



FIS CLAIM PROCESS



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the Financial World



Group Health Insurance (GHMI) - Claim Process

A Claim can be made through either a Cashless or a Reimbursement route..

Cashless Process:

Cashless means the TPA may authorize upon a Policyholder's request for direct settlement of eligible services and its according charges between a Network Hospital and the TPA. Cashless is best suited for planned hospitalizations & is always the preferred mode of seeking hospitalization benefits under the policy.

Reimbursement Process:

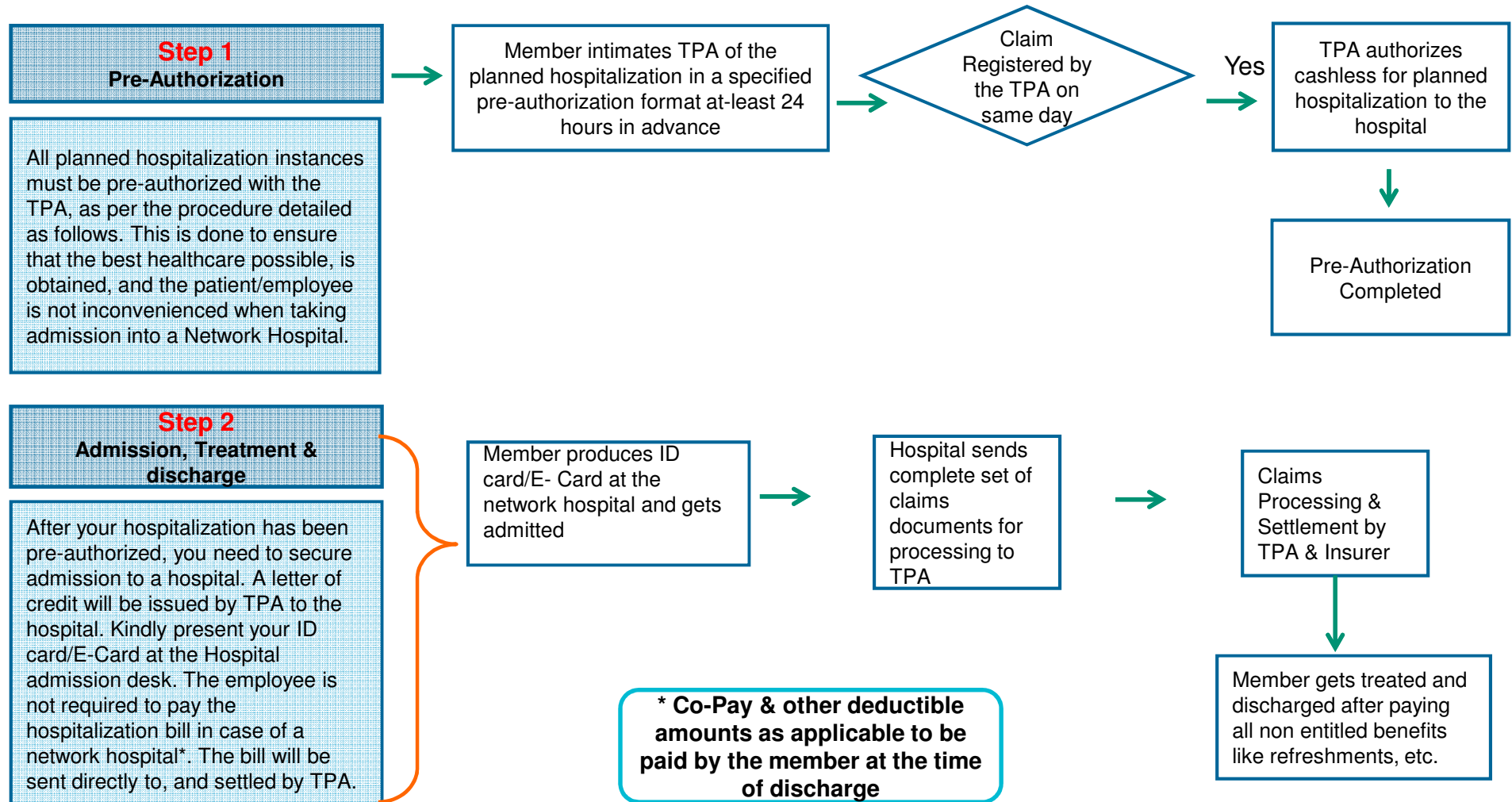
In a Reimbursement process, you can get the treatment done at your own expense & then submit the bills along with a mandatory set of documents for reimbursement during weekly claims helpdesk to your respective TPA.

Emergency Hospitalization: In case of an unplanned emergency, you may still benefit from a cashless treatment if the right steps are followed.

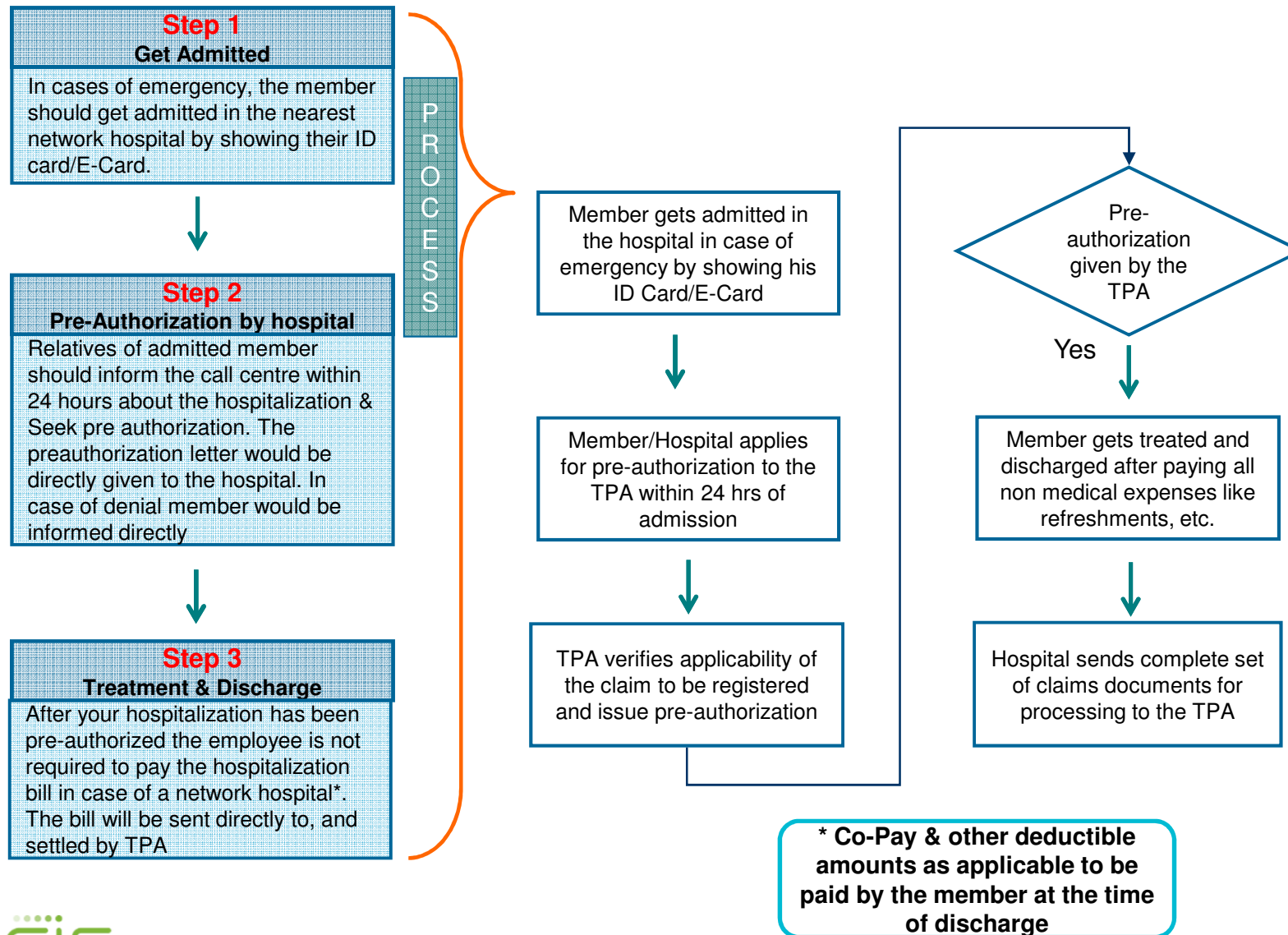
Subsequent slides detail the process for each of the above modes of hospitalization

Note : Patients seeking treatment under cashless hospitalization are eligible to make claims under pre and post hospitalization expenses. For all such expenses the bills and other required documents needs to submitted separately as part of the claims reimbursement.

Group Health Insurance (GHMI) Claim Process – Cashless Hospitalization



Group Health Insurance (GHMI) Claim Process – Emergency Hospitalization



Group Health Insurance (GHMI) Claim Process – Reimbursement

Reimbursement claim process

- **Admission procedure**
 - In case you choose a non-network hospital you will have to liaise directly with the hospital for admission.
 - inform TPA within 24 hours to ensure eligibility for reimbursement of hospitalization expenses.
- **Discharge procedure**
 - In case of non-network hospital, you will be required to settle the bills in full.
 - Please ensure that you collect all necessary documents such as – discharge summary, investigation reports, payment receipts etc.
- **Submission of hospitalization claim**
 - You must submit the final claim with all relevant documents to TPA within 30 days from date of discharge. Employees may be contacted by the TPA in case of missing / shortfall of documents.

Document Checklist >

- ✓ Completed claim form with signature
- ✓ Itemized hospital bills (with signature and stamped by the hospital)
- ✓ Discharge report
- ✓ Attending doctors' bills and receipts and certificate regarding diagnosis (if separate from hospital bill)
- ✓ Diagnostic Reports (including X-Ray films), attested copies of bills and receipts for medicines, investigations along with doctors prescription
- ✓ Follow-up advice or letter for line of treatment after discharge from hospital (For Post Hospitalization)
- ✓ Hospital Registration Certificate –
Only in case TPA ask for it.

Group Health Insurance (GHMI) - Claim Process – OPD

OPD Claims can be availed only through reimbursement process. Following are the general guidelines related to submission of claim & settlement of eligible amount -

1. **Submission:** Claims submitted in weekly helpdesk at every location.
2. **Documents Required** – Prescription and original bills/invoice (including copy of diagnostics, as applicable) submitted along with the prescribed OPD claim form.
3. In case of any query by TPA, the additional documents/clarification is to be submitted as per the timelines provided by the TPA and usually its 2 weeks.
4. **Timelines:** OPD claims must be submitted for reimbursement within 90 days from the date of bill & in case of Hospitalization claim reimbursement it is 30 days from the date of discharge.
5. **Reimbursement to Employee:** Settlement amount is paid by National Insurance directly into your salary account within 3 weeks (21 Days) from the date of your claim submission, provided all the documents are duly submitted as per check list in accordance to policy terms and conditions.

For any further clarity - Please get in touch with TPA/ Marsh contact person as per the touch points and Escalation matrix available in the next slide.