

Claim Process Flow

Medical Benefit – Cashless Process

Cashless means the Administrator may authorize upon a Policyholder's request for direct settlement of eligible services and it's according charges between a Network Hospital and the Administrator. In such case the Administrator will directly settle all eligible amounts with the Network Hospital and the Insured Person may not have to pay any deposits at the commencement of the treatment or bills after the end of treatment to the extent as these services are covered under the Policy.

Hospitals in the network (please refer to the website for the updated list)

For Updated List visit to :

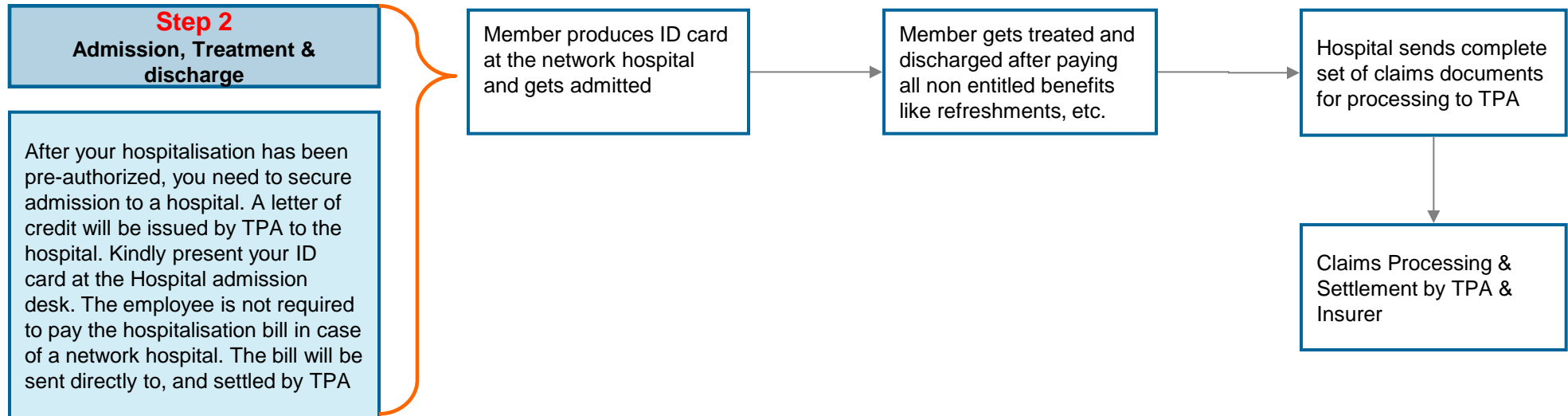
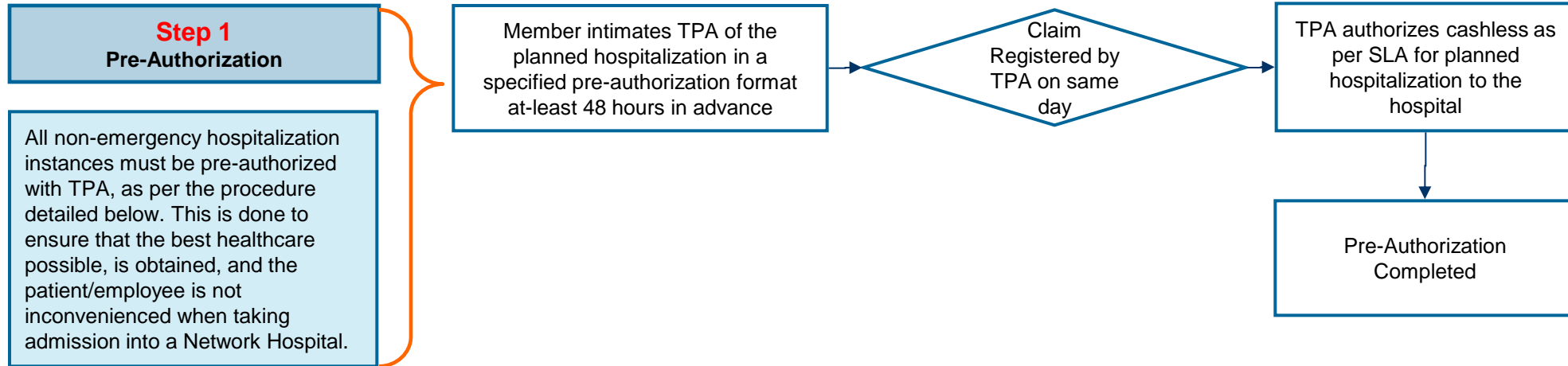
https://www.healthindiatpa.com/Hospital_Search.aspx

Please check the website for updated list of hospitals as the list keeps changing or contact the relationship manager to confirm if the hospital is a network hospital

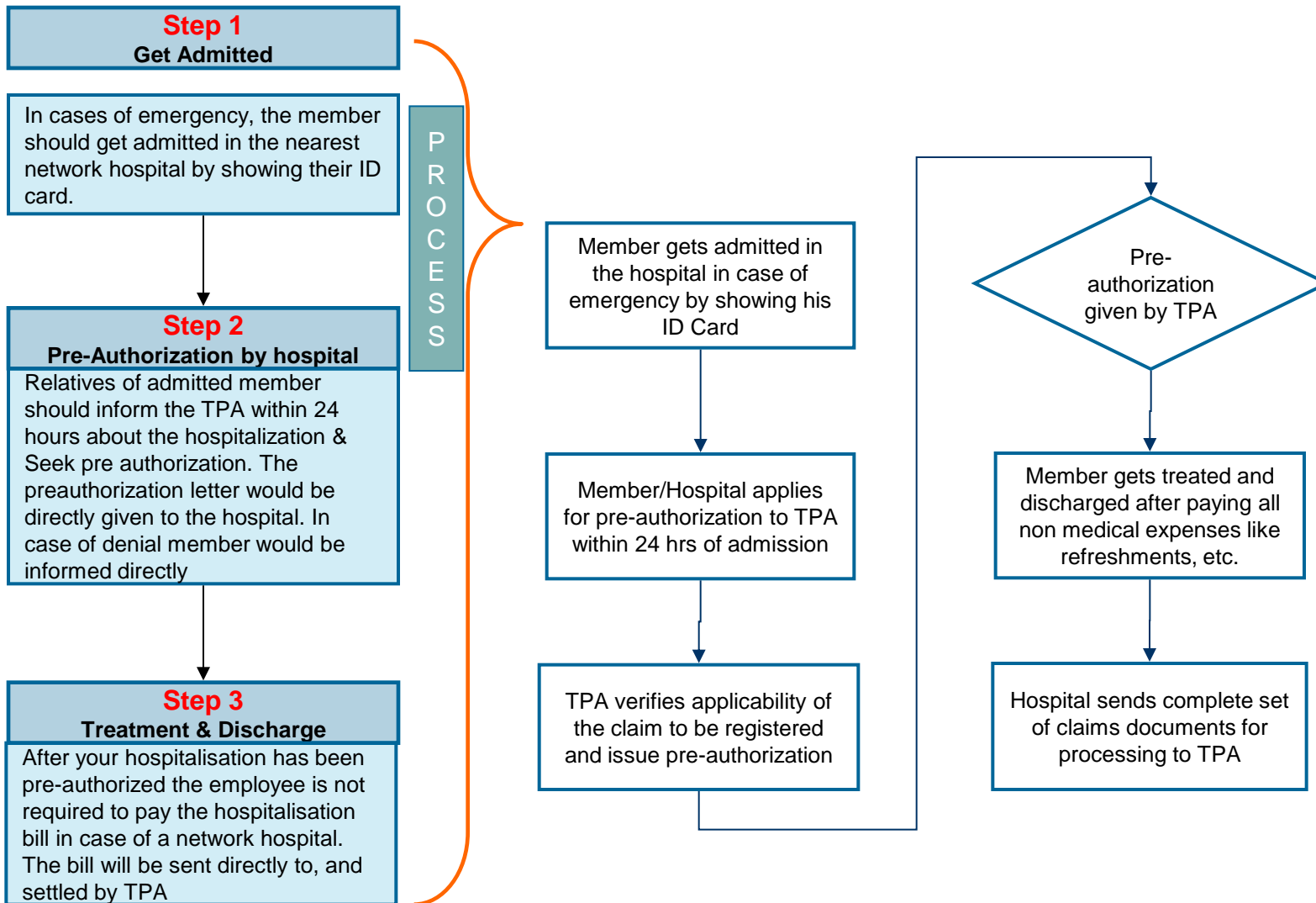
Location	Contact Person	Contact No.	Email Id
SPOC - Delhi NCR	Mr. Subratao Roy	7208934210	delhicrm.spglobal@healthindiatpa.com
SPOC 2 - Delhi NCR	Ms. Sonam Katiyar	8433734099	spglobalsupport@healthindiatpa.com
Escalation - Delhi NCR	Mr Ankit Thakur	7208978368	ankit.thakur@healthindiatpa.com
SPOC – Bangaluru	Ms. Shweta Singh	8976949779	blr.crm@healthindiatpa.com
SPOC – Mumbai	Ms. Komal	7700925510	mumbaicrm.spglobal@healthindiatpa.com
SPOC – Hyderabad	Mr Saiprasad Senapati	8976964945	senapati.saiprasad@healthindiatpa.com
SPOC – Hyderabad	Ms Panchali Ghosh	8655989534	panchali.ghosh@healthindiatpa.com
SPOC – Ahmedabad	Mr. Mitesh Magnur	8655943808	ahmdcrm@healthindiatpa.com
Escalation 1 Pan India	Dr Renu Bhardwaj	7208059313	renu.bhardwaj@healthindiatpa.com

Note : Patients seeking treatment under cashless hospitalization are eligible to make claims under pre and post hospitalization expenses. For all such expenses the bills and other required documents needs to submitted separately as part of the claims reimbursement.

Cashless Planned Hospitalization & Process



Cashless Emergency Hospitalization & Process



Reimbursement Claim

Admission procedure

- In case you choose a non-network hospital you will have to liaise directly with the hospital for admission.

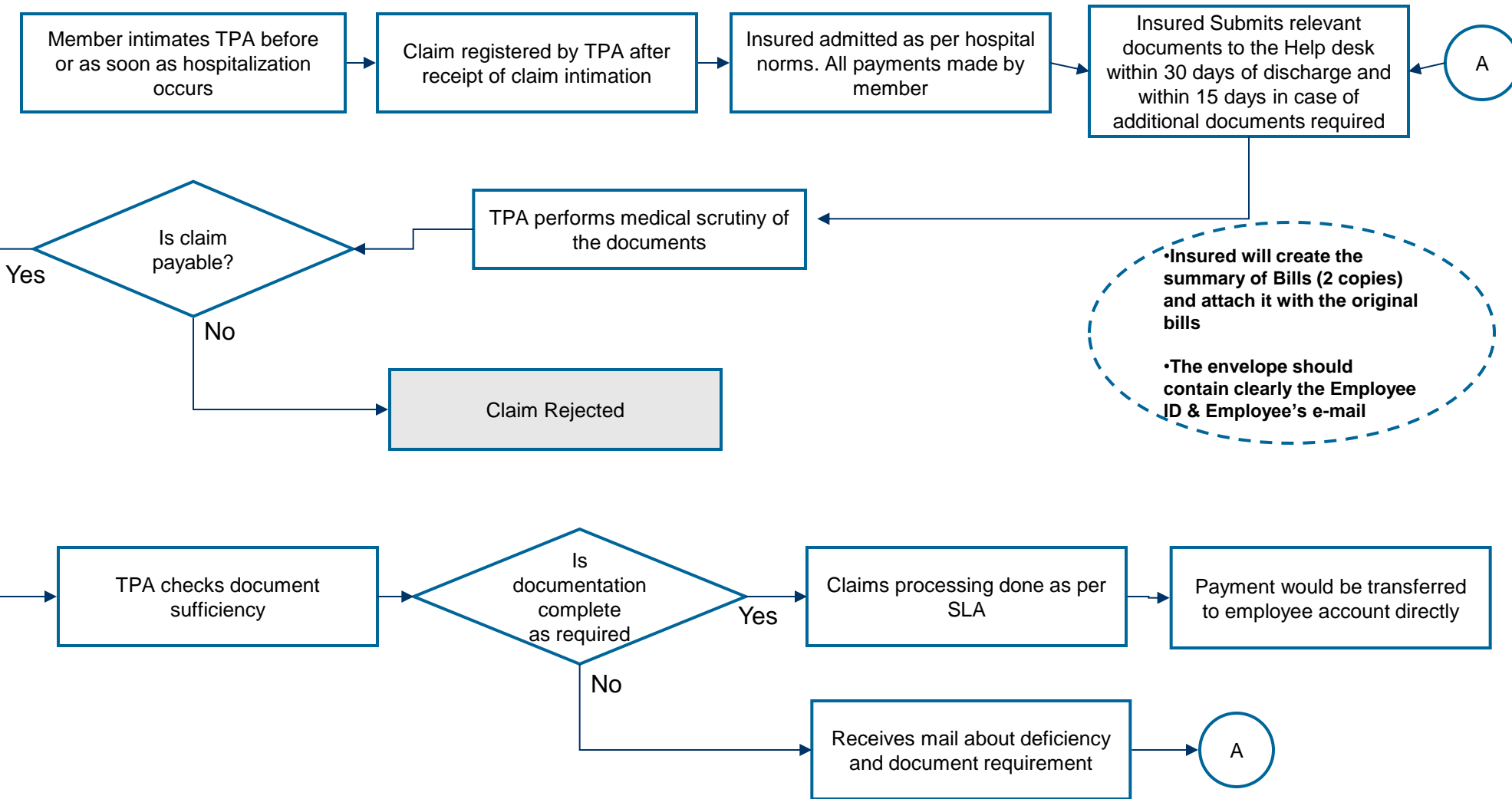
Discharge procedure

- In case of non network hospital, you will be required to clear the bills and submit the claim to TPA for reimbursement from the insurer. Please ensure that you collect all necessary documents such as – claim form, discharge summary, investigation reports etc. for submitting your claim.

Submission of hospitalization claim

- You must submit the final claim with all relevant documents within **30 days** from the date of discharge from the hospital.

Reimbursement Claims Process - Physical



Claims Document List

Completed Claim form with Signature
Hospital bills in original (with bill no; signed and stamped by the hospital) with all charges itemized and the original receipts
Discharge Report/Certificate/card (original)
Attending doctors' bills and receipts and certificate regarding diagnosis (if separate from hospital bill)
Original reports or attested copies of Bills and Receipts for Medicines, Investigations along with Doctors prescription in Original and Laboratory
Follow-up advice or letter for line of treatment after discharge from hospital, from Doctor.
Provide Break up details including Pharmacy items, Materials, Investigations even though it is there in the main bill
In case the hospital is not registered, please get a letter on the Hospital letterhead mentioning the number of beds and availability of doctors and nurses round the clock.
In non-network hospital, you may have to get the hospital and doctor's registration number in Hospital letterhead and get the same signed and stamped by the hospital, if required.



Claim Intimation Form



Document Checklist by TPA



Reimbursement Claim Form

Fill Claim form Online & Print

<https://www.healthindiatpa.com/CustomerCorner/claimForm.html>

Thank
You

