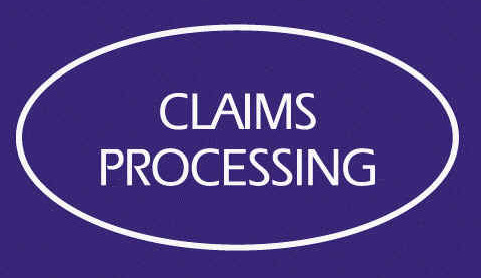
**Claim** **Process**

**Cashless** **&** **Reimbursement**

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SAFEWAY INSURANCE TPA PVT LTD

# Cashless Claims

**To** **avail** **cashless** **hospitalization** **treatment** **at** **network** **hospitals** **–**

* **Step** **1**: SAFEWAY will provide the list of network hospitals offering cashless facility for treatment.
* **Step** **2**: The claimant needs to produce the SAFEWAY Health card/Employee ID Card,/Policy Document at the hospital along with any other valid KYC document like, Passport, Voter's Identity Card, Driving Licence, Aadhaar Letter/Card, NREGA Card, PAN Card ,Employee ID card issued by State/Central Govt or any autonomous body.
* **Step** **3**: Hospital sends Pre-authorization Request with the treatment details; past history and clinical notes along with estimate of hospitalization expense to SAFEWAY local office.
* **Step** **4**: SAFEWAY verifies all the submitted documents before processing the claim as per terms and conditions.
* **Step5** : After discharge, the hospital will send the claim documents to the company and the authorized amount will be settled directly to the hospital

Cont………

SAFEWAY INSURANCE TPA PVT LTD

# Cashless

* **Step** **6**: In case the treatment is taken at other non network centers, the Insured is reimbursed the cost of treatment, subject to the provisions of the Policy on the basis of Admit Card/Discharge Card, Diagnostic Reports and Bills/Prescriptions.

SAFEWAY INSURANCE TPA PVT LTD

**Note:**

# Cashless

**Non-Payable** **items** **would** **be** **at** **the** **insured's** **own** **cost**

1. **In** **case** **of** **planned** **hospitalization:**
   * Please contact the toll-free help line: **1800** **1025671**
   * The hospital will send the duly filled pre-authorization from through hospital portal (or) at the (or) Email ID [info@safewaytpa.in](mailto:info@safewaytpa.in)
2. **Procedures** **to** **be** **followed** **in** **case** **of** **emergency** **hospitalization:**
   * In case of Emergency like accident or sudden bout of illness may that requires immediate admission to the hospital

## (ii)Cashless claim authorization process

* + Upon receiving intimation from the insured/insured’s attender, they are contacted by the network hospital.
  + Above Process will be followed .

SAFEWAY INSURANCE TPA PVT LTD

# Cashless

**Note:**

**Non-Payable** **items** **would** **be** **at** **the** **insured's** **own** **cost**

1. **In** **case** **of** **planned** **hospitalization:**
   * Please contact the toll-free help line: **1800** **1025671**
   * Claim is to be intimated on or before 24 Hrs to the Insurance Company/TPA
   * The hospital will send the duly filled pre-authorization from through hospital portal (or) at the below number (or) Email ID [info@safewaytpa.in](mailto:info@safewaytpa.in)
2. **Procedures** **to** **be** **followed** **in** **case** **of** **emergency** **hospitalization:**
   * In case of Emergency like accident or sudden about of illness may that requires immediate admission to the hospital
   * **(i)** **After** **the** **patient** **is** **rushed** **to** **the** **hospital** **and** **avails** **treatment.**
   * Upon receiving intimation from the insured/insured’s attended, they are contacted by the network hospital
   * Customer Care will verify the validity and coverage of the policy
   * A field visit doctor is deputed to visit the patient at the hospital if required.
   * Our medical team will process the cashless request for the insured person subject to policy terms and conditions.
   * **(ii)Cashless** **claim** **authorization** **process**
   * Upon receiving intimation from the insured/insured’s attender, they are contacted by the network hospital.
   * Customer Care will verify the validity and coverage of the policy
   * A field visit doctor is deputed to visit the patient at the hospital if required
   * Our medical team will process the cashless request for the insured person subject to policy terms and conditions.
3. **Documents** **required** **for** **cashless** **claim** **submission** **by** **Hospital**
   * Health card
   * Doctor's consultation papers
   * Discharge summary
   * Investigation reports (e.g. X-ray, scans, blood report, etc.)
   * Pharmacy invoices supported by respective prescriptions
   * In cases of accidents, Medico Legal Certificate (MLC) and / or FIR
   * KYC documents of the insured if claimed amount exceed Rs.1, 00,000/-
   * **Note:** **Documents** **other** **than** **the** **Heal**S**th**AF**C**E**ar**W**d**A**s**Y**ho**IN**ul**S**d**U**b**R**e**A**s**N**ub**C**m**E **i**T**t**P**te**A**d**P**in**VT**or**L**i**T**gi**D**nal.**

# Re-imbursement Process

* **Step** **1**: Please intimate, SAFEWAY TPA Services within 24 hours about the hospitalization. Claim intimation can be done by the following methods.
* Inform the Call Centre at **Toll** **Free** **No:** **1800-102-5671** **/** **01145451300** And intimate the claim to [intimation@safewaytpa.in](mailto:intimation@safewaytpa.in)
* **Step** **2**: At the time of intimation, the customer should provide the following
  1. SAFEWAY ID card No
  2. Date of Hospitalization
  3. Ailment
  4. Approximate Date of Discharge
  5. Approximate Date of Claim submission.
  6. Name of Hospital with complete Address
  7. Approximate Hospitalization expenses
* **Step** **3**: Download the Claim Form & Medical Certificate Form from our website and fill all columns. The Medical Certificate Form will be filled by the treating doctor.
* **Step** **4**: Submit filled and signed Claim and Medical Certificate Forms at nearest branch of Insurance Company/TPA.

Cont……..

# Re-imbursement

* **Step** **5:** SAFEWAY will assess the validity of the claim based on the documents submitted, validate the policy, validate the treatment undergone and settle the claim within the claim settlement parameters. In case of claim is not adhering with parameters, the case would be rejected.
* **Step** **6:** SAFEWAY will correspond with you within 7 days of Claim receipt -

## Step 7:

* **Event** **of** **Settlement:** Payment will be replenished to Policy Holder’s account.
* **Event** **of** **Shortfall:** Please forward the requested documents for settlement of claim to local SAFEWAY office.
* **Event** **of** **Disallowance:** Please forward the necessary documentation not submitted before to process disallowance and for addendum settlement