

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

Step 1 Pre-Authorization

All non-emergency hospitalization instances must be pre-authorized with TPA, as per the procedure detailed below. This is done to ensure that the best healthcare possible, is obtained, and the patient/employee is not inconvenienced when taking admission into a Network Hospital.

Member intimates TPA of the planned hospitalization in a specified pre-authorization format at-least 48 hours in advance

Claim
Registered by
TPA on same
day

TPA authorizes cashless as per SLA for planned hospitalization to the hospital

Pre-Authorization Completed

Step 2 Admission, Treatment & discharge

After your hospitalisation has been pre-authorized, you need to secure admission to a hospital. A letter of credit will be issued by TPA to the hospital. Kindly present your ID card at the Hospital admission desk. The employee is not required to pay the hospitalisation bill in case of a network hospital. The bill will be sent directly to, and settled by TPA

Member produces ID card at the network hospital and gets admitted

Member gets treated and discharged after paying all non entitled benefits like refreshments, etc.

Hospital sends complete set of claims documents for processing to TPA

Claims Processing & Settlement by TPA & Insurer

Cashless Emergency Hospitalization & Process



In cases of emergency, the member should get admitted in the nearest network hospital by showing their ID card.

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Step 2

Pre-Authorization by hospital

Relatives of admitted member should inform the TPA within 24 hours about the hospitalization & Seek pre authorization. The preauthorization letter would be directly given to the hospital. In case of denial member would be informed directly

Step 3

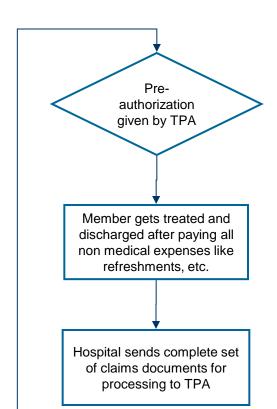
Treatment & Discharge

After your hospitalisation has been pre-authorized the employee is not required to pay the hospitalisation bill in case of a network hospital. The bill will be sent directly to, and settled by TPA

Member gets admitted in the hospital in case of emergency by showing his ID Card

Member/Hospital applies for pre-authorization to TPA within 24 hrs of admission

TPA verifies applicability of the claim to be registered and issue pre-authorization



Reimbursement Claim

Admission procedure

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

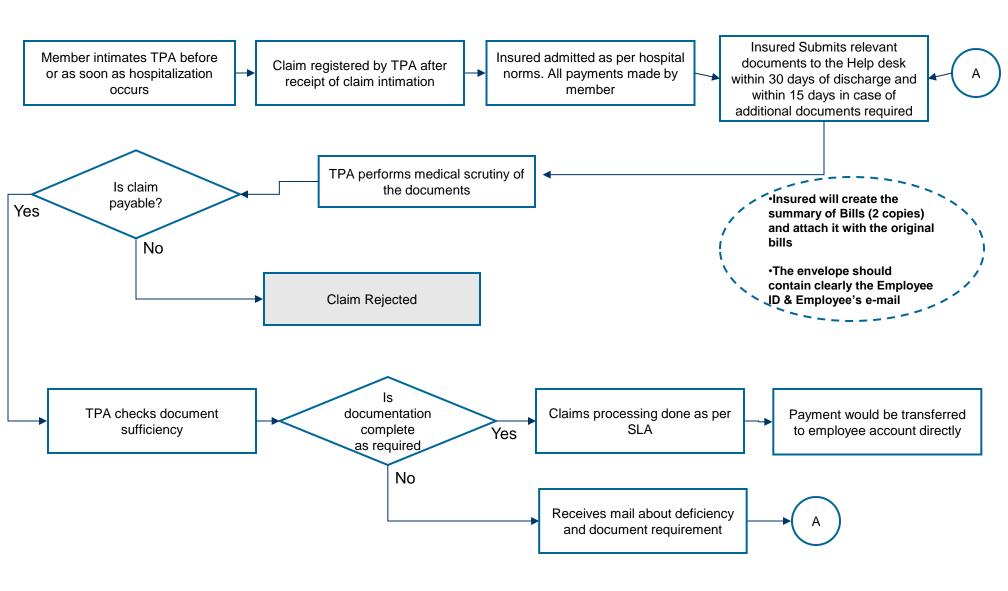
Discharge procedure

• 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.







Fill Claim form Online & Print

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

Thank You

