

HOW TO REGISTER A HEALTH CLAIM ?

HEALTH CLAIMS ARE SETTLED THROUGH THIRD PARTY ADMINISTRATORS (TPA)

CHECK YOUR TPA (THIRD PARTY ADMINISTRATOR) DETAILS ON YOUR POLICY DOCUMENT AND VISIT THEIR WEBSITE

1	ERICSON TPA	https://www.ericsontpa.com/OnlineIntimation.aspx
2	FAMILY HEALTH PLAN INSURANCE (FHPL) TPA	https://www.fhpl.net/#/claim_intimation
3	GENINS INDIA INSURANCE TPA	https://www.geninsindia.com/claim/intimation
4	GOOD HEALTH INSURANCE TPA	https://goodhealthtpa.com/claim-intimation/
5	HEALTH INDIA ASSURANCE TPA	https://healthindiatpa.com/ClaimIntimation/Web_Claim_Intimation.aspx
6	HERITAGE HEALTH INSURANCE TPA	http://223.31.103.204/HeritageWeb/Home/Claim_Intimation
7	HEALTH INSURANCE TPA OF INDIA	https://hitpa.co.in/Intimate-Claim
8	MD INDIA HEALTH INSURANCE TPA	https://mdindiaonline.com/claimintimationform.aspx
9	MEDI ASSIST TPA	https://m.mediassist.in/intimatereimbursement.aspx
10	MEDSAVE TPA	https://www.medsave.in/claims/genintO.aspx?val=OUT
11	PARAMOUNT HEALTH TPA	https://www.paramounttpa.com/home/claimintimation.aspx
12	PARK MEDICLAIM INSURANCE TPA	https://www.parkmediclaim.co.in/IntimateClaim/PreIntimation
13	SAFEWAY/ HEALTH ASSIST INSURANCE TPA	https://www.safewaytpa.in/claim_intimation_web.aspx
14	VIDAL HEALTH INSURANCE TPA	https://vidalhealthtpa.com/employeeportal/
15	VOLO HEALTH INSURANCE TPA	https://www.eastwestassist.com/home/volohealth#
16	LINK-K INSURANCE TPA	https://www.linkktpa.com/home

Notification of Claim

Notice with full particulars shall be sent to TPA as under:

1. Atleast 48 hours prior to admission in Hospital in case of a planned Hospitalization.
2. Within 24 hours from the date of emergency hospitalization required or before the Insured Person's discharge from Hospital, whichever is earlier.

CASHLESS CLAIMS:

means a facility extended by the insurer to the insured where the payments, of the costs of treatment undergone by the insured person in accordance with the Policy terms and conditions, are directly made to the network provider by the insurer to the extent pre- authorization is approved.

Procedure for Cashless claims:

- a. Treatment may be taken in a network hospital or under Cashless Everywhere initiative and is subject to pre authorization by its authorized TPA.
- b. Cashless request form available with the hospital or with TPA, shall be completed and sent to the TPA for authorization.
- c. The TPA upon getting cashless request form and related medical information from the insured person/ network hospital will issue pre-authorization letter to the hospital after verification.
- d. At the time of discharge, the insured person has to verify and sign the discharge papers, pay for non-medical and inadmissible expenses.
- e. The Company / TPA reserves the right to deny pre-authorization in case the insured person is unable to provide the relevant medical details.
- f. In case of denial of cashless access, the insured person may obtain the treatment as per treating doctor's advice and submit the claim documents to the TPA for reimbursement.

REIMBURSEMENT CLAIMS

means you pay the hospital bills first and get them compensated from the insurance company at a later stage.

Prescribed Time limit:

- 1. Reimbursement of hospitalization, day care and pre hospitalization expenses - Within thirty days of date of discharge from hospital.
- 2. Reimbursement of post hospitalization expenses - Within fifteen days from completion of post hospitalization treatment

Documents to be submitted:

- a. Duly Completed claim form
- b. Photo Identity proof of the patient
- c. Medical practitioner's prescription advising admission
- d. Original bills with itemized break-up
- e. Payment receipts
- f. Discharge summary including complete medical history of the patient along with other details.

- g. Investigation/ Diagnostic test reports etc. supported by the prescription from attending medical practitioner
- h. OT notes or Surgeon's certificate giving details of the operation performed (for surgical cases).
- i. Sticker/Invoice of the Implants, wherever applicable.
- j. MLR (Medico Legal Report) copy if carried out and FIR (First information report) if registered, where ever applicable.
- k. NEFT Details (to enable direct credit of claim amount in bank account) and cancelled cheque
- l. KYC (Identity proof with Address) of the proposer, where claim liability is above Rs. 1 Lakh as per AML Guidelines
- m. Legal heir/succession certificate, wherever applicable
- n. Any other relevant document required by Company/TPA for assessment of the claim.

https://www.newindia.co.in/assets/docs/policy_for_protection_of_policyholders_interests/Policy%20For%20Protection%20Of%20Policyholders%20Interests.pdf