

## **BENEFICIARY GUIDE**

**Health India –TPA** is a Premier National Third Party Administrator (Healthcare) Services Provider ( T.P.A.). This guide details the procedures to avail TPA Services.

### **YOUR MEDICARD**

Your Medi-card is an Identity Card (with Health India ID NO.), which will identify you as a beneficiary and will give you access to the Network hospitals across the country and other services of Health India.

Secure your Medi-card and carry with you at all times. Quote your Health India ID NO. and the Insurance Company name, when you call Health India 24/7 Help line for assistance.

### **HEALTH INDIA – SERVICES**

Health India – your TPA provides you services as under:

1. Cashless Hospitalization in Network Hospitals.
2. 24/7 Help Line for informational & procedural Assistance.
3. Insurance Claim Processing & Reimbursement Payments (in case of Non-Network / Non Cashless hospitalizations).

### **PROCEDURE FOR CASHLESS HOSPITALISATION**

**Step I : Obtain Medical details of your ailment from the treating doctor in the prescribed format** in the “ **Request for cashless hospitalization Form**” and Fax / Send to HEALTH INDIA’s 24 Help Desk. In case of any elective hospitalization, intimation should be preferably given 48-72 hours before hospitalization.

#### **Step II: Get the “Authority Letter”**

**HEALTH INDIA** after due verification of the medical data provided and your policy coverage, will issue an Authority Letter to the hospital. Authority Letter is the guarantee of payment issued by **HEALTH INDIA** to the network hospital, so that the insured can obtain medical treatment on cashless basis.

#### **Step III: Avail of the cashless Hospitalization**

Approach the Admission / Reception Counter of the hospital on the day of admission with the pre-authorization form and your Medi-Card. (Health India will also arrange to send the pre-authorization form to the Hospital, wherever possible.).

#### **Step IV: Authenticate all the bills on discharge**

The insured at the time of discharge should authenticate all the bills by signing each of them & also the Authority Letter.

#### **In case of Emergency Hospitalization:**

In an emergency, the insured can approach the Network Hospital with the Medi-Card. Hospital / Relative of insured will call up Health India. In turn Health India will co-ordinate with the hospital to verify the coverage and Authority Letter will be issued accordingly.

For all cashless hospitalization whether elective or emergency it is mandatory for the insured to obtain prior approval from Health India in the form of Authority Letter to avail Cashless Benefit

#### **NOTE:**

- **Pre- authorization** from Health India is **mandatory** to obtain **cashless facility** in Network Hospitals.
- **Cashless Hospitalisation** facility is always subject to **terms & conditions** of your **Health Policy**.
- Admission in Network hospitals is subject to availability of beds.
- Health India shall not be responsible for the availability, quality & clinical outcome of the treatment provided at the Network Hospital.

#### **Cashless Access can be denied by Health India.**

- I. In case of admission in Network Hospitals without prior intimation to **HEALTH INDIA**.
- II. In case sufficient information in the prescribed format is not provided.
- III. Cases where symptoms are vague and non-specific & medical team of Health India is unable to confirm the eligibility due to inadequate medical information.
- IV. Conditions / Ailments which are not covered under the terms & conditions of the policy.

You are requested to furnish all required information to the Medical team of Health India for verification of your eligibility / policy coverage.

The denial of cashless facility does not mean denial of treatment and does not in any way prevent you from seeking necessary medical attention or hospitalization. In such cases, please file your claim for reimbursement with Health India. Reimbursement will be done based on the policy terms & conditions.

### **NON NETWORK HOSPITALISATION**

In case you choose to get treated in a Non-Network Hospital, you will have to pay the cost of the treatment up front. The selected Hospital should comply with minimum criteria as under.

The Hospital/ Nursing Home should be registered under the local authorities and is under the supervision of a registered and fully qualified Medical Practitioner.

#### **OR**

- It should have at least 15 in-patient beds (reduced to 10 beds in class ‘c’ towns)
- Fully qualified Doctor(s) should be in-charge round the clock.
- Fully qualified Nursing Staff under its employment round the clock.
- Fully equipped Operation Theatre of its own.

Note: Non-Cashless Hospitalisation in Network Hospitals will be treated as Non-Network Hospitalisation & the same procedure is applicable to the same.

### **Submission of Claim papers for Reimbursement**

Please submit the following documents in original to Health India for reimbursement.

- Insurance Claim form duly filled & signed by the insured.
- Discharge Card / Summary mentioning details of Ailment & treatment during hospitalization.
- Final Hospital Bill and Receipt of payments.
- Medicine Bills with Prescriptions in Original.
- Investigation Reports along with Prescriptions and their payment Receipts.

In case of Surgeons / consultants bills (if not included in the hospital bill), kindly insist on a stamped receipt.

### **Pre/ Post Hospitalisation expenses**

Relevant medical expenses like expenses on medicines, consultation, investigations etc. incurred 30 days prior to the admission (Pre-Hospitalisation) and 60 days after discharge from the hospital will be reimbursed as per the terms and conditions of the policy, Original prescription and bills / receipts of such services should be submitted to Health India along with the signed claims form.

### **24/7 HELP LINE**

Health India operates a 24 hour 365 days “ May I Help you” Cell (Call Centre) manned by Medical & Customer Service Professional to provide informational and procedural assistance to the insured. Apart from assisting you in cashless hospitalization, the Help Line also performs the following :

- ✓ Answer to your queries on product, services & procedures.
- ✓ Provides Claim Status Information.
- ✓ Provides Benefit Details and sum Insured information to the policy holders.
- ✓ Provides information on Network Hospitals as well as their services.
- ✓ Advises on deficiency fulfillment, retrieval etc. in claim documents.
- ✓ Registration of your claim on receipt of intimation.

**TOLL FREE HELPLINE 1800 220102- (FOR EMERGENCY ONLY)**