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## Reimbursement Claim Procedure

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Given below is a basic and indicative Reimbursement Claim Procedure. To know about specific service provider's/ TPA's claim process click [here](#).

- In Reimbursement Claim, you can undertake treatment in any hospital, irrespective of whether it is in the cashless hospital network or not.
- Once discharged after treatment, fill in the **Claim Form**, which can be downloaded from the service provider's website . Certain fields needs to be filled in by the treating doctor. Ensure the form is properly filled in by you and the doctor.
- Courier the filled and stamped Claim Form to the service provider's office, along with the following documents
  - Original detailed discharge summary
  - All Payment receipt(s) in original
  - Copy of Health card and supporting Photo ID (wherever applicable)
  - Original hospital bill(s) with break up—Interim bills and Final Bill
  - Package break-up (if applicable)
  - Original investigation reports and Bills
  - Pharmacy bills with supporting prescription from the treating doctor
  - Consultation Papers with Treatment details
  - Indoor Case Sheet (wherever applicable)
- Your service provider shall then approve or reject the claim based on the insurance coverage and the documentation.
- On approval, the claim amount as approved by the service provider's doctors, shall be reimbursed by cheque. If the documentation is incomplete, you would be intimated and the process shall continue. However, it is important that the said documents are sent within the prescribed **Claim Intimation Period**. In case the said ailment is not covered under the Member's Policy Terms and Conditions, the claim request shall be rejected.