Guidelines for Raising Domiciliary Claims

Guidelines for domiciliary benefits

Domiciliary treatment covers all illnesses (subject to policy conditions) that do not require hospitalisation, including treatments taken either from a physician or at the OPD in a hospital.

- All domiciliary claims should be raised within 90 days from the date of expense / Bill Date.
- 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.
- 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.

Maternity & related expenses

Apart from delivery charges, no other charges including medicine expenses, doctor's consultation fees, routine check-ups and diagnostic tests during the maternity period are payable under HIS. Delivery charges are admissible only under Hospitalisation category up to the policy defined limit which is inclusive of pre- & post-hospitalisation expenses incurred 30 days pre & post-delivery.

Process for raising domiciliary 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 domiciliary 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).
    - Doctor's prescription with the nature and duration of illness on doctor's letterhead. No payment details should be mentioned in this document.
    - All original investigations bills & reports (wherever applicable) pertaining to the ailment/treatment which includes pre- / post-hospitalization expenses.
    - Original pre-numbered bill/receipt from the doctor's official receipt book. Receipts must mandatorily include pre-printed doctor's information and receipt number. Blank document with the doctor's signature/-stamp & letterhead bills is not acceptable.
      Note : *The bills or receipts produced should be within the policy period.*
    - Original medical bills or receipt along with prescriptions for the medicines purchased from the pharmacy.
      Note : *Prescriptions without a validity date will be considered valid only for that particular financial/calendar year.*
    - In case of dental procedures, the following are the following additional documents are mandatory:
        i. Bills or receipts for expenses incurred for extraction, fillings, medicines, consultants' fees, and X-rays. (Apart from the mentioned treatments, no other treatments are payable under Domiciliary dental coverage).
        ii. X-ray film (if any) and day-to-day case summary in the case of root canal or other dental treatment where multiple visits or sittings are being carried out.