



Powering Bharat's Insurance Access

Health Insurance Hand Guide
(Features, inclusions and exclusions)

In Partnership with

Scripbox

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Stop thinking. Start investing.

1. What's covered?

- ✓ **In-Patient Care:** Covers Hospitalization expenses due to illness or injury when hospitalized for more than 24 hours
- ✓ **Day Care Treatment:** Covers expenses for all daycare treatments due to disease/ illness/ injury during the policy period taken at a hospital or a day care centre
- ✓ **Pre/Post Hospitalisation:** Medical expenses incurred 30 days before admission and 60 days after discharge from hospital
- ✓ **Alternative treatment:** Upto Base Sum Insured
- ✓ **Modern treatment:** Upto Base Sum Insured, Terms and Conditions Apply
- ✓ **Ambulance Coverage:** Upto Rs. 3000
- ✓ **No Claim Bonus:** 10% for each claim free year. Maximum 100% of Base policy.
- ✓ **Initial Waiting Period:** 30 days
- ✓ **Specific Diseases Waiting Period:** 24 months
- ✓ **Pre-existing Diseases Waiting Period:** 24 months
- ✓ **Room Rent:** Normal: Single Private Room, ICU: No limits

2. What's not covered?

- ✗ Treatment taken from anyone who is not a Medical Practitioner or from a Medical Practitioner who is practicing outside the discipline for which he is licensed or any kind of self-medication..
- ✗ Charges incurred (or Treatment undergone) in connection with routine eye examinations and ear examinations, dentures, artificial teeth and all other similar external appliances and / or devices whether for diagnosis or treatment.
- ✗ Treatment of any external Congenital Anomaly or Illness or defects or anomalies or treatment relating to external birth defects.

- ✖ Cosmetic surgery or plastic surgery or related treatment of any description, including any complication arising from these treatments, other than as may be necessitated due to an Injury, cancer or burns
- ✖ Any Illness or Injury directly or indirectly resulting or arising from or occurring during commission of any breach of any law by the Insured Member with any criminal intent
- ✖ Act of self-destruction or self-inflicted Injury, attempted suicide or suicide while sane or insane or Illness or Injury attributable to consumption, use, misuse or abuse of intoxicating drugs, alcohol, hallucinogens

3.1 How do I claim? (Cashless Request)

Step 1: Claim Intimation

Inform on Claims Helpline No. (+91 90213 23456) for guidance on cashless process.

Step 2: Step 2: Claim Submission (Cashless Pre Authorization Request)

The hospital insurance desk will verify the docs and seek pre authorization directly from insurance co. Note : The hospital insurance desk will fill the pre authorization form on behalf of the patient. Make sure the hospital insurance desk shares the completed form with Care Health.

Step 3: Claim Settlement (Cashless Pre Authorization Approval)

Care Health's in house medical team will review the case and will generate a 'Claim Ref. No.' with pre approved limit within 24 hours of valid submission

Note: The approved limit would be a reasonable value to initiate the treatment. Any additional cost of treatment will be separately approved at time of discharge.

In case pre authorization is not received, you may claim through reimbursement mode after discharge from the hospital. Pre and post hospitalization bills for cashless treatments can be claimed through reimbursement mode after discharge from the hospital

Documents required for Cashless

- Policy E Card
- Valid ID Proof
- Medical Practitioner's letter advising hospitalisation

3.2 How do I claim? (Reimbursement Request)

Step 1: Claim Intimation

Inform on Claims Helpline No. (+91 90213 23456) for guidance on cashless process.

Step 2: Step 2: Claim Submission (Cashless Pre Authorization Request)

Collate and send scanned copies of following docs via e mail on care@bharatsure.com

-for IPD and pre hospitalization claims within 15 days of discharge.

-for post-hospitalization claims Within 75 days of date of discharge.

Bharatsure Team to review all docs and share a pre filled reimbursement form with you.

Print and sign the reimbursement form, enclose all supporting physical copies in original and send them with Claim Reference Number to following address:

Care Health Insurance Limited (formerly Religare Health Insurance),

Unit No. 604, 607, 6th Floor, Tower C, Unitech Cyber Park, Sector 39,

Gurugram 122001, Haryana.

Step 3: Claim Settlement (Cashless Pre Authorization Approval)

Care Health's team will review physical copies of all documents submitted.

Claims will be settled within 30 days from the date of valid submission.

In case of any delay in payment, Care Health pays interest at bank rate + 2%.

Documents required for Reimbursement Request

- Valid ID proof
- Medical practitioner's referral letter advising hospitalization
- Medical practitioner's prescription advising drugs, diagnostic tests or consultation
- Original test reports
- Original discharge card/ summary
- Indoor case papers
- Cancelled Cheque with Bank details
- Original bills from hospitals (final bill with break up)
- Original bills from pharmacy, lab centers
- For accident cases, FIR copy (if applicable)
- Any other document as required by the company to assess the claim