e) If authorization by network hospital not obtained, give reason:																			
f) Hospitalization due to injury:					i. If yes, give cause					Road Traffic Accident					Substance abuse / alcohol consumption				
<input type="checkbox"/> Yes <input type="checkbox"/> No					<input type="checkbox"/> Yes <input type="checkbox"/> No					<input type="checkbox"/> Yes <input type="checkbox"/> No					<input type="checkbox"/> Yes <input type="checkbox"/> No				
ii. If injury due to Substance abuse / alcohol consumption, Test Conducted to establish this:										iii. If Medico Legal:									
<input type="checkbox"/> Yes <input type="checkbox"/> No										<input type="checkbox"/> Yes <input type="checkbox"/> No									
v. FIR No.										vi. If not reported to police, give reason:									

CLAIM DOCUMENTS SUBMITTED - CHECKLIST

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

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

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:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	ii. ICU:	<input type="checkbox"/> Yes	<input type="checkbox"/> No																																					
iii. Others:																																																												

DECLARATION BY THE HOSPITAL

(Please read very carefully)

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 any material fact, our right to claim under this claim shall be forfeited.

Date:

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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 hospital	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.		