

HEALTH INSURANCE INDEMNITY: CASHLESS & REIMBURSEMENT CLAIM PROCEDURE



TYPES OF INDEMNITY HEALTH INSURANCE CLAIMS

Depending on the situation and your policy coverage, you can make two types of claims in your indemnity Health insurance policy ;

- **Cashless:** The essence of cashless hospitalization is that the insured need not make an upfront payment to the hospital at the time of admission. You may not have any out-of-pocket expenses towards hospitalization in this scenario. Cashless hospitalization can be availed at Network hospitals / Non-Network Hospitals and upon approval of your preauthorization application.
- **Reimbursement:** A reimbursement claim is one where you pay all the expenses related to the hospitalization of the insured and claim a reimbursement of your expenses after discharge. Reimbursement claims may be filed in the following circumstances:
 - Hospitalization at a non-network hospital
 - Post-hospitalization and pre-hospitalization expenses at network / Non-Network hospital
 - Denial of preauthorization for cashless facility at a network / Non-Network hospital

CASHLESS CLAIM PROCESS

A. CASHLESS FROM NETWORK HOSPITALS

Cashless hospitalization can be availed at NETWORK HOSPITALS. You can get an updated list of our network hospitals on the website- <https://mediassisttpa.in/network-hospital-search/>

1. Before you leave for the hospital, ensure that you have Enrollment-card issued by Third Party Administrator (TPA), Medi Assist
2. At the time of admission at a network hospital, produce your Medi Assist ID card (as proof of being covered by Shriram General Insurance) along with any valid photo ID (as proof of identity)
3. Fill up the preauthorization form for cashless hospitalization along with your treating doctor. You can request for the form at the network hospital or download the same from Medi Assist website- <https://mediassisttpa.in/#claim-forms> and also from SGI's website- <https://www.shriramgi.com/download> , Please make sure all the details asked in the form are completely filled.
4. Network Hospital will Email the completed form to Medi Assist to cashless@mediassistindia.com / shriramgi.support@mediassist.in
 - Claim Intimation needs to be given 48 hours prior for Planned Hospitalization
 - In case of emergency hospitalization, Claim Intimation needs to be given within 24 hours of admission
5. The medical team of TPA will scrutinize your medical documents and determine the admissibility of your claim based on your policy terms and condition.
6. In case , if any shortage of required details or documents to determine the admissibility of the claim, TPA will request for the additional details or documents from the policyholder or the Hospital

7. In case coverage is eligible, our TPA will issue a preauthorization for cashless hospitalization for a specified amount depending on the disease, treatment as per your available Sum Insured.

8. Further enhancement or Final approvals may be issued on request, subject to terms and conditions of the policy. **The hospital will ask you to pay for all the non-medical expenses, which may not be covered in insurance, and deductions details will be specified on the approval letter.**

9. if the claim is not admissible as per terms and conditions, your claim shall be denied and Upon denial of claim, Denial Letter quoting the reason for denial will be sent to you.

Cashless Claims Turn Around Time (TAT) – for processing your claim

- Cashless Initial Approval: 1 Hour from Intimation & submission of all the necessary documents by Hospital
- Cashless Final Approval: 3 Hours from submission of all the necessary documents by Hospital at the time of Discharge.

At the time of discharge, please make sure that you check and sign the original bills and the discharge summary. Please collect a copy of the signed bill, discharge summary and all your investigation reports. This is for your reference and will also be useful for your future healthcare needs.

Note: In case of suppression & misrepresentation of material facts by the hospital or the insured, the pre authorization issued for the cashless facility will stand cancelled. The insured will be liable to settle the hospital bill in full.

You will be informed of status on your claim by means of email or SMS text message to your registered contact details on the policy. You can also Track your claim through the website link - <https://mediassisttpa.in/track-claim/>

B. CASHLESS FROM NON-NETWORK HOSPITALS

Cashless Everywhere - Experience seamless hospitalization anytime, anywhere!

- ✓ Members may reach out to Medi Assist via our call center **040-68178555** for any queries.
- ✓ All requests for cashless at a non-network hospital have to be initiated by the hospital by sending a cashless request to Medi Assist at cashlesseverywhere@mediassist.in
- ✓ On receipt of the request from the hospital, the Medi Assist team will connect with the hospital to collect certain mandatory documents, such as KYC documents and a brief MOU based on which cashless requests may be authorized.
- ✓ Medi Assist will evaluate the credentials of the hospital and scrutinize the documents.
- ✓ Cashless request may not be authorized if the policy terms and conditions do not cover the treatment.
- ✓ Non-network hospital should send the request for cashless to Medi Assist at least 48 hours prior to the date of admission for all elective procedures.
- ✓ Cashless requests for emergency treatments need to be shared within 48 hours of the admission. Cashless will be provided only if the hospital fulfils the criteria as prescribed by the insurance company.
- ✓ Medi Assist or the Insurance Company shall not be responsible for the non-acceptance of cashless by the non-network hospital.
- ✓ Cashless requests will not be entertained if the hospital is listed as excluded by the insurer.

Once the non-network Hospital agrees for the extension of cashless facility as per terms and conditions mutually agreed by the insurance company and the Hospital, procedure to avail the cashless facility is as same as the above 1 to 9 steps of procedures explained for Network Hospital, as stated above.

Note: In case of suppression & misrepresentation of material facts by the hospital or the insured, the pre authorization issued for the cashless facility will stand cancelled. The insured will be liable to settle the hospital bill in full.

You will be informed of status on your claim by means of email or SMS text message to your registered contact details on the policy . You can also Track your claim through the website link - <https://mediassisttpa.in/track-claim/>

C. CASHLESS FROM EXCLUDED PROVIDERS

Expenses incurred towards treatment in any hospital or by any Medical Practitioner or any other provider specifically excluded by the Insurer and disclosed in its website / notified to the policyholders are not admissible.

REIMBURSEMENT CLAIM PROCESS

In cases of treatment availed in NON-NETWORK HOSPITALS-

- You can claim a reimbursement of your hospitalization expenses after discharge.
- You can also claim reimbursements for pre- and post-hospitalization expenses.

1. To intimate a Reimbursement claim, kindly call the below mentioned helpline numbers-

- General helpline: 0120 693 7372
- Call center assistance: **0120-6937324**

2. The following are the documents that you need to submit:

Claim Documents should be submitted to us within 15 days from the Date of Discharge.

- Duly filled & signed claim form (part A & part B)
- Original Hospital discharge summary
- Original Hospital main bill and breakup
- Original payment receipts
- Doctor's prescription
- Consultation bill/ Receipt & Pharmacy bills
- Investigation Reports & bill/ Receipt
- Operations theatre notes (if any)
- Bank cancelled cheque / Passbook photocopy
- ID proof, Age Proof and address proof (Copy of DL, PAN card, Aadhaar card, Voter ID etc.)
- CKYC form if claimed more than 1L
- Any other documents (if required)

3. Submit the Original claim documents at nearest **Medi Assist India TPA** Branch. You can also check the nearest Medi Assist Office using the link - <https://www.mediassisttpa.in/contact/>

4. You can also Intimate your Reimbursement medical claim & submit the soft copies of the claim documents online through this link -

<https://m.mediassist.in/intimatereimbursement.aspx>

5. The medical team will determine whether the condition requiring admission and the treatment are covered by your health insurance policy. They will also check all the other terms and conditions of your insurance policy.

The listed Non- medical expenses will not be payable, as per terms and condition of the policy.

6. . In case, if any shortage of required details or documents to determine the admissibility of the claim, TPA will request for the additional details or documents from the policyholder or the Hospital

7. On Approval of admissible claim, we will directly credit your bank account with the payable amount through NEFT within 5 to 7 working days.

8. Submit the following documents for a **post-hospitalization or pre-hospitalization expenses** claim:

- Copy of the discharge summary of the corresponding hospitalization
- All relevant original doctors' prescriptions for investigations and medication
- All Original bills for investigations done with the respective reports

- All bills for medicines supported by relevant prescriptions
- ID proof, Age Proof and address proof (Copy of DL, PAN card, Aadhaar card, Voter ID etc.)

9. if the claim is not admissible as per terms and conditions, your claim shall be rejected and Upon Rejection of claim, Repudiation Letter quoting the reason for rejection will be sent to you.

You will be informed of status on your claim by means of email or sms text message to your registered contact details on the policy . You can also Track your claim through the website link - <https://mediassisttpa.in/track-claim/>

Note: if Treatment availed in Excluded Provider, Reimbursement of Hospitalization expenses in such excluded provider is not admissible

Reimbursement Claims Turn Around Time (TAT) :

Notification of Claim Notice with full particulars to the Company /TPA (if applicable)

- Within 24 hours from the date of emergency hospitalization required or before the Insured Person's discharge from Hospital, whichever is earlier.
- ii. At least 48 hours prior to admission in Hospital in case of a planned Hospitalization.

Processing of your Claim by the insurance company / TPA –

- The Company shall settle or reject a claim, as may be the case, within 15 days from the date of receipt of last necessary document from the insured patient or the Hospital.