

Guidelines for Raising Reimbursements Claims for Hospitalization



Guidelines for hospitalization benefits

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, including pre- and post-hospitalization claims, should be raised within 90 days from the date of discharge.
- The 90 days' timeline does NOT apply to expenses incurred during the last quarter of the financial year; such claims should be registered as per the year-end deadlines communicated from time to time on Ultimatix.
- Pre- and post-hospitalisation expenses incurred during the following period are applicable:
 - Within 30 days prior to admission & 30 days post-discharge in case of parents/in-laws, and
 - Within 60 days for Self, Spouse and Children (except maternity)
- There are certain exclusions in the HIS policy for which NO benefits are payable. The list of exclusions enumerated in the policy document is only indicative and not exhaustive.

Expenses incurred outside India

1. Employees should raise the claim for up to INR 2,00,000/- (For General grades) and INR 4,00,000 (For Special grades) within 90 days from the date of discharge or before the year end deadlines, whichever is earlier.
2. All claims must be raised in INR equivalent only.
3. Employees should thereafter submit the documents once they have the bills to support the same or when the settlement is completed.
4. Relaxation of the 30-day window will be given only for document submission.
5. Defined limits (as updated in the policy) on certain ailments/medical treatments are applicable to overseas employees as well. All onsite claims which come under the purview of the defined limit will be processed as per the defined or basic hospitalisation limit, whichever is lesser.

Process for raising hospitalization claims

Note : These guidelines should be read in conjunction with the policy document and for more details on the policy; you may refer the policy document on Health Insurance Scheme, available at: [Ultimatix > News > Global HR > My HR on KNOWMAX > India > Health Safety & Wellness > Health & Insurance](#)

Submission of Hospitalization Claims is a 3-step process:

1. Enter the details of your treatment on your Health Insurance Portal. This would include your / Beneficiary Details, Claim Details, and declaration of claim submission. Remember to raise separate claims for separate illnesses.
2. Scan and upload your documents to enable the team to start processing your claims even before receipt of the physical documents. However, the original documents must be submitted in order for the claim to be approved after scrutiny of these originals. Retain the scanned/photocopies of all the documents for your reference if not uploaded online.
3. Submit the following documents in original within 24 hours from the date you have indicated on your Claims Form to your branch SPOCs (Refer Contact Matrix for detailed addresses). Do remember to mention your Employee ID and the Claim Reference Number on the envelope:
 - Duly filled and signed Claim Form as generated through the portal. Staple the Claim Form along with supporting documents (in case of multiple claims, staple them separately).
 - Original and detailed admission or discharge summary/card issued by the hospital
 - Original hospital bill along with break-up bill of all hospitalisation expenses
 - Original cash paid receipt/cash memo issued by the hospital. Receipts must mandatorily include pre-printed doctor's information and receipt number. Blank document with the doctor's signature and stamp will not be considered.
 - All original investigations bills & reports (wherever applicable) pertaining to the ailment/treatment including pre- / post-hospitalization expenses
 - Original medical bills or receipts with prescriptions for the medicines purchased from the pharmacy
 - Original/attested settlement letter from the other/onsite insurer in case the actual claim is settled by another insurer (letter supported with the photocopies of Hospital Bill, Discharge summary & Investigation reports, etc.)
 - Hospitalisation Indoor case papers (if applicable)
 - In the case of accidents or road traffic accident cases, 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
 - Intraocular Lens (IOL) sticker in case of Cataract claims.