

**कोचीन शिपयार्ड लिमिटेड / COCHIN SHIPYARD LIMITED**

**कोच्ची / KOCHI - 15**

सं/No.PERL/17(28)/2014Pt-B

तिथि/Date: 21 मार्च /Mar 2025

**वर्ष 2025-26 के लिए ग्रुप मेडिकलेम पॉलिसी**  
**दिनांक 01.01.2007 के बाद सेवानिवृत्त अधिकारियों/पर्यवेक्षकों के लिए लागू**  
**अधिवर्षिता चिकित्सा अंशदान योजना (एसएमसीएस)**  
**GROUP MEDICLAIM POLICY FOR THE YEAR 2025-26**  
**SUPERANNUATION MEDICAL CONTRIBUTION SCHEME (SMCS)**  
**APPLICABLE FOR OFFICERS/SUPERVISORS RETIRED AFTER 01.01.2007**

1. दिनांक 01.01.2007 के बाद सेवानिवृत्त हुए अधिकारियों/पर्यवेक्षकों के लिए वर्ष 2025-26 के लिए ग्रुप मेडिकलेम पॉलिसी, जो अधिवर्षिता चिकित्सा अंशदान योजना (एसएमसीएस) के अंतर्गत आती है, को मेसर्स यूनाइटेड इंडिया इंश्योरेंस कंपनी लिमिटेड, एर्णाकुलम के साथ नवीनीकृत किया गया है। पॉलिसी के अनुसार, पात्र सेवानिवृत्त कर्मचारियों को निम्नलिखित लाभ उपलब्ध हैं:

The Group Mediclaim Policy for the year 2025-26 for officers/supervisors retired after 01.01.2007 who are covered under the **Superannuation Medical Contribution Scheme (SMCS)** 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:

**लाभ / Coverage:**

- i. मूल लाभ: इन-पेशेंट (आईपी) उपचार: सभी बीमारियों के लिए फ्लोटर आधार पर एक परिवार इकाई के लिए प्रति वर्ष 8,00,000/- रुपए तक (डे केयर उपचार सहित)  
Basic Cover: 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. अतिरिक्त गंभीर बीमारी लाभ आईपी: प्रति व्यक्ति प्रति वर्ष 16,00,000/- रुपए (1.25 करोड़ रुपए के कोष में से पहले 25 व्यक्तियों तक सीमित, जो पॉलिसी के तहत लाभ उठाए गए सेवानिवृत्त कर्मचारियों की सभी श्रेणियों के लिए लागू है)। गंभीर बीमारियों की सूची अनुलग्नक- I में दी गई है।  
Additional Critical illness cover IP: Rs.16,00,000/- in a year per person (limited to the first 25 persons out of a Corpus of Rs.1.25 crores, which is applicable for all categories of retired employees covered under the policy). List of Critical illnesses as detailed at Annexure-I

कुल लाभ 24 लाख रुपए (मूल लाभ 8 लाख रुपए + अतिरिक्त गंभीर बीमारी लाभ 16 लाख रुपए)

**Total Cover Rs.24 Lakhs (Basic Cover of Rs.8 Lakhs + Additional critical illness cover of Rs.16 Lakhs)**

**8 लाख रुपये के मूल लाभ के अंतर्गत निम्नलिखित भी शामिल हैं**

**Following are also included under Basic Cover of Rs. 8 Lakhs**

- a) हिस्टेरेक्टॉमी व्यय की प्रतिपूर्ति रु.1,25,000/- तक सीमित है।  
Reimbursement of Hysterectomy expenses limited to Rs.1,25,000/-
- b) रेटिनल डिऑर्डर के लिए प्रतिपूर्ति - आयु संबंधी मैक्यूलर डिजनरेशन व्यय इंजेक्शन की लागत सहित 50,000/- रुपए तक सीमित है।  
Reimbursement for Retinal Disorder - Age Related macular degeneration expenses limited to Rs. 50,000/- including the cost of injections



- c) सभी मानसिक और मनोदैहिक विकारों से संबंधित उपचार, प्रति परिवार प्रति वर्ष 1 लाख रुपए की अधिकतम सीमा तक।

Treatment relating to all psychiatric and psychosomatic disorders upto ceiling limit of Rs.1 Lakh per family per year

- d) वास्तविक आधार पर एम्बुलेंस शुल्क (एयर एम्बुलेंस सहित)।

Ambulance Charges (including Air Ambulance) at actual basis

- e) अस्पताल में भर्ती होने से 30 दिन पहले और अस्पताल में भर्ती होने के 60 दिन बाद का उपचार व्यय बीमित राशि के 10% तक सीमित है।

30 days pre-hospitalization and 60 days post-hospitalization treatment expenses limited to 10% of the Sum Insured

- f) केवल सरकारी आयुर्वेद अस्पतालों/संस्थानों, कोट्टकल आर्य वैद्यशाला और वैद्यरत्नम औषधशाला में लिया गया आयुर्वेद इन-पेशेंट (आईपी) उपचार ही स्वीकार्य होगा।

Ayurveda Inpatient (IP) treatment taken at Govt. Ayurveda Hospitals/Institutions, Kottakkal Arya Vaidyasala and Vaidyaratnam Oushadhasala shall only admissible.

2. पिछले वर्ष की तरह, सेवानिवृत्त अधिकारियों/पर्यवेक्षकों के लाभ के लिए, सीएसएल ने मेडिक्लेम लाभ को नकदीहीन पॉलिसी के रूप में लिया है। नकदीहीन उपचार सेवा बीमा कंपनी द्वारा नियुक्त टीपीए अर्थात् मेसर्स एचआईटीपीए द्वारा प्रदान की जाएगी। नकदीहीन मेडिकल बीमा पॉलिसी रोगियों को मेसर्स एचआईटीपीए द्वारा सूचीबद्ध नेटवर्क अस्पतालों में नकदीहीन आधार पर आईपी/डे केयर उपचार लेने की अनुमति देती है।

As in the previous year, for the benefit of retired officers/supervisors, 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.

3. पात्र व्यक्ति निम्नलिखित हैं : / The eligible persons are:

(a) स्वयं/सेवानिवृत्त / Self/Retiree

(b) पति/पत्नी / Spouse

(c) दो आश्रित बच्चे (25 वर्ष तक के बेरोजगार/अविवाहित पुत्र/पुत्री)

25 वर्ष से अधिक आयु के अविवाहित/बेरोजगार दिव्यांग (40% या अधिक दिव्यांगता) पुत्र/पुत्री को आश्रित माना जाएगा; जो सक्षम चिकित्सा बोर्ड द्वारा जारी दिव्यांगता प्रमाण पत्र प्रस्तुत करने की अधीन है।

Two dependent children (unemployed/unmarried son/daughter upto 25 years)

Unmarried/unemployed differently abled (40% or more disability) son/daughter above 25 years of age will be considered as dependents; subject to production of disability certificate issued by the Competent Medical Board.

(d) कोई भी दो आश्रित माता-पिता (पिता/माता/ससुर/सास)

Any two dependent Parents (father/mother/father-in-law/ mother-in-law)

4. सेवानिवृत्त अधिकारियों/पर्यवेक्षकों के लिए वित्तीय वर्ष 2025-26 के लिए ग्रुप मेडिक्लेम पॉलिसी के तहत माता-पिता-ससुर के लाभ के संबंध में निम्नलिखित बातों पर ध्यान दिया जा सकता है।

Following may be noted in connection with the coverage of parents-in-law under the Group Mediclaim Policy for retired officers/supervisors FY 2025-26.

- a) माता-पिता-ससुर को केवल ग्रुप मेडिक्लेम पॉलिसी के अंतर्गत लाभ हेतु अनुमति है तथा उन्हें किसी अन्य प्रयोजन के लिए सेवानिवृत्त अधिकारियों/पर्यवेक्षकों के आश्रितों के रूप में नहीं माना जाएगा।

Coverage of parents-in-law is permitted under the Group Mediclaim Policy only and they shall not be considered as dependents of retired officers/supervisors for any other purposes.

- b) आउट-पेशेंट (ओपी) उपचार प्रतिपूर्ति / सीएसएल चिकित्सा केंद्र से दवाओं का वितरण माता-पिता-ससुर के लिए अनुमत नहीं है क्योंकि ओपी बीमा लाभ से बाहर है।



Outpatient (OP) treatment reimbursement / dispensing of medicines from CSL Medical Centre are not permitted for parents-in-law as OP is outside the insurance coverage.

5. सेवानिवृत्त अधिकारियों/पर्यवेक्षकों के प्रति परिवार इकाई के लिए वर्ष 2025-26 के लिए उपरोक्त बीमित राशि के लिए बीमा कंपनी को देय पूर्ण प्रीमियम **58,265/-** रुपए है।

Full premium payable to the Insurance Company for the above sum assured for the year 2025-26 per family unit of retired officers/supervisors is **Rs. 58,265/-**

6. दिनांक 01 जनवरी 2007 के बाद सेवानिवृत्त हुए और एसएमसीएस ट्रस्ट के अंतर्गत आने वाले अधिकारियों/पर्यवेक्षकों से अनुरोध है कि वे नीचे बताए अनुसार लागू प्रीमियम का भुगतान करें:

The officers/supervisors retired after 01 January 2007 and covered under the SMCS Trust are requested to remit the applicable premium, as indicated below:

क्र. सं. SN	मौजूदा लाभार्थियों द्वारा भुगतान किए जानेवाली प्रीमियम का विवरण <b>Details of premium to be paid by the existing beneficiaries</b>	राशि / Amt (Rs)
i	पर्यवेक्षक और अधिकारी जो 15 वर्ष की सेवा के बाद दिनांक 01.01.2007 से 31.12.2010 के बीच सेवानिवृत्त हुए। Supervisors and officers who retired on superannuation between 01.01.2007 to 31.12.2010 after 15 years of service	100.00
ii	पर्यवेक्षक और अधिकारी जो 15 वर्ष की सेवा के बाद दिनांक 01.01.2011 को या उसके बाद सेवानिवृत्त हुए Supervisors and officers who retired on superannuation on or after 01.01.2011 after 15 years of service	5,827.00
iii	पर्यवेक्षक और अधिकारी जो दिनांक 01.01.2007 को या उसके बाद सेवानिवृत्त हुए हों और जिनकी सेवा अवधि 10 वर्ष से अधिक और 15 वर्ष से कम हो Supervisors and Officers who retired on superannuation on or after 01.01.2007 with more than 10 and less than 15 years of service	17,480.00
iv	पर्यवेक्षक और अधिकारी जो दिनांक 01.01.2007 को या उसके बाद सेवानिवृत्त हुए हों और जिनकी सेवा अवधि 5 वर्ष से अधिक और 10 वर्ष से कम हो Supervisors and Officers who retired on superannuation on or after 01.01.2007 with more than 5 and less than 10 years of service	34,959.00
v	पर्यवेक्षक और अधिकारी जो दिनांक 01.01.2007 को या उसके बाद 5 वर्ष से कम सेवा के साथ सेवानिवृत्त हुए हों Supervisors and Officers who retired on superannuation on or after 01.01.2007 with less than 5 years of service	58,265.00

7. वे अधिकारी/पर्यवेक्षक जिन्होंने सीएसएल में 15 वर्ष की सेवा के बाद इस्तीफा दे दिया है, वे वर्ष 2025-26 के लिए पूर्ण बीमा प्रीमियम अर्थात् 58,265/- रुपये का भुगतान करके मेडिक्लेम लाभ को नवीनीकृत कर सकते हैं।

Those Officers/Supervisors who resigned after 15 years of service in CSL may renew the mediclaim coverage by remitting full insurance premium ie. Rs.58,265/- for the year 2025-26

8. आउट-पेशेंट उपचार व्यय की प्रतिपूर्ति

**Reimbursement of Outpatient treatment expenses:**

- a) ओपी उपचार के लाभ को चिकित्सा बीमा पॉलिसी से बाहर रखा गया है।

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



- b) सामान्य ओपी उपचार व्यय प्रति परिवार **20,000/- रुपए** तक और गंभीर ओपी उपचार व्यय प्रति परिवार **40,000/- रुपए** तक की प्रतिपूर्ति सीएसएल द्वारा ओपी दावों को सीएसएल को प्रस्तुत करने पर सीधे की जाएगी (दावे केवल सेवानिवृत्त/पति-पत्नी/आश्रित बच्चों/पिता/माता के लिए स्वीकार्य हैं)  
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) सीएसएल से इस्तीफा देने वाले अधिकारियों/पर्यवेक्षकों के मामले में, ओपी प्रतिपूर्ति की अनुमति नहीं है। हालांकि, लंबे समय तक ओपी उपचार के लिए सीएसएल चिकित्सा केंद्र से दवाइयाँ वितरित की जाएंगी।  
In the case of officers/supervisors 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) ओपी उपचार खर्च की प्रतिपूर्ति के लिए दावों को वाउचर/बिल सहित सीएसएल को भेजा जाएगा, जिसमें प्रतिपूर्ति के लिए सीएसएल चिकित्सा केंद्र के मुख्य चिकित्सा अधिकारी / चिकित्सा अधिकारी का ध्यान आकर्षित 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 अधिकारियों/पर्यवेक्षकों या उनके पात्र आश्रितों (पति/पत्नी/आश्रित बच्चे/पिता/माता) द्वारा लगातार ली जा रही दवाओं को सीएसएल चिकित्सा केंद्र से प्राधिकृत चिकित्सा सहायक / चिकित्सक के पर्चे के आधार पर वितरित किया जाएगा; जो उपलब्धता के अधीन है। वे सेवानिवृत्त अधिकारी/पर्यवेक्षक जिन्हें सीएसएल से दीर्घकालिक दवाएं नहीं मिल रही हैं और वे इस सुविधा का लाभ उठाना चाहते हैं, वे अनुलग्नक-II में दिए गए प्रारूप के अनुसार दीर्घकालिक दवाओं के लिए अपना आवेदन / अनुरोध दिनांक **31 मई 2025** तक **pharmacy.csl@cochinshipyard.in** पर ई-मेल द्वारा प्रस्तुत कर सकते हैं। जो लोग वर्तमान में सीएसएल से दवाएं प्राप्त कर रहे हैं, उन्हें फिर से आवेदन करने की आवश्यकता नहीं है।  
Medicines being taken continuously by the retired officers/supervisors 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 officers/supervisors 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-II, by E-mail to pharmacy.csl@cochinshipyard.in latest by 31 May 2025. Those who are presently receiving medicines from CSL need not apply again.**
9. योजना में सदस्यता नवीनीकरण के इच्छुक सभी पात्र सेवानिवृत्त अधिकारियों/पर्यवेक्षकों से अनुरोध है कि वे दिनांक **21 मार्च 2025** से **31 मार्च 2025** के दौरान सीएसएल की आधिकारिक वेबसाइट पर उपलब्ध निर्धारित प्रपत्र में नवीनीकरण के लिए ऑनलाइन आवेदन प्रस्तुत करें।  
**All eligible retired officers/supervisors 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 21 March 2025 to 31 March 2025.**
10. आश्रितों के विवरण को अद्यतन करने तथा बीमा के नवीकरण हेतु 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- I: **[www.cochinshipyard.in](http://www.cochinshipyard.in)** / संबंधित लिंक / रिटायर कॉर्नर पर जाएं और पहले से उपलब्ध कराए गए यूजर आईडी और पासवर्ड का उपयोग करके सेवानिवृत्त कर्मचारी पोर्टल पर लॉग ऑन करें।  
**Step- I: Go to [www.cochinshipyard.in](http://www.cochinshipyard.in)/ Related Links / Retirees corner and log on to retired employees portal using user ID and password, which is already provided.**





चरण-II: बीमा → बीमा प्रीमियम कल्क्शन चुनें। यह मौजूदा आश्रितों की सूची प्रदर्शित करेगा। यदि आवश्यक हो, तो आश्रितों की सूची को संशोधित किया जा सकता है। आश्रितों की सूची में फ्रील्ड अनिवार्य हैं (पोर्टल के माध्यम से आश्रितों का नाम जोड़ने की अनुमति नहीं है)

**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 dependants name through the portal is not permitted)**

चरण- III: आश्रितों की सूची की पुष्टि होने पर, बीमा प्रीमियम भुगतान करने के लिए निम्नलिखित विकल्प प्रदान किया जाता है।

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

### प्रीमियम का ऑनलाइन भुगतान करें / Pay Premium Online

सेवानिवृत्त अधिकारियों/पर्यवेक्षकों को “ पे प्रीमियम” बटन पर क्लिक करके प्रीमियम का ऑनलाइन भुगतान करने का निदेश दिया जाता है, जो आपकी योजना के विवरण पर जाता है और फिर “प्रोसीड फॉर पेइमेंट” पर क्लिक करें। यह लिंक स्वचालित रूप से भुगतान गेटवे पर पुनर्निर्देशित हो जाएगा, जहाँ आप विभिन्न भुगतान विकल्पों का उपयोग करके राशि भेज सकते हैं। भुगतान के सफल समापन के बाद, यदि आवश्यक हो, तो आप अपने रिकॉर्ड के लिए भुगतान रसीद का प्रिंटआउट ले सकते हैं।

**The retired Officers/Supervisors 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 का प्रिंटआउट या भुगतान रसीद सीएसएल को भेजने की आवश्यकता नहीं है। योजना के तहत नामांकित सेवानिवृत्त अधिकारी/पर्यवेक्षक जिनके पास यूजर आईडी और पासवर्ड नहीं है, वे बीमा के तहत नवीनीकरण और प्रीमियम का भुगतान करने के लिए कार्मिक एवं प्रशासन विभाग से इसे प्राप्त कर सकते हैं।

**Printout of confirmation page OR payment receipt is not required to be sent to CSL Those retired officers/supervisors 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 अधिकारी/पर्यवेक्षक कृपया ध्यान दें कि रिटायर पोर्टल पर लॉग इन करने के लिए यूजर नेम वही रहेगा जो पिछले वर्षों में दिया गया था। यूजर नेम संबंधित पूर्व कर्मचारी के नाम और कोड नंबर के पहले चार अक्षरों का संयोजन है। उदाहरण के लिए, यदि नाम Rajan है और कोड नंबर 543 है, तो यूजर नेम RAJA543 होगा।

**All retired officers/supervisors 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 सीधे भुगतान भेजने की सुविधा उपलब्ध नहीं होगी। इसलिए सभी सेवानिवृत्त कर्मचारियों से अनुरोध है कि वे केवल ऑनलाइन भुगतान विकल्प का ही उपयोग करें।

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

11. कृपया ध्यान दें कि पॉलिसी का नवीनीकरण न कराने पर योजना से स्वतः ही बाहर होना पड़ेगा तथा बाद में नवीनीकरण की अनुमति नहीं होगी।





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

12. नकदीहीन मेडिकल पॉलिसी की कार्यप्रणाली और दावों को प्रस्तुत करने के लिए कृपया इस परिपत्र के अनुलग्नक-III में दिए गए विवरण देखें।

For the modus operandi of the cashless medical policy and submission of claims, please refer the details elaborated as **Annexure - III** of this circular

13. चिकित्सा बीमा नवीनीकरण/प्रतिपूर्ति/दीर्घकालिक दवाओं के वितरण और संबंधित मामलों के लिए सेवानिवृत्त अधिकारियों/पर्यवेक्षकों द्वारा नोट किए जाने वाले संपर्क नंबर नीचे दिए गए हैं:

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

<u>संबंधित जानकारी</u> <u>Information pertaining to</u>	<u>दूरभाष संख्या / ई-मेल</u> <u>Telephone Number / Email</u>	<u>समय</u> <u>Time</u>
चिकित्सा बीमा नवीकरण से संबंधित प्रशासनिक मामले [ईआर विभाग] <b>Medical Insurance Renewal related administrative matters [ER Department]</b>	दूरभाष / Tel: 0484 – 250 1925 ई-मेल / E-mail: <a href="mailto:tilson.t@cochinshipyard.in">tilson.t@cochinshipyard.in</a>	सीएसएल कार्य घंटे <b>CSL Working Hours</b>
आउटपेशेंट प्रतिपूर्ति से संबंधित मामले [सीएसएल चिकित्सा केंद्र – प्रतिपूर्ति कक्ष] <b>Outpatient reimbursement related matters [CSL Medical Centre – Reimbursement Cell]</b>	दूरभाष / Tel: 0484 – 250 1204 ई-मेल / E-mail: <a href="mailto:csl.medicalcentre@cochinshipyard.in">csl.medicalcentre@cochinshipyard.in</a>	
स्वयं/आश्रितों के लिए दीर्घकालिक दवाओं का वितरण [चिकित्सा केंद्र – फार्मसी] <b>Dispensing of long term medicines for self/dependents [CSL Medical Centre - Pharmacy]</b>	दूरभाष / Tel: 0484 - 250 1414 ई-मेल / Email: <a href="mailto:pharmacy.csl@cochinshipyard.in">pharmacy.csl@cochinshipyard.in</a>	
नकदीहीन उपचार / स्वयं और आश्रितों के इनपेशेंट/डे केयर उपचार की प्रतिपूर्ति [मेसर्स एचआईटीपीए] <b>Cashless treatment / Reimbursement of Inpatient/Day care treatment of self and dependents [M/s.HITPA]</b>	नाम / Name: Mr. R Rethish मोब / Mob: 7428086078 ई-मेल / E-mail: <a href="mailto:r.rethish@hitpa.co.in">r.rethish@hitpa.co.in</a>	<b>24 x 7 सहायता Support</b>

यह सक्षम प्राधिकारी के अनुमोदन से जारी किया जाता है।

This issues with the approval of the Competent Authority.

(सुब्रमण्यन के के / Subramanian K K)

प्रभारी उप महाप्रबंधक (क.सं.) / DGM (ER) I/c

सेवा में / To :

एसएमसीएस के अंतर्गत आने वाले सभी सेवानिवृत्त अधिकारी/पर्यवेक्षक  
All Retired Officers/Supervisors covered under SMCS

सेवानिवृत्त कर्मचारियों का प्रतिनिधित्व करनेवाली सभी संघ  
All associations representing Retired Employees

प्रतिलिपि / Copy to:

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

मु.स.अ. / CVO

का.नि. (पो.म.) /का.नि. (पो.नि.) /ED(SR)/ED(SB)

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

मु.सु.अ. /मु.क.अ. /मु.चि.अ. / CSO/CWO/CMO

महा सचिव सीएसईएफ/सीएसईओ/ सीएसएसए/ सीएसओए  
General Secretary CSEF / CSEO / CSSA/ CSOA

**ANNEXURE – I**

The following illnesses shall be covered under Critical Illness category:

a)	Any kind of ailments of heart. In addition to surgery, this should cover for medical expenditure on angiogram, placement of stent, angioplasty, CABG, Surgery of Aorta and all treatment for the period subsequent to angioplasty/Surgery, etc.	All expenditure in connection with treatment of all of these diseases
b)	All medical expenditure in connection with the treatment of kidney diseases/ kidney failure including dialysis	
c)	Cancer & Brain Tumor of all kinds including Oral Chemotherapy & Immunotherapy, Cost of Bevacizumab Injection, Bone Marrow/Stem Cell Transplantation.	
d)	Major Organ Transplantation/Surgeries	
e)	Joint/Knee Replacement	
f)	Stroke	
g)	Third Degree Burns/Major Burns	
h)	Paralysis – Paraplegia	
i)	Liver Diseases including Hepatitis, End Stage of Liver failure	
J	Any Rare Diseases, any Brain related ailments including Apallic Syndrome, Aplastic Anemia, Bacterial Meningitis, Viral Encephalitis, Coma, Multiple Sclerosis, Alzheimer’s and any Terminal diseases etc.	
k)	In addition to the above any disease leading to criticality of the patient (as certified by the Doctor/Medical Officer)	





# 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:			Phone No.:
e-mail ID:			

### 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:

Place:

Signature of the doctor

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.

**सेवानिवृत्त कर्मचारियों के लिए नकदीहीन चिकित्सा पॉलिसी की कार्यप्रणाली**  
**MODUS-OPERANDI OF THE CASHLESS MEDICLAIM POLICY**  
**FOR RETIRED EMPLOYEES**

- 1) नकीदीहीन उपचार मेसर्स यूनाइटेड इंडिया इंश्योरेंस कंपनी की ओर से टीपीए मेसर्स हेल्थ इंश्योरेंस टीपीए ऑफ इंडिया लिमिटेड (एचआईटीपीए) द्वारा प्रदान किया जा रहा है। सेवा प्रदाता मेसर्स एचआईटीपीए द्वारा प्रदान की गई नकदीही सेवा के बारे में संक्षिप्त विवरण संलग्न है (**अनुबंध I**)  
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 पॉलिसी के अंतर्गत आने वाले प्रत्येक लाभार्थी को ईमेल या मोबाइल नंबर के माध्यम से यूएचआईडी नंबर और यूएचआईडी ई-कार्ड (डिजिटल मोड) जारी किया जाएगा। स्वयं और आश्रितों के लिए अलग-अलग यूएचआईडी जारी किए जाएंगे। सदस्य यूएचआईडी नंबर का उपयोग करके वेबसाइट <https://hitpa.co.in> पर लॉग इन करके यूएचआईडी ई-कार्ड भी डाउनलोड कर सकते हैं। जारी किया गया यूएचआईडी पूरी पॉलिसी अवधि के दौरान वैध रहेगा।  
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) लाभार्थी मेसर्स एचआईटीपीए के अंतर्गत भारत भर में फैले अस्पतालों के व्यापक नेटवर्क (लगभग 6000 अस्पताल) में से किसी में भी नकदीहीन उपचार ले सकते हैं। अस्पतालों का विवरण उनकी वेबसाइट <https://hitpa.co.in/Our-Services/Network-Hospitals> पर देखा जा सकता है। मेसर्स एचआईटीपीए के अंतर्गत केरल में स्थित नेटवर्क अस्पतालों की सूची संलग्न है। (**अनुबंध II**)  
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 के अंतर्गत आने वाले लाभार्थी (कर्मचारी/आश्रित) जो नकदीहीन उपचार का लाभ उठाना चाहते हैं, वे यूएचआईडी कार्ड के साथ संबंधित अस्पताल के एचआईटीपीए/बीमा 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 लाभ प्राप्त करते समय रोगी/लाभार्थी के सत्यापन/पहचान के लिए सरकार द्वारा अनुमोदित कोई भी पहचान पत्र (आधार/मतदाता पहचान पत्र/ड्राइविंग लाइसेंस/पासपोर्ट) प्रस्तुत करना आवश्यक होगा।  
The beneficiary shall also require 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 सदस्य से नकदीहीन दावे के लिए पूर्व-प्राधिकरण अनुरोध प्रपत्र भरने के लिए बताएगा। बीमित सदस्य को प्रासंगिक जानकारी के साथ 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 को पूर्व-प्राधिकरण अनुरोध प्रपत्र, बीमारी का विवरण और उपचार अनुमान, उपचार करने वाले डॉक्टर द्वारा हस्ताक्षरित करके मेसर्स एचआईटीपीए को भेजना होगा।  
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 होने के दो घंटे के भीतर पॉलिसी लाभ, नियम और शर्तों के आधार पर अस्पताल को पूर्व-प्राधिकरण अनुमोदन प्रदान किया जाएगा।  
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) मरीज़ को अस्पताल से छुट्टी मिलने के समय कार्डधारक/लाभार्थी को कैशलेस उपचार का लाभ उठाने के लिए दावा फॉर्म भरना आवश्यक है। अस्पताल बिल और अन्य विवरण मेसर्स एचआईटीपीए को भेजेगा और वे मरीज़ को अस्पताल से छुट्टी मिलने और उपचार रिकॉर्ड के बारे में सूचना मिलने के दो घंटे के भीतर इसे स्वीकृत कर देंगे।  
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 टीपीए से अनुमोदन प्राप्त करने और किसी भी अस्वीकार्य मदों के भुगतान के बाद अस्पताल से छुट्टी दे दी जाएगी। टीपीए द्वारा अग्रेषित गैर-भुगतान योग्य मदों की सूची अनुलग्नक III में दी गई है।  
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) कोई भी अस्वीकार्य मद जैसे कि गैर-देय मदों के लिए भुगतान आदि या योजना के अंतर्गत कवर न किए गए किसी उपचार के लिए व्यय या पॉलिसी के तहत अधिसूचित सीमाओं से अधिक उपचार व्यय का निपटान मरीज़ को छुट्टी से पहले अस्पताल में सीधे करना होगा और सीएसएल ऐसे खर्चों को 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) कमरे/बिस्तर की स्वीकार्यता मेसर्स एचआईटीपीए द्वारा निर्धारित पात्रता के अनुसार होगी और अधिकतम सीमा निम्नानुसार निर्धारित की जाएगी:

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	पर्यवेक्षक / Supervisors	S	3,500.00
2	कार्यपालक / Executives (Asst. Manager / Dy. Manager/ Manager & Sr. Manager)	E2	5,000.00
3	कार्यपालक / Executives (AGM, DGM, GM, CGM & ED)	E1	5,500.00
4	अध्यक्ष एवं प्रबंध निदेशक एवं निदेशकगण CMD & Directors	D	7,900.00

- 13) बीमित व्यक्ति भर्ती होने से 30 दिन पहले तक के अस्पताल में भर्ती होने से पहले के खर्च और छुट्टी की तारीख से 60 दिनों तक के अस्पताल में भर्ती होने के बाद के खर्च (बीमित राशि के 10% तक सीमित) का दावा भी कर सकता है, जैसा कि पॉलिसी की शर्तों के अनुसार दावा दस्तावेज, संबंधित बिल आदि मेसर्स एचआईटीपीए को प्रस्तुत करते हुए संबंधित चिकित्सक द्वारा उस बीमारी/बीमारी के संबंध में सलाह/निदेश दिया गया हो जिसके लिए वह अस्पताल में भर्ती किया गया 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 (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) यदि बीमाधारक मूल चिकित्सा रिपोर्ट वापस लेना चाहता है तो उसे मेसर्स एचआईटीपीए कार्यालय से प्राप्त 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 कारणवश नकदीहीन सुविधा का लाभ नहीं उठाया जाता है या स्वीकृत नहीं किया जाता है तो बीमित सदस्य उपचार के लिए अग्रिम भुगतान करता है, दावे की प्रतिपूर्ति दावा प्रपत्र/वेबसाइट में दिए गए दस्तावेजों की सूची के अनुसार दावा दस्तावेज प्रस्तुत करने के बाद मेसर्स एचआईटीपीए के पास दायर की जाएगी। (दावा प्रारूप की एक प्रति संलग्न-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 में, यदि लाभार्थी मेसर्स एचआईटीपीए के नेटवर्क अस्पताल में शामिल न होने वाले किसी अस्पताल से उपचार प्राप्त करता है, तो बीमा कंपनी उचित दस्तावेजों और अभिलेखों के साथ बीमा दावा प्रस्तुत करने पर उसी की प्रतिपूर्ति पर विचार कर सकती है। ऐसे मामलों में, प्रतिपूर्ति दावे के प्रारूप के अनुसार 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) उपचार के बाद प्रतिपूर्ति के लिए दावे प्रस्तुत करना, नकदीहीन उपचार की स्वीकृति न मिलने की स्थिति में या आपातकालीन स्थितियों में या आयुर्वेद उपचार के मामले में रोगी के डिस्चार्ज की तारीख से 90 दिनों के भीतर किया जाना चाहिए। ऐसे दावे लाभार्थी द्वारा सीधे बीमा सेवा प्रदाता (मेसर्स एचआईटीपीए) को प्रस्तुत किए जाएंगे।

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 पॉलिसी से संबंधित किसी भी जानकारी या दावे से संबंधित पूछताछ या दावों को प्रस्तुत करने के लिए, लाभार्थी सेवा प्रदाता मेसर्स एचआईटीपीए, कोच्ची शाखा कार्यालय से संपर्क कर सकते हैं। उनका पता और 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 संख्या Contact Number	ई-मेल आईडी E-mail ID
Mr R Rethish	7428086078	<a href="mailto:r.rethish@hitpa.co.in">r.rethish@hitpa.co.in</a>
<b><u>Cochin Branch Office Address</u></b> 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.

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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 Ksrte 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, Elamkunnappuzha, Vypin, Kerala 682505	Vypin	Ernakulam
33	Vasan Eye Care	Near Powe House, Tripunithura Road, Vytilla .Cochin - 682019, Kerala	Vytilla	Ernakulam
34	Kristu Jayanthi Hospital	Perumpilly, Elamkunnappuzha, 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
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	Vatheyyath 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	Thrippunithura	Ernakulam
53	Roshan Eye Care Hospital	SN Junction, Thrippunithura, Ernakulam, Kerala 682301	Thrippunithura	Ernakulam



54	City Hospital	Manaama Gandhi Rd, Opp Padma Theatre, Padma Junction, Shenoyoys, 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
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	Pazhanganadu, Ki	Ernakulam
65	B & B Memorial Hospital	Opp. Thrikkakara Temple, Thrikkakara P.O, Kochin, Kochi, Kerala 682021	Thrikkakara	Ernakulam
66	MAGJ Hospital, Mookannur	Mookannur, Ankamaly	Mookannoor, Ang	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	MUVATTUPUZH	Ernakulam
71	Jishy Hospital	Mundamvelly, Thoppumpady, Kod	Kochi	Ernakulam
72	Chaithanya Eye , Palarivattom	Palarivattom	Palaravittom	Ernakulam
73	NSD Raju Eye Clinic	Vytilla	Vytilla	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	CHALAKKA, No	Ernakulam
84	Apollo Adlux Hospital, Karukutty, Ernakulam (Cashless starting from 01/10/2021)	Karukutty, Ernakulam	Karukutty, Angala	Ernakulam
85	Welcare Hospital, Vytilla	Vytilla	Vytilla, Ernakulam	Ernakulam
86	RCM Eye Hospital	Thripunithura	Thripunithura	Ernakulam
87	CIMAR COCHIN HOSPITAL	N.H-17 THYKKAVU BUS STOP	Edappally	Ernakulam
88	Holy Family Hospital	Muthalakkodam Thodupuzha, Idukki District, Thodupuzha, Kerala 685605	Thodupuzha	Idukki
89	Chazhikattu Hospital	River View Road, Thodupuzha	Thodupuzha	Idukki
90	Bishop Vayalil Medical Centre	Near Moolamattom - Vagamon Rd, Moolamattom, Elappally, Kerala 685589	Moolamattom	Idukki
91	Medical Trust Hospital, Nedumkandam	Nedumkandam, Idukki, Kerala 685	Nedumkandam	Idukki
92	St.Marys Hospital Thodupuzha	Thodupuzha	Thodupuzha	Idukki
93	Morning Star Medical Centre, Adimali	Adimaly	Adimaly	Idukki
94	Devamatha Hospital- Rajakumary	Rajakumary	Rajakumary-idukki	Idukki
95	Karuna Medical Centre	Nedumkandam, Idukki, Kerala 685	Nedumkandam	Idukki



96	Alphonsa Hospital, Murikkassery	Murikkassery, Idukki	Murikkassery	Idukki
97	Idukki District Co-operative Hospital	Thodupuzha	Thodupuzha	Idukki
98	Karuna Thodupuzha	Thodupuzha	Thodupuzha	Idukki
99	Mudakkayam Medical Trust Hospital	Mundakayam East	Mundakkayam	Idukki
100	Vasan Eye Care	Netra Building Fort Road Kannur - 670001, Kerala	Kannur	Kannur
101	Tellicherry co-operative hospital	Co-Operative Hospital Junction, Thalassery, Kannur, Kerala 670101	Thalassery	Kannur
102	Dhanalakshmi Hospital	Kannomthumchal Road, Cannanore, Kerala 670002	Cannanore	Kannur
103	Anaamaya Medical Institute	Annur Road, Payyanur, Kannur 670307	Payyanur	Kannur
104	Malabar Institute of Medical Scuiences Limited ( Aster MIMS Kannur )	East Chala , Bye Pass Road Kannur	Kannur	Kannur
105	Ashoka Hospital - Kannur	South Bazar Road, Kannur	Kannur	Kannur
106	Indira Gandhi Hospital	Thalassery, Kannur	Kannur	Kannur
107	Dr.Binues Sunrise Eye care	Kannur	Kannur	Kannur
108	Jyothis Eye Hospital	Kannur	Kannur	Kannur
109	Lourde Hospital	Kannur	Kannur	Kannur

110	St Martin Deporres Hospital	Kannur	Kannur	Kannur
111	GIMCARE Hospital	Kannur	Kannur	Kannur
112	United Medical Centre, Kasargodu	Kasargodu	Kasargodu	Kasargodu
113	Sanjeevani Integreated Medical Serives Pvt.Ltd	Ramnagar	Kanhangad	Kasargodu
114	Krishna Hospital	Vidya Nagar	Kasargodu	Kasargodu
115	Kasargodu Institute of Medical Sciences (KIMS- Kasargodu)	Kasargodu	Kasargodu	Kasargodu
116	Chaithra Medical Centre	Kasargod	Kasargod	Kasargodu
117	Precise Eye Care & Research Centre	Pada North, Pulliman Junction, Karunagapally, Kollam	Karunagapally	Kollam
118	Travancore Medical College & Hospital	Medicity, Nh Bypass Road, Thattamala, Kollam	Thattamala	Kollam
119	Valiyath Institute of Medical Sciences	Market Road, Near Thevar Kaavu Sree Devi Temple, Karunagappally, Kerala 690518	Karunagappally	Kollam
120	Bishop Benziger Hospital	Benziger Hospital Road, Mundakkal Village, Kollam, Kerala 691001	Mundakkal	Kollam
121	Dr. Nairs Hospital	Residency Road, Asramam,	Residency Road	Kollam
122	KIMS Kollam Multi Specialtiy Hospital	NH-47, Pallimukku, Quilon, Kerala 691571	Pallimukku	Kollam
123	Upasana Hospital	Kadappakkada, Kollam,	Kadappakkada	Kollam

124	Sree Narayana Trust Medical Mission Hospital, Kollam	Sree Narayana Trust Medical Mission Hospital, , Kollam - 691001	Kollam	Kollam
125	Matha Medical Centre, kollam	Mathilil Pokarunagapally, Kollam, Kerala 691601	Kollam	Kollam
126	Assissi Atonment Hospital	Perumpuzha, Chavara	Perumpuzha, Chavara	Kollam
127	Azeezia Medical College Hospital	Meeyannoor	Meeyannoor	Kollam
128	Padmavathy Medical Foundation	Sasthamcotta, Kollam, Sasthamcotta, Kerala 690521	Sasthamcotta	Kollam
129	Dr.Nairs Hospital , Kollam	Residency Road, Asramam, Quilon, Kerala 691002	Kollam	Kollam
130	Amardeep Eye care Hospital, Kollam	Kollam	Kollam	Kollam
131	Pearl Hospital, Karunagappally	Karunagappally	Karunagappaly	Kollam
132	SBM KARUNAGAPPALLY	Karunagappally	Karunagappaly	Kollam
133	Rapha Aroma Hospital	Kottarakkakkara	Kottarakkakkara	Kollam
134	Meditrina Kollam	Kollam	Kollam	Kollam
135	PMC speciality Hospital Kottarakkara	Kottrakkakkara	Kottrakkakkara	Kollam
136	Vijaya Hospital Kottarakkakkara	Kottarakkakkara	Kottarakkakkara	Kollam
137	St Thomas Hospital	Chethipuzha, Changanassery	Changanassery	Kottayam

138	SH Medical Centre Hospital	Near Nagambadam Bus Stand, Kottayam, Kerala 686001	Kottayam	Kottayam
139	Caritas Cancer Institute	Main Central Rd, Thellakom Post, Kottayam	Thellakom	Kottayam
140	Udayagiri Multi Speciality Hospital	Changanacherry, Kottayam	Changanassery	Kottayam
141	Vasan Eye Care	Union Club Road, Karapuzha, Kottayam - 686003, Kerala	Karapuzha	Kottayam
142	PNP Ponkunnam	Ponkunnam, Kottayam	Ponkunnam	Kottayam
143	Alphonsa Eye Hospital	Ettumanoor- Erattupetta Rd, Pala, Kerala 686575	Ettumanoor	Kottayam
144	Holy Ghost Mission Hospital	Muttuchira Kaduthuruthy, Kottayam, Kerala 686535	Muttuchira	Kottayam
145	Mary Queens Mission Hospital	Palampra P.O., Kanjirapally, Kottayam-686518	Kanjirapally	Kottayam
146	Carmel Medical Centre, Pala	Pala	Pala	Kottayam
147	Mercy Nursing Home, Karukachal, Kottayam	Karukachal	Karukachal	Kottayam
148	Sanjeevani Hospital, Chanaganassery	Kottayam	Changassery	Kottayam
149	KIMS HOSPITAL, KUDAMALLOOR, KOTTAYAM	Kottayam	Kottayam	Kottayam
150	Mercy Hospital, Pothy	Pothy, Thalayolaparambu	Thalayolaparambu	Kottayam
151	Mar Sleeva Medicity , Pala	Cherpunkal, Kezhuvankulam P.O, Kottayam, 686584	Palai	Kottayam



152	Marian Medical Centre	Arunapuram, Pala	Pala	Kottayam
153	Little Lourdes, kidangoor	Kidangoor	Pala	Kottayam
154	St Mary's hospital- kottayam/manarcadu	kottayam/manarcadu	kottayam/manarca	Kottayam
155	St. Vincents Hospital, Kuravilangadu	Kuravilangadu	Kuravilangadu	Kottayam
156	Vasan Eye Care	825 C, Arayadathupalam, Bypass Road, Calicut - 673004, Kerala	Arayadathupalam	Kozhikodu
157	Vasan Eye Care	27/743A, Mavoor Road, Near Kseb Office, Patteri, Calicut - 673016, Kerala	Patteri	Kozhikodu
158	Al Salama Eye Hospital	Arayidathupalam Junction,, Mavoor Rd, Arayidathupalam, Kozhikode, Kerala 673004	Arayidathupalam	Kozhikodu
159	Baby Memorial Hospital	Arayidathupalam Junction, Arayidathupalam, Kozhikode, Kerala 673004	Arayidathupalam	Kozhikodu
160	Meitra Hospital, Kozhikode	Calicut	Calicut	Kozhikodu
161	Malabar Multi Speciality Hospital	Eranhipalam, Eranhippalam, Kozhikode, Kerala 673020	Eranhippalam	Kozhikodu
162	National Hospital	Mavoor Rd, Polpaya Mana, Tazhekkod, Kozhikode, Kerala 673001	Mavoor	Kozhikodu
163	Malabar Medical College & Research Centre	Kozhikode-Kuttiyadi Road, Modakkallur, Kerala 673321	Modakkallur	Kozhikodu
164	Metro Intrnational Cardiac Centre Pvt Ltd	Thodayad Bypass Road, Near Highlite City, Palazhi, Poovangal, Kozhikode, Kerala 673014	Poovangal	Kozhikodu
165	MVR Cancer Centre & Research Institute	CP 13/516 B, C, Vellalasseri REC(via, Poolacode, Kerala 673601	Poolacode	Kozhikodu

166	Starcare Hospital	Near Thondayad Bypass, Kozhikode, Kerala 673017	Near Thondayad B	Kozhikodu
167	Aster MIMS	mini by-pass road, govindapuram, kozhikode, kerala 673016	govindapuram	Kozhikodu
168	Pvs Hospital	Railway Station Road, Calicut, Kerala,673002	Railway Station R	Kozhikodu
169	Koyas Hospital	T P Road, Feroke, Kozhikode, Kerala 673631	kozhikode	Kozhikodu
170	Kozhikode Dt.Co-operative Hospital	Calicut	kozhikode	Kozhikodu
171	Comtrust Eye Hospital	Calicut	kozhikode	Kozhikodu
172	Dr. Sreekanth Eye Care Hospital, Calicut	Calicut	Calicut	Kozhikodu
173	Asten Specialty Orthopaedic Hospital	Calicut	Calicut	Kozhikodu
174	Ascent Hospital, Calicut	Calicut	Calicut	Kozhikodu
175	Chest Hospital, Calicut	Calicut	Calicut	Kozhikodu
176	Nirmala Hospital	Calicut	Calicut	Kozhikodu
177	St Joseph hospital	Calicut	Calicut	Kozhikodu
178	Lisa Hospital	Calicut	Calicut	Kozhikodu
179	Dr. AMBADI'S CALICUT CENTRE FOR SURGERY (A UNIT OF EINS & ERSTE HEALTHCARE)	7TH FLOOR, METROMED INTERNATIONAL CARDIAC CENTRE, THONDAYAD BYPASS ROAD	Calicut	Kozhikodu

180	Karuna Institute of Medical Sciences -- koduvally	vennakad,Koduvally	Calicut	Kozhikodu
181	HOLY CROSS HOSPITAL PVT LTD	Manjeri, Malappuram	Manjeri	Malappuram
182	Moulana Hospital	Ooty Road, Malappuram, Perinthalmanna, Kerala 679322	Perinthalmanna	Malappuram
183	Korambayil Hospital	Pandikkad Road, Manjeri, Malappuram, Kerala 676122	Manjeri	Malappuram
184	ALMAS HOSPITAL	Changuvetty, Malappuram, Kerala 676503	Changuvetty	Malappuram
185	Kims Al Shifa Super Speciality Hospital	Ooty Road, Perinthalmanna, Kerala 679322	Perinthalmanna	Malappuram
186	AL SALAMA EYE HOSPITAL	PERINTHALMANNA	Perinthalmanna	Malappuram
187	NIMS , Nilambur	Nilambur	Nilambur	Malappuram
188	ASCENT ENT HOSPITAL	<b>Calicut Road, Perinthalmanna</b>	<b>Calicut Road, Perinthalmanna</b>	Malappuram
189	Prasanthi Hi-Tech Hospital	Manjeri, Malappuram	Manjeri, Malappuram	Malappuram
190	Ernad Hospital	Malappuram	Malappuram	Malappuram
191	Malabar Institute of Medical Sciences Limited ( Aster MIMS Kottakkal )	Kottakkal	Kottakkal	Malappuram
192	Lakshmi Hospital	17/751, Chittur Road, Palakkad, Kerala 678013	Chittur Road	Palakkad
193	Thangam Hospital Of Pmrc	Chadanamkurussi, West Yakkara, Palakkad, Kerala 678004	West Yakkara	Palakkad

194	ASCENT ENT HOSPITAL	Harikkara Streetcourt Road, Sulthanpet, Palakkad, Kerala 678001	Harikkara Streetcourt Road	Palakkad
195	Trinity Eye Centre	Calicut Bypass Road, Manali Junction, Palakkad, Kerala 678001	Manali Junction	Palakkad
196	P K Das Institute of Medical Sciences	Palakkad - Ponnani Road, Ottapalam, District Palakkad, Vaniamkulam	Ottapalam	Palakkad
197	Vasan Eye Care	18/88 (7) Chittur Road Kunnathur Medu Po Palakkad - 678013, Kerala	Kunnathur Medu	Palakkad
198	Welcare Hospital	Shornur Road , Welcare Junction, Palakkad, Kerala 678006	Welcare Junction	Palakkad
199	Athani Hospital	Nattukal–Athicode Road, Nattukal P.O., Chittur Taluk	Nattukal	Palakkad
200	Sevana Hospital and Research Centre	SH-23, Ottappalam, Kerala 679303	pattambi	Palakkad
201	Seventh-Day Adventist Hospital	Kanniampuram Post, Palakkad District, Ottapalam, Kerala 679104	Ottapalam	Palakkad
202	Paalana Institute of Medical Sciences	Kannadi P.O, Palakkad, Kerala 678701	Kannadi	Palakkad
203	Sevana Hospital , Palakkad	Palakkad	Palakkad	Palakkad
204	Avitis Super Specialty Hospitals Pvt Ltd	Opp. Japamalarani Church, Thrissur-Pollachi Main Road,Nemmara, Palakkad	Nemmara	Palakkad
205	SAI Hospital	Palakkad		Palakkad
206	Ahalia Diabetic Center	Palakkad	Palakkad	Palakkad
207	Mother Care Hospital	Vattambalam, NH 966 ,Kumaramputhur P.O, Mannarkkad	Mannarkkad	Palakkad

208	Vasan Eye Care	No 640/Ward No 7, Mc Road, Near Indusand Bank, Thiruvalla	Thiruvalla	Pathanamthitta
209	Christian Mission Hospital	MC Road, Pandalam	Pandalam	Pathanamthitta
210	Chitra Multi Speciality Hospital in Pandalam	Pandalam, Pathanamthitta, Kerala	Pandalam	Pathanamthitta
211	MGM Muthoot Medical Centre	College Road, Kozhencherry Pathanamthitta Dist, Kozhenchery	Kozhenchery	Pathanamthitta
212	Muthoot Hospitals Pathanamthitta	Ring Road, Near Malayala Manorama, Pathanamthitta	Ring Road	Pathanamthitta
213	St. Gregorious ,Parumala	Parumala, Pathanamthitta	Parumala, Pathanamthitta	Pathanamthitta
214	Tiruvlla Medical Mission Hospital	Paipad -Manthanam Road, Tiruvalla, Pathanamthitta, Kerala- 689101	Paipad- Manthanam Road, Tiruvalla	Pathanamthitta
215	St.Thomas Hospital, Chengannur, Malakkara	Malakkara, Aranmula	Malakkara, Aranm	Pathanamthitta
216	Pushpagiri Medical College Hospital	Thiruvalla	Thiruvalla	Pathanamthitta
217	Holy Cross Adoor	Adoor	Adoor	Pathanamthitta
218	Line Line Adoor	Adoor	Adoor	Pathanamthitta
219	Kerala Institute Of Medical Science	Anayara Road, Anayara, Thiruvananthapuram, Kerala	Anayara	Thiruvananthapuram
220	Precise Speciality Eye Care	Vikash Bhavan Post, Pmg Junction Ttc Junction Road, Thiruvananthapuram, Kerala 695033	Ttc Junction Road	Thiruvananthapuram
221	S K Hospital	Thiruvananthapuram - Neyyar Dam Road, Edappazhinji, Pangode, Thiruvananthapuram, Kerala 695006	Pangode	Thiruvananthapuram



222	S P Fort Hospital	Fort, Pazhavangadi, Thiruvananthapuram, Kerala 695023	Pazhavangadi	Thiruvananthapuram
223	Sut Royal Hospital	Ulloor, Medical College P O, Pongumoodu, Thiruvananthapuram, Kerala 695011	Pongumoodu	Thiruvananthapuram
224	Vasan Eye Care	Opp. Vidyuthi Bhavan, Pattom.P.O, Trivandrum - 695004, Kerala	Pattom	Thiruvananthapuram
225	Chaithanya Eye Hospital & Research Institute	Ulloor Road, Near Kesavadasapuram Jn, Vivekanand Nagar, Kesavadasapuram, Thiruvananthapuram Kerala	Kesavadasapura m	Thiruvananthapuram
226	Saraswati Hospital	Pavathiyan Villaparassala, Trivandrum, Kerala 695502	Villaparassala	Thiruvananthapuram
227	India Hospital	Mele Thampanoor, Gandhariamman Kovil Road, Trivandrum, Kerala 695001	Gandhariamman	Thiruvananthapuram
228	Ananthapuri Hospital & Research Institute	Nh Bypass, Chackai, Thiruvananthapuram, Kerala 695024	Nh Bypass, Chack	Thiruvananthapuram
229	NIMS HOSPITAL NEYATTINKARA	7/31(1), Ulloor Jn, Med College P O, Thoppil, Near Peedikayil Chambers, Trivandrum, Kerala 695001	Thoppil	Thiruvananthapuram
230	Sree Gokulam Medical College And Research Foundation	Aalamthara - Bhoothamadakki Road, Venjaramoodu, Trivandrum, Kerala 695607	Venjaramoodu	Thiruvananthapuram
231	S.U.T. Hospital	Pattom Palace View Road, Vrindavan Gardens, Trivandrum, Kerala 695004	Pattom	Thiruvananthapuram
232	Amardeep Eye Care	Peroorkada Vattiyookavu Road, Indira Nagar, Opposite Police Station, Peroorkada, Trivandrum Kerala 695005	Peroorkada	Thiruvananthapuram
233	Cosmopolitan Hospital	Pottakkuzhi Road, Trivandrum, Kerala 695004	Pottakkuzhi Road	Thiruvananthapuram
234	Attukal Devi Institute Of Medical Sciences	Attukal Bhagavathi Temple Road, Manacaud, Trivandrum, Kerala 695009	Thiruvananthapur am	Thiruvananthapuram
235	Divya Prabha Eye Hospital, TVM	Trivandrum	Trivandrum	Thiruvananthapuram

236	PRS Hospital	NH 47, Near PRS Hospital, Killipalam, Karamana, Thiruvananthapuram, Kerala 695002	Thiruvananthapuram	Thiruvananthapuram
237	G.G.Hospital	Kumarapuram Road, Murinjapalam, Trivandrum, Kerala 695011	Thiruvananthapuram	Thiruvananthapuram
238	Lords Hospital, Tvm	Anayara, Trivandrum	Anayara, Trivandrum	Thiruvananthapuram
239	Sivagiri Sree Narayana Medical Mission, Varkala	Varkala	Varkala	Thiruvananthapuram
240	Meditrina Hospital, Trivandrum	Trivandrum	Trivandrum	Thiruvananthapuram
241	Mamal Hospital	Trivandrum	Trivandrum	Thiruvananthapuram
242	Nirmala Hospital, Trivandrum	Trivandrum	Trivandrum	Thiruvananthapuram
243	TSC HOSPITAL PVT LTD	N.H BYPASS,S.N NAGAR,KULATHOOR	KULATHOOR	Thiruvananthapuram
244	Holy Cross Trivandrum	Thiruvananthapuram	Thiruvananthapuram	Thiruvananthapuram
245	Neyyar Medcity Hospital	Trivandrum	Trivandrum	Thiruvananthapuram
246	Medicare Hospital	Nh66, Keetholi, Kodungallur, Thrissur Dist	Kodungallur	Thrissur
247	Amala Institute Of Medical Sciences	Amala Nagar Po, Thrissur, Kerala, India - 680555	Amala Nagar	Thrissur
248	Sun Medical and Research Centre	ST Nagar, Near Sakthan Thampuram Bus Stand, Kannamkulangara	Kannamkulangara	Thrissur
249	Vasan Eye Care	Opp. Ima Office, Tc Ix/376, Tb Road, Thrissur - 680001, Kerala	Tb Road	Thrissur

250	Aswini Hospital	Karunakaran Nambiar Rd,aswani junction, opposite to big bazaar, Patturaikkal, Thrissur, Kerala 680020	Patturaikkal	Thrissur
251	Jubilee Mission Hospital	P.B.No.737, Thrissur, Kerala 680005	Thrissur	Thrissur
252	Drishyam Eye Care Hospital	Kovilakathumpaadam, TUDA road, Thrissur, Kerala, Pincode:., 680020	Kovilakathumpaa dam	Thrissur
253	I Vision Eye Hospital	Smart City Building, Near Kinar Stop, Koorkenchery, Thrissur, Kerala 680007	Koorkenchery	Thrissur
254	DR. Rani Menon's Eye Clinic	Chungam bus Stop, Kanjani Road, Trichur, Kerala 680003	Kanjani Road	Thrissur
255	Modern Hospital	P.B. No. 22, Kodungallur Post, Thrissur, Kerala 680664	Kodungallur	Thrissur
256	Rajah Memorial Charitable Hospital	Guruvaoor, Chavakkad, Kerala-680506	Chavakkad	Thrissur
257	West Fort Hospital	Thrissur Round	Thrissur Round	Thrissur
258	Daya General Hospital and Speciality Surgical Centre	SH 22, Near Viyyur bridge, Thrissur	Thrissur	Thrissur
259	I Vision Chalakudy	KSRTC ROAD, Chalakudy, Kerala 680307	Chalakudy	Thrissur
260	GEM Hospital	Ollukkara Village, Paravattani, Thrissur. Kerala 680 001,	Paravattani	Thrissur
261	Royal Hospital	Thrissur	Thrissur	Thrissur
262	Metropolitai Hospital	Thrissur	Thrissur	Thrissur
263	St.James Hospital, chalkudy	Chalakudy	Thrissur	Thrissur

264	Secred Heart Mission Hospital Pullur	Pullur P O , Irinjalakuda, Thrissur	Irinjalakuda	Thrissur
265	M. I. MISSION HOSPITAL ( Mary Immaculate Mission Hospital)	ENGANDIYUR, THRISSUR	ENGANDIYUR	Thrissur
266	Devamatha Hospital	Koratty, Thrissur	Koratty, Thrissur	Thrissur
267	Bishop Alappat Mission Hospital	Karanchira N. Kattoor.P.O	Irinjalakuda	Thrissur
268	Irinjalakuda Cooperative Hospital	Irinjalakuda	Irinjalakuda	Thrissur
269	Vinayaka Hospital-sulthan bathery	Sulthan bathery, Wayanadu	sulthan bathery	Wayanad
270	St.Martin Hospital, Ambalavayil	Ambalavayil	Ambalavayil	Wayanad
271	LEO Hospital, Kalpetta	Kalpetta	Kalpetta	wayanad
272	DM wayanad institute of Medical Sciences	NASEERA NAGAR, Meppadi, W	Meppadi	wayanad

<b>LIST OF NON PAYABLE ITEMS</b>		
<b>SN</b>	<b>ITEM/DESCRIPTION</b>	<b>REMARKS</b>
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
66	Private nurse charges-Special nurse charges	Payable in post hospitalisation
67	Sugar Free Tablets	Payable sugar free variants of admissible medicines are not excluded
68	Vasofix safety	payable maximum of 3 in 48 hours and then 1 in 24 hours



**DECLARATION BY THE INSURED:**

I hereby declare that the information furnished in the 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        

Signature of the Insured

**GUIDANCE FOR FILLING CLAIM FORM - PART A (To be filled in by the insured)**

DATA ELEMENT	DESCRIPTION	FORMAT
<b>SECTION A - DETAILS OF PRIMARY INSURED</b>		
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.	Licence number as allotted by IRDA and printed in TPA documents
d) Name	Enter the full name of the policy holder	Surname, First name, Middle name
e) Address	Enter the full postal address	Include Street, City and Pin code
<b>SECTION B -DETAILS OF INSURANCE HISTORY</b>		
a) Currently covered by any other Medclaim / Health Insurance?	Indicate whether currently covered by another Medclaim / 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 four years since Inception of the contract?	Indicate whether hospitalized in the last four 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 Medclaim / Health Insurance?	Indicate whether previously covered by another medclaim / Health Insurance	Tick Yes or Noe
f) Company Name	Enter the full name of the Insurance Company	Name of the organization in full
<b>SECTION C -DETAILS OF INSURED PERSON HOSPITALIZED</b>		
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
<b>SECTION D - DETAILS OF HOSPITALIZATION</b>		
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
<b>SECTION E - DETAILS OF CLAIM</b>		
a) Details of Treatment Expences	Enter the amount claimed as treatment expences	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
<b>SECTION F - DETAILS OF BILLS ENCLOSED</b>		
Indicate which bills are enclosed with the amount in rupees		
<b>SECTION G - DETAILS OF PRIMARY INSURED'S BANK ACCOUNT</b>		
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
c) 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
c) IFSC Code	Enter the IFSC code of the Bank branch	IFSC code of the Bank branch in full
<b>SECTION H - DECLARATION BY THE INSURED</b>		
Read declaration carefully and mention date (in dd:mm:yy format), place (open text) and sign.		

(To be Filled in block letters)

**DETAILS OF HOSPITAL**

a) Name of the hospital:

b) Hospital ID:  c) Type of Hospital: Network:  Non Network:  (if non Network fill section E)

c) Name of the treating doctor:  SURNAME  FIRSTNAME  MIDDLENAME

e) Qualification:  f) Registration No. with State Code:  g) Phone No.

**DETAILS OF THE PATIENT ADMITTED**

a) Name of the Patient:  SURNAME  FIRSTNAME  MIDDLENAME

b) IP Registration Number:  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: Discharge to home  Discharge to another hospital  Deceased  m) Total claimed amount

**DETAILS OF AILMENT DIAGNOSED (PRIMARY)**

a)	ICD 10 Codes	Description	b)	ICD 10 Codes	Description
i. Primary Diagnosis	<input type="text"/>	<input type="text"/>	i. Procedure 1:	<input type="text"/>	<input type="text"/>
ii. Additional Diagnosis:	<input type="text"/>	<input type="text"/>	ii. Procedure 2:	<input type="text"/>	<input type="text"/>
iii. Co-morbidities	<input type="text"/>	<input type="text"/>	iii. Procedure 3:	<input type="text"/>	<input type="text"/>
iv. Co-morbidities	<input type="text"/>	<input type="text"/>	iv. Details of procedure:	<input type="text"/>	

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 injury due 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 - CHECK LIST**

- |  |  |
|--|--|
| <input type="checkbox"/> Claim Form duly signed                                | <input type="checkbox"/> Investigation reports                                 |
| <input type="checkbox"/> Original Pre-authorization request                    | <input type="checkbox"/> CT/MR/USG/HPE investigation reports                   |
| <input type="checkbox"/> Copy of the Pre-authorization approval letter         | <input type="checkbox"/> Doctor's reference slip for investigation             |
| <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 reports & 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                             |

**ADDITIONAL 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  Yes  No ii. ICU  Yes  No

iii. Others:

**DECLARATION BY THE HOSPITAL**

We hereby declare 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, suppression or concealment of any material fact, our right to claim under this claim shall be forfeited.

Date:

Place:

Signature and Seal of the Hospital Authority:

SECTION A

SECTION B

SECTION C

SECTION D

SECTION F



**GUIDANCE FOR FILLING CLAIM FORM - PART B (To be filled in by the hospital)**

DATA ELEMENT	DESCRIPTION	FORMAT
<b>SECTION A - DETAILS OF HOSPITAL</b>		
a) Name of the hospital:	Enter the name of hospital	Name of the 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
c) Name of treating doctor	Enter the name of the treating doctor	Name of doctor in full
e) Qualification	Enter the qualification 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
<b>SECTION B - DETAILS OF THE PATIENT ADMITTED</b>		
a) Name of Patient	Enter the name of patient	Name of patient 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 Birth	Enter date of birth	Use dd-mm-yy format
f) Date of Admission	Enter date of admission	Use dd-mm-yy format
g) Time	Enter Time of admission	Use hh:mm format
h) Date of Discharge	Enter date of Discharge	Use dd-mm-yy format
i) Time	Enter time of Discharge	Use hh:mm format
j) Type of Admission	Indicate type of admission of patient	Tick the right option
k) 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
l) Status at time of discharge	Indicate status of patient at time of discharge	Tick the right option
M) Total claimed amount	Indicate the total claimed amount	In rupees (Do not enter paise values)
<b>SECTION C - DETAILS OF AILMENT DIAGNOSED (PRIMARY)</b>		
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 Code and description of the first procedure	Standard Format and Open text
Procedure 2	Enter the ICD 10 Code and description of the second procedure	Standard Format and Open text
Procedure 3	Enter the ICD 10 Code 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
<b>SECTION D - CLAIM DOCUMENTS SUBMITTED-CHECK LIST</b>		
Indicate which supporting documents are submitted		
<b>SECTION E - DETAILS IN CASE OF NON NETWORK HOSPITAL</b>		
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 Cod	Enter the registration number of the Hospital obtained from local body like City Corporation / Municipality	As allocated by the City Corporation / Municipality
d) Hospital PAN	Enter the permanent account number	As allocated 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
<b>SECTION F - DECLARATION BY THE HOSPITAL</b>		
Read declaration carefully and mention date (in dd:mm:yy format), place (open text) and sign, and stamp		



हैल्थ इन्श्योरेंस टीपीए ऑफ इन्डिया लिमिटेड  
**HEALTH INSURANCE TPA OF INDIA LTD.**

Registered and corporate office :Health Insurance TPA of India Ltd.,2<sup>nd</sup> Floor, Majestic Omnia Building,  
A-110, Sector 4 Noida, Uttar Pradesh - 201301.

**CONSENT FORM**

From:

Patient's Name and address:

Policy no:

Hospital IPD no:

To:

Hospital Name:

Madam/Sir,

I hereby authorize TPA representatives/Investigator free and unlimited access to seek medical information (Indoor case papers, reports, documents, including photocopies thereof pertaining my admission / treatment) from any hospital / medical practitioner from which or whom I have at any time sought or shall seek medical attention concerning any disease/ sickness, ailment or injury, which affects my physical or mental health.

**Yours faithfully**

Signature of the Patient/Insured