

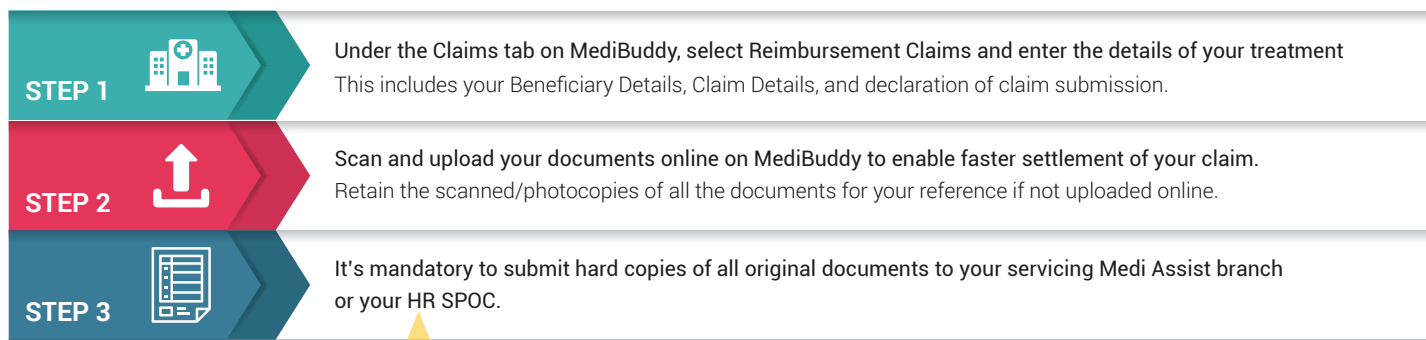
Guidelines for Raising Reimbursement Claims



Hospitalization Benefits

Hospitalisation benefits are applicable only if the insured person is admitted to a hospital with an Active Line of Treatment continuously for a minimum of 24 hours (with exception to Day Care Procedures mentioned in the policy).

Process for Raising Hospitalization Claims



Here is a checklist of documents:

- ✓ Duly filled and signed Claim Form as generated through the portal. Staple the Claim Form along with supporting documents (in case of multiple claims, staple them separately).
- ✓ Original and detailed admission or discharge summary/card issued by the hospital.
- ✓ Original hospital bill along with break-up bill of all hospitalisation expenses.
- ✓ Original cash paid receipt/cash memo issued by the hospital. Receipts must mandatorily include pre-printed doctor's information and receipt number. Blank document with the doctor's signature and stamp will not be considered.
- ✓ All original investigations bills & reports (wherever applicable) pertaining to the ailment/treatment including pre- / post-hospitalization expenses.
- ✓ Original medical bills or receipts with prescriptions for the medicines purchased from the pharmacy. Prescriptions should carry doctor's registration number.
- ✓ Original/attested settlement letter from the other/onsite insurer in case the actual claim is settled by another insurer (letter supported with the photocopies of hospital bill, discharge summary and investigation reports, etc.)
- ✓ Other documents:
 - Hospitalisation indoor case papers (if applicable).
 - Intraocular Lens (IOL) sticker in case of cataract claims.
 - In the case of accidents or road traffic accident cases, complete details of the accident along with the copy of First Information Report (FIR) or Medico Legal Case (MLC) from the police station or hospital.

Important Notes:

- All hospitalisation claims, including pre- and post-hospitalization claims, should be raised within 90 days from the date of discharge.
- Hospital tariff card with official sign and signature needs to be submitted for hospitalization in non-network hospital.
- Defined Benefit for particular ailment is the amount which is maximum payable against the claim, and deductions applicable per room rent eligibility and other non-medical deduction.
- Pre- and post-hospitalisation expenses incurred during the following period are applicable:
 - Within 30 days prior to admission and 30 days post-discharge in case of parents/in-laws, and
 - With 30 days prior to admission and 60 days post discharge in case of self, spouse and children (except maternity)
- There are certain exclusions in the HIS policy for which NO benefits are payable. The list of exclusions enumerated in the policy document is only indicative and not exhaustive.
- There is one-year waiting period applicable for non-critical ailments for newly enrolled parents (employee was covered earlier, but parents enrolled only recently).

Note: These guidelines should be read in conjunction with the policy document and for more details on the policy; you may refer the policy document on Health Insurance Scheme, available at: [Ultimatix > News > Global HR > My HR on KNOWMAX > India > Health Safety & Wellness > Health & Insurance](#)

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