

# Silver Health : Claim Procedure

## **CLAIMS PROCEDURE FOR SILVER HEALTH POLICY**

1. The illness / claim should be reported to BAJAJ ALLIANZ GENERAL INSURANCE COMPANY LTD. with an immediate notice by telephone or in Writing (email / Letter)
2. On receipt of claim intimation, BAJAJ ALLIANZ GENERAL INSURANCE COMPANY LTD will forward a claim form and check list for the documents to be submitted by the claimant.
3. After receiving the claim form the claimant should submit the completed claim Form mentioning the following mandatory details:
  - Insured details (Name / Address / Age / Sex / Contact No. )
  - ID card number and the current policy number
  - Hospitalization details (Date and time of admission and discharge).
  - Details of the other mediclaim policies in force.
  - Signature of the claimant.
4. The other relevant documents to be submitted along with the claim form are as below:
  - A photocopy of your previous policy details prior to taking your Health Guard policy from Bajaj Allianz (if applicable).
  - A photocopy of your present policy document with Bajaj Allianz.
  - First Prescription from the Doctor.
  - The Claim Form duly signed by the claimant or family member.
  - The Hospital Discharge Card

- The Hospital Bill giving detailed break up of all expense heads mentioned in the bill. E.g. if Rs.1,000/- has been charged towards medicines in the bill, the names of the medicines, the unit price and the quantity used should be mentioned. Similarly e.g. If Rs.2,000/- has been charged towards Laboratory Investigations, then the names of the investigations, the number of times each investigation has been performed and the rate should be mentioned. In this way clear break ups have to be mentioned for OT Charges, Doctor's Consultation and Visit Charges, OT Consumables, Transfusions, Room Rent, etc...
- The Money Receipt duly signed with a Revenue Stamp.
- All Original Laboratory & Diagnostic Test Reports. E.g. X-Ray, E.C.G, USG, MRI Scan, Haemogram etc...(Please note that it is not mandatory to enclose the films or plates, a printed report for each investigation is sufficient)
- If the medicines have been purchased in cash and if this has not been reflected in the hospital bill, a prescription from the doctor and the supporting medicine bill from the Chemist has to be enclosed.
- If the insured has paid in cash for Diagnostic or Radiology tests and it has not been reflected in the hospital bill, it is mandatory to enclose a prescription from the doctor advising the tests, the actual test reports and the bill from the diagnostic centre for the tests.
- In case of a Cataract Operation, Please enclose the IOL Sticker

**PLEASE NOTE THAT ONLY ORIGINAL DOCUMENTS SHOULD BE ENCLOSED ( EXCEPT FOR POLICY COPY ), DUPLICATES OR PHOTOCOPIES WILL NOT BE ENTERTAINED**

### **Pre & Post Hospital Expenses:**

**Medicines:** Mandatory to provide doctor's prescription advising medicines and the relevant chemist bill.

**Doctor's Consultation Charges:** Mandatory to provide the Doctor's prescription and the doctor's bill and receipt.

**Diagnostic Tests:** Mandatory to provide the Doctor's prescription advising tests, the actual test reports and the bill and receipt from the diagnostic centre.

The claims team would assess the claim for completeness of documentation and Admissibility. A written communication would be sent to the insured regarding Requirement of documents if any or if the claim is deemed to be inadmissible as per Policy terms and conditions.

In case the claim is determined to be admissible a pay order and discharge voucher would be sent to the insured address as mentioned on the policy document.