

ALL THE BRANCHES / OFFICES OF THE BANK

Dear Sir / Madam,

Reg: - Group Mediclaim Policy for the year 2018-19 – Check list & Documents required along with the submission of claim.

This has further reference to our H.O.circular no. AX1/ST/Cir.84/2017-18 dated 15-03-2018 on the above subject.


1. We have tied up with United India Insurance Company Ltd.
2. Health India Insurance TPA Services Pvt Ltd continues to be the servicing TPA for the year 2018-19.
3. All claims shall be serviced by the designated TPA only.
4. For cashless claims, the insured members shall contact crm@healthindiatpa.com , their toll free number 1800 220102, Senior Citizen Toll Free Number 1800229670; Customer Care: 022-66131199.
5. In case of hospitalisation claims on reimbursement basis, insured members shall be required to:
 - a) Insured member to quote his/her/patient's TPA ID Number or his/her Employee PF Number on all communication with the TPA;
 - b) Intimate the TPA on hospitalisation within 48 hours from the time admitted at bom@healthindiatpa.com providing name of hospital, name of insured member hospitalised, date of admission.
 - c) Submit all supporting hospitalisation claim documents/bills/ receipts etc in original along with completed claim form(downloadable from www.healthindiatpa.com) to the said TPA within 30 days from date of discharge from hospital at their following address:

HEALTHINDIA INSURANCE TPA SERVICES PVT. LTD
Office No 510 ABC, 5th Floor,
City point Building, Above Main Land China Hotel,
Boat Club Road, Pune -41 1001; Tel: 020-40077892


For reimbursement claims: SPOC – Ms Suvarna Pandit; +91 9881946291

6. For pre and post hospitalisation claims, supporting original prescriptions/bills/receipts etc along with completed claim form to be submitted to the TPA within (i) 15 days from the date on which such post hospitalisation treatment is completed or (ii) within 15 days after expiry of 60 days from the date of discharge from hospital, whichever is earlier.
7. A check list of documents to be submitted is enclosed. This is indicative only and not exhaustive. Additional documents may also be required.

Yours faithfully


(Siddharth N Kamble)
Asst. General Manager
HRM




(M.A. Karajagi)
Deputy General Manager
HRM

Check List

Company Name			
Policy No.			
Employee Code (PF NO)			
Health India ID No.			
Claim No.			
Mobile No. of Employee			
Email Id of Employee			
Name of the Dependent Patient (if applicable)			
Relationship : Self / Spouse / Children / Parents			
Sr no	Treatment	Mandatory Documents/Check List	Tick as per your case wise
1	General	Discharge summary/card/report	
		Hospital bill with detail break up	
		Paid money receipt signed by revenue stamp (Only for the amount above Rs.5000/-)	
		Doctor prescription note for Medical test advised	
		All Medical test report	
		Doctor prescription/advice for the medicines & Investigations Done	
		All relevant bills for medicine prescribe & Investigations Done	
		Xerox of Indoor Case Papers duly stamp and sign	
2	Maternity	Xerox Copy of Hospital Registration Certificate / Form C	
		Discharge summary/card/report	
		Latest USG report (Ultra Sonography Report) / Birth Certificate	
		Obstretic History in GPLA Format on Hospital Letter Head	
		Hospital bill with detail break up	
		Paid money receipt signed & revenue stamp (Only for the amount above Rs.5000/-)	
		Doctor prescription note for Medical test advised	
		All Medical test report	
		Doctor to certify gravida, Para & no of living issues on the hospital letter head.	
		Doctor prescription on L.M.P & E.D.D	



		Doctor prescription/advice for the medicines <u>No pre-post hospitalisation is payable in Maternity's case.</u>	
		Xerox of Indoor Case Papers duly stamp and sign Xerox Copy of Hospital Registration Certificate / Form C	
3	Accident	Discharge summary/card/report	
		Hospital bill with detail break up	
		Paid money receipt signed by revenue stamp (Only for the amount above Rs.5000/-)	
		Doctor prescription note for Medical test advised	
		All Medical test report like X-Ray etc.	
		Doctor prescription/advice for the medicines	
		All relevant bills for medicine prescribe.	
		X-Ray/MRI/CT Scan plate	
		Doctor advice for X-Ray/MRI/CT Scan test	
		Self declaration from patient as to how, when & where accident happen	
		MLC / FIR from Hospital or Policy Chowky	
		Xerox of Indoor Case Papers duly stamp and sign Xerox Copy of Hospital Registration Certificate / Form C	
4	Pre-Post Hospitalization	Xerox copy of the Discharge summary/card/report	
		Xerox copy of the Hospital bill with detail break up	
		Doctor prescription/advice for the medicines	
		All relevant bills for medicine prescribe.	
		Doctor prescription/advice for the all medical tests done	
		All Medical test report required	
5	NOTE	1	Bank details and cancel cheque is required for payment through RTGS/NEFT no cheque will be issued under any circumstance
		2	Claim intimation is mandatory within 24hr to TPA/IC/HR
		3	If claim is submitted after 15 days from the date of discharged ;mandatory to submit clarification for the same
		4	30 days for Pre-Hospitalization & 60 days for Post-Hospitalization
		5	Xerox Copy of Hospital Registration Certificate / Form C

Name and sign Submitted by

Received by Sign and stamp

