The claim under an indemnity policy could be a

a) Cashless claim

The customer does not pay the expenses at the time of admission or treatment. The network hospital provides the services based on a pre-approval from the insurer/TPA and later submits the documents to the insurer/TPA for settlement of the claim.

b) Reimbursement claim

The customer pays the hospital from his own resources and then files his claim with Insurer/TPA for payment of the admissible claim.

In both cases, the basic steps remain the same.

1) Intimation
2) Registration
3) Verification of documents
4) Capturing the billing information
5) Coding of claims
6) Processing of claim
- **i) The member hospitalized must be covered under the insurance policy**
- **ii) Admission of the patient within the period of insurance**
- **iii) Hospital definition**
- **iv) hospitalization**
- **v) Day-care treatments**
- **vi) OPD**
- **vii) Treatment procedure/line of treatment**
- **viii) Pre-existing illnesses**
- **ix) Initial waiting period**
- **x) Exclusions**
- **xi) Compliance with conditions with respect to the claims**

7) Arriving at the final claim payable
- **i) Sum insured available for the member under the policy**
- **ii) Balance sum insured available under the policy for the member after taking into account any claim made already**
- **iii) Sub-Limits**
- **iv) Check for any limits specific to illness**
- **v) Check whether entitled or not to cumulative bonus**
- **vi) Other expenses covered with limitation**
- **vii) Co-payment**

8) Payment of claim
- i) **Management of deficiency of documents / additional information required**

9) Denial claims
10) Suspect claims for more detailed investigation
- **i) Impersonation**
- **ii) Fabrication of documents**
- **iii) Inflation of expenses**
- **iv) Outpatient treatment converted to in-patient / hospitalization**