

Hospitalisation Claim Guidelines

Important guidelines for processing of HIS Claims

- Raise separate Claim requests for each illness.
- Staple the Claim Form along with supporting documents (in case of multiple claims, staple them separately).
- Write your employee ID and Domiciliary Claim on the envelope.
- Retain the scanned/photo copies of all the documents to produce whenever requested.
- Original documents along with the duly filled Claim Form needs to be submitted through internal/external courier Or handover to the TPA helpdesk team.
- Submit the Claim documents within 24 hours from the date you selected to submit the documents on your claim form; else the request will be rejected.

Hospitalisation Claim

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).

All Hospitalisation claims should be raised within 90 days from the Date of Discharge including Pre & Post Hospitalisation claims. 90 days' timeline is not applicable for the expenses incurred during the last quarter of the financial year and should be registered as per the communication post on Ultimatix.

Following are the mandatory documents for processing the Hospitalisation Claims:

- Duly filled and signed Claim Form as generated through the portal.
- Original and detailed admission or discharge summary/card issued by the hospital.
- Original hospital bill along with break-up bill of all hospitalisation expenses – This will help us understand the breakup of all hospitalization charges.
- Original cash paid receipt/cash memo issued by the hospital. – With Pre-printed doctor's information and receipt number. **Blank document with the doctor's signature and stamp will not be considered.**
- Original investigations/ lab/ test reports (wherever applicable) from hospitals or from any other lab or diagnostic centres during and before or after the hospitalisation.
- Original medical bills or receipts with prescriptions for the medicines purchased from the pharmacy store.
- Original/attested Settlement letter from the other/onsite insurer in case the actual claim is settled by other insurer (letter supported with the photo copies of Hospital Bill, Discharge summary & Investigation reports, etc.)
- Copy of Hospitalisation Indoor case paper (wherever applicable) may be requested.
- In case of accidents or road traffic accident cases, submit the 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.
- In case of Cataract claims, Intraocular Lens (IOL) sticker is mandatory.

Overseas Expenses: In case of **expenses incurred outside India** and the local insurer's settlement is still pending, employees should raise the claim for up to Rs 95,000/- (For General grades) and Rs. 2, 39,000 (For SP grades) within 90 days from the date of discharge and in the same Financial Year, thereafter submit the documents once they have the bills to support the same or when the settlement is completed, relaxation of 60 days will be given only for document submission. Please note the claim amount should be in equivalent to Indian Rupees only.

Kindly ensure to send the claim form & supporting documents only at the address mentioned by you in the claim form, for more details refer the Contact Matrix available on the portal - Home page.

There are certain exclusions in HIS where NO benefits are payable. The list of exclusions enumerated in the policy document is only indicative and not exhaustive.

These Guidelines should be read in conjunction with the policy document and for more details on the policy; you may refer the policy document and FAQs on Health Insurance Scheme, available at:

Ultimatix -> Global HR -> My HR on KNOWMAX -> India > Health Safety & Wellness > Health & Insurance