

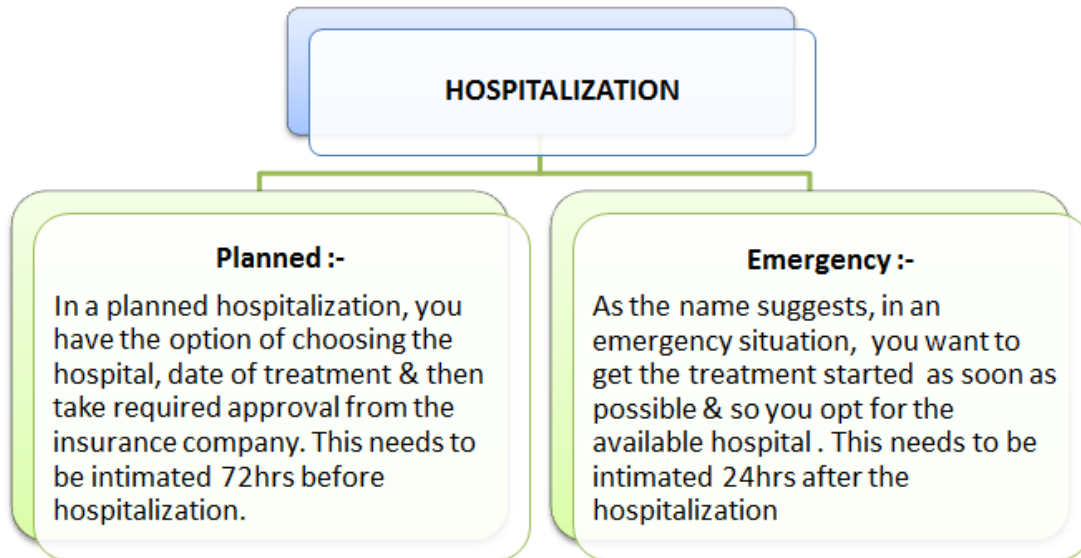
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# Claim Process

## Claims in Health Insurance

While buying health insurance it is crucial to understand the concepts of Cashless and Reimbursement claims. While the actual subject matter remains the same, but the cognitive operation is quite different. Let's understand what these terms truly mean and what precisely is the claim process followed for ensuring every customer gets his claim.

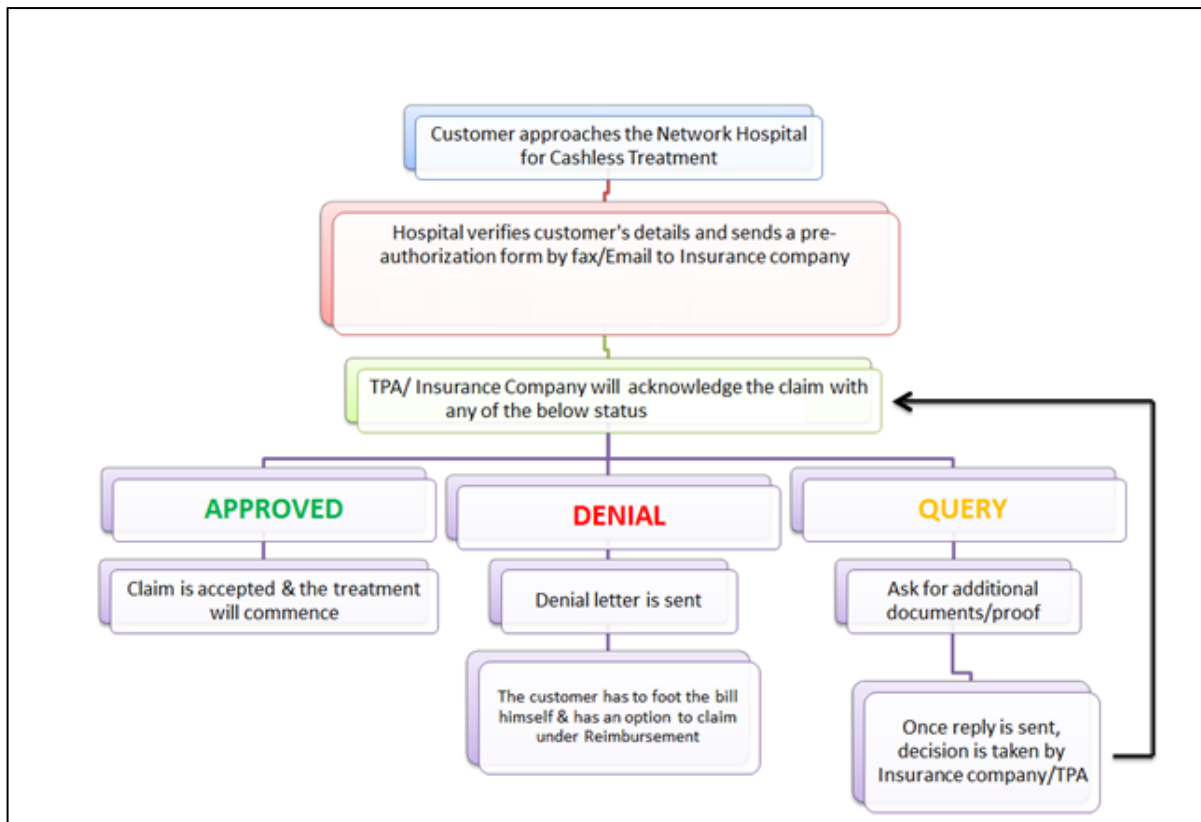
Before we read about the claim process let us understand the types of hospitalization: -



Beneath are the two ways by which Health Insurance Claims are settled:-

1. **CASHLESS CLAIM** - In this claim, the insurance company directly settles the bills with the Hospital or Nursing Home. This thinned out the financial burden at the time of hospitalization.
2. **REIMBURSEMENT CLAIM** - In this claim, the insured needs to settle the hospital bill, and then claim the amount from the insurance company by submitting relevant documents.

Here is the step by step procedure of how a **CASHLESS CLAIM** is processed:-



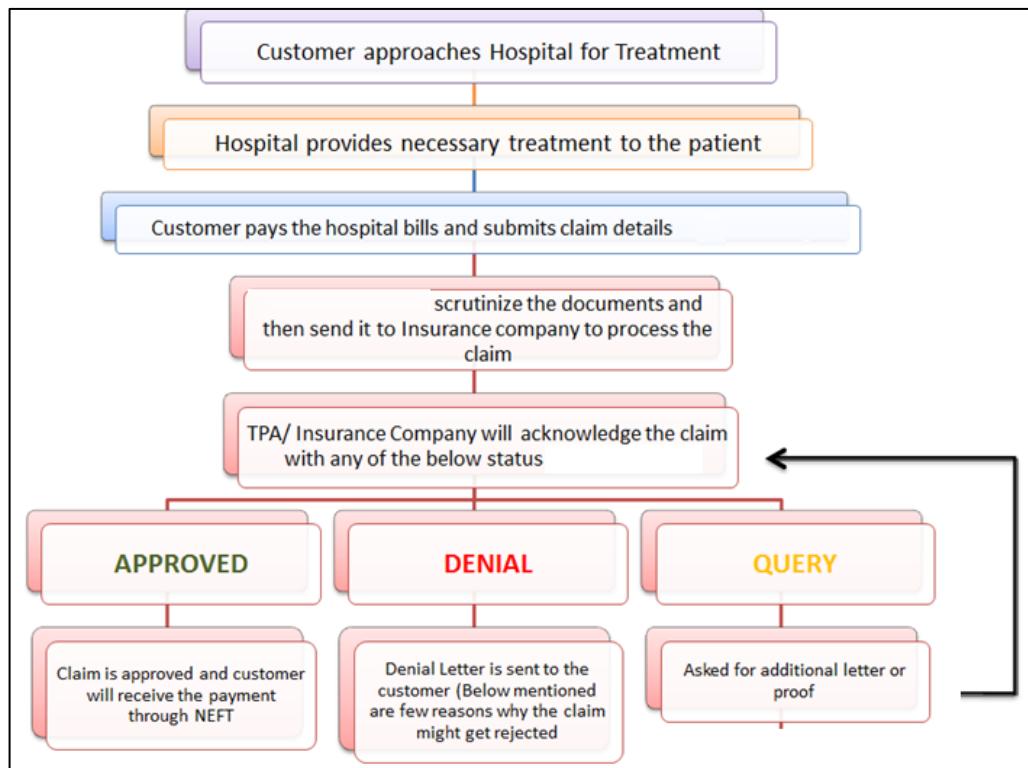
**Documents required for Cashless approval:**

1. Pre-authorization Form at the Hospital
2. Health Insurance TPA Card
3. ID Proof of the Insured and the Policy Holder
4. Past Medical History Papers (if any)
5. Any relevant documents as required.

**ETHOS ON CASHLESS CLAIMS:**

1. Coordinate with the Hospital and Insurance company /TPA to get approval within 2 hours of intimation
2. In the Event of Denial or Query, Claims Expert will ensure to get the right reason for the same & explain to the claimant.
3. Regular & constant claim updates are given to the claimant.
4. In case of any deductions made in the claim amount, Claim Expert will analyse and facilitate you in understanding the same.
5. All the documents are checked & a copy of the same is stored in database for future reference

Now let us understand the step by step process for **Reimbursement Claim** : -



#### **Documents required for Reimbursement claims:**

1. Claim Form Duly filled & Intimation Letter/Email (If any)
2. Original Hospital Bill, Discharge Card, Payment Receipt & break up
3. Original Pharmacy bills with supporting
4. Medical Investigation Report ECG/X-Ray/USG/CT/MRI/ Histopathology/Pathological and all other medical investigation reports in support of the diagnosis as advised by the treating physician
5. Original invoices and receipts for claiming Ambulance charges (if any)
6. All Doctor's consultation notes: confirming provisional & final diagnosis/advise for admission/medical complication/ proposed line of treatment/past medical history
7. NEFT Form and Cancelled Cheque
8. Any relevant documents required as confirmed by the Insurance Company

#### **ETHOS ON REIMBURSEMENT CLAIMS:**

1. Our Claim expert will do the Preliminary check for any missing document and send across the documents to insurance company for further processing the claims.
2. Support the claimant with regular Claim status.
3. In the Event of Denial or Query, we will ensure to get the right reason for the same & explain to the claimant
4. Co-ordinate with Insurance company or TPA for any further requirements
5. Our Claim Expert will analyze and facilitate you in understanding the various deductions in your claim.

## **DO'S & DON'T WHILE SUBMITTING HEALTH INSURANCE CLAIM:**

### **Do's:**

- ✓ Always keep Health Card, Govt Photo ID (Pan Card, Driving License, Aadhar Card) handy.
- ✓ Carry a file for your Past Medical Records (If any) as these may be called for approval
- ✓ If you have a planned hospitalization kindly notify in advance. In case of an emergency also, please inform so that relevant approvals can be taken to avoid hassles for you.
- ✓ Countersign and retain a copy of the hospitalization document, medical bills and medical records before you exit the hospital.
- ✓ Ensure to file the claim within 7days of completion of treatment or discharge from the hospital in case of reimbursement claims.
- ✓ It is also advisable to refer the policy terms & conditions before submitting any claim

### **Don't:**

- ✗ Avoid hiding any information regarding the past medical history with hospital or insurance company.
- ✗ In case you need clarification on the deductions in the claim, do not hesitate to inquire.
- ✗ Avoid misplacing any past medical records or hospital bills.
- ✗ Leave a break of even one day in your policy renewal or your cover may be insufficient or useless
- ✗ Delay reporting the claim to the insurance company. There is always a stipulated timeline to furnish the required documents to make a claim, which should be honoured.
- ✗ In case all details pertinent to the loss are not available, the insurer should be notified and written permission taken for an extension of time to submit documents.

### **Top Reasons for Denial of Health Insurance Claims:**

1. Hospitalization for illness/diseases which are not covered under the policy.
2. Waiting Period, Co-pay, and Deductibles not read/understood
3. Hospitalization in non-network hospital
4. Missing/ incomplete data on the pre-authorization form.
5. Incorrect patient information - Insured/ Proposer's details incorrect, bills tampered, name misspelled.
6. Claim submitted for non-payable expenses.
7. Claims submitted after the cut-off date by the Policy Holder

### Top Reasons for Query in Health Insurance claims:

1. For further scrutiny of claim
2. Not disclosing all medical details/ information
3. Lack of pre-authorization or pre-certification from the specialist
4. Incomplete or no details of tests or procedure
5. Insufficient medical necessities.

Also, there is one more type of expenses which you can claim under Cashless and Reimbursement. It is called - **Pre & Post Hospitalization expenses**:

1. **Pre Hospitalization expenses** cover those medical expenses needed for health testing and examination prior getting hospitalized. Eg: - Consultant fees of the family physicians, relevant investigation reports, pathological examination as prescribed by the doctors, etc.
2. Whereas, **Post hospitalization** are those expenses which occur once you are discharged from the hospital. Eg: Diagnostic tests, doctors' fees, physicians' fees, pharmacy fees, etc.

Broadly, in most of the insurance companies Pre-hospitalization is covered for 30days and post hospitalization is covered for 60days. They both are part of the health insurance claims and require minimum 24hrs of hospitalization in order to claim under cashless or reimbursement.

Documents needed for Pre & Post Hospitalization:-

1. Duly Filled claim form (If submitted separately)
2. Pharmacy Bills with supporting prescription
3. Medical Investigation report and Doctors Certificate along with payment receipts
4. Doctors Consultation notes with original bills and receipts.

The Claim process of Pre & Post Hospitalization expenses is the same as Reimbursement claim.

### ***To Conclude:***

We are sure, the above measures will help in faster & seamless claim processing, which in turn translates into quicker pay-out.

You receive a dedicated Claims Expert to handle your questions, process your claims, and help you to resolve your claims. We pay undivided attention to cater you the best services and hassle free claim settlement.

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