



Voluntary Parents Policy

Mediclaim Insurance



Detailed Coverages

Exclusions

Claims Processing

Contact Details

Detailed Coverages – Mediclaim Insurance

Policy Parameters	
Insurer	Iffco Tokio General Insurance Co Ltd
TPA	Family Health Plan (TPA) Ltd.
Policy Period	1 st September 2019 to 31 st August 2020
Coverage Type (Floater / Individual)	An employee who has both set of parents will have to take a Floater Cover. An employee who is survived by only one parent is allowed to take an Individual Cover for the surviving parent. [Death certificate for the non-surviving parent to be provided on request from the Insurer]
Sum Insured Options	Floater - INR 2 Lacs, INR 3 Lacs, INR 5 Lacs, INR 8 Lacs or INR 10 Lacs per set of parents Individual - INR 2 Lacs, INR 3 Lacs, INR 5 Lacs, INR 8 Lacs or INR 10 Lacs per parent [employee survived by a single parent]
Family Definition	Parents only
Maximum Entry Age for Parents	Maximum entry age limit is 90 years
Informing Additions/deletions of employees & dependents	15 days

Benefits covered	
Standard Hospitalization	Yes
TPA services	Yes
Pre existing diseases	Yes
Waiver on 1 st year, 30 days exclusion	Yes
Room Rent (Floater)	1% of Sum Insured or Rs3000 for Normal whichever is higher and 2% of Sum Insured for ICU or Rs6000 whichever is higher (All charges except for medicines to be proportionate to room rent capping)

Benefits covered	
Cataract	Covered – Capped to INR 30,000 per eye
Day Care Surgeries	Covered – As per Insurers Day Care list
Ambulance Charges	Covered – Actual Claim with max cap of INR 5,000 per hospitalization
Dental and Vision related treatment	Restricted (only in case of accidental cases)
Terrorism and Epidemics	Covered

Premium Details

Pricing (Floater-per set of parents)	(INR excl GST)
Sum Insured INR 2 Lac per set of parents	17,400
Sum Insured INR 3 Lac per set of parents	21,100
Sum Insured INR 5 Lac per set of parents	26,500
Sum Insured INR 8 Lac per set of parents	52,763
Sum Insured INR 10 Lac per set of parents	58,157
Pricing * (Individual-per surviving parent)	(INR excl GST)
Sum Insured INR 2 Lac per parent	12,450
Sum Insured INR 3 Lac per parent	16,500
Sum Insured INR 5 Lac per parent	21,200
Sum Insured INR 8 Lac per parent	43,233
Sum Insured INR 10 Lac per parent	47,379

***Note:**

- Individual parental rates will only apply to employees who are survived by one parent with relevant documentation as necessary

Key Points-

- Parental coverage to continue till the end of the policy period, even if the employee resigns and exits the Bank
- Tax rebate for insurance premium paid towards dependent parents under Section 80D on submission of relevant proofs
- Portability of Voluntary Parental Plan is allowed only along with the Corporate Medical Plan. Employee has to send a written request one month prior to his exit from the organization expressing his intent to port the policy. Post which one month prior to the renewal date, he should avail the quote from the insurer and make the premium payment in advance of the renewal date for policy to start.

Standard Hospitalization

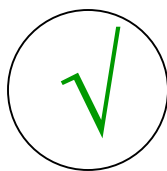
Reimbursement of expenses related to

- Room and boarding
- Doctors/Consulting
- Intensive Care Unit ,Nursing
- Physical therapy
- Surgical fees, operating theatre, anesthesia and oxygen and their administration
- Drugs and medicines consumed on the premises.
- Hospital miscellaneous services (such as laboratory, x-ray, diagnostic tests)
- Dressing, ordinary splints and plaster casts
- Costs of prosthetic devices if implanted during a surgical procedure
- Radiotherapy and chemotherapy
- Organ transplantation including the treatment costs of the donor but excluding the costs of the organ



- A) *The expenses shall be reimbursed provided they are incurred in India and within the policy period. Expenses will be reimbursed to the covered member depending on the level of cover that he/she is entitled to*
- B) *Expenses on Hospitalization for minimum period of 24 hours are admissible. However this time limit will not apply for specific treatments i.e. Dialysis, Chemotherapy, Radiotherapy, Eye surgery, Dental Surgery, Lithotripsy (kidney stone removal), Tonsillectomy, D & C taken in the Hospital/Nursing home and the insured is discharged on the same day of the treatment will be considered to be taken under Hospitalization Benefit*
- C) *A security deposit of a minimum of 10,000 or more may be collected from the empanelled hospitals which may be reimbursed fully or partially post deduction of non admissible expenses and once cashless settlement is done by the TPA*

Room Rent Capping



Applicable

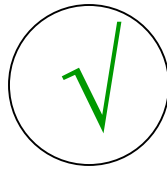


Room Rent Capping	<p>Room Rent / Nursing / Bed Expenses charged by the hospital / nursing home applicable as follows:</p> <p><u>Floater :</u></p> <ul style="list-style-type: none">• 1% of Sum Insured or INR 3000 whichever is higher for Normal and 2% of Sum Insured for ICU or INR 6000 whichever is higher
Example	<p><u>Floater :</u></p> <ul style="list-style-type: none">• For a sum insured of Rs.3 lakhs the room rent cap shall be Rs.3,000/- per day for normal room and Rs.6,000/- for ICU per day• For a sum insured of Rs.5 lakhs the room rent cap shall be Rs.5,000/- per day for normal room and Rs10,000/- for ICU per day

Note:

1. In the event of the insured utilizing room rent higher than his/her limits , expenses for all associated charges will be derived as per actuals wherever the hospital has a schedule of charges. However, in cases where hospitals does not have a tariff list , deduction will be on pro-rata basis except for medicines which will be paid on actuals

Pre & Post Hospitalization expenses



Covered

Pre-hospitalization Expenses	
Definition	If the Insured member is diagnosed with an illness which results in his / her Hospitalization and for which the Insurer accepts a claim, the Insurer will also reimburse the Insured Member's Pre-hospitalization Expenses incurred towards that illness for which hospitalization is done for up to 30 days prior to his / her Hospitalization.
Covered	Yes
Duration	30 Days

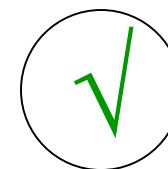
Post-hospitalization Expenses	
Definition	If the Insurer accepts a claim under Hospitalization and immediately following the Insured Member's discharge, further medical treatment directly related to the same condition for which the Insured Member was Hospitalized is required, the Insurer will reimburse the Insured member's Post-hospitalization Expenses for up to 60 day period.
Covered	Yes
Duration	60 Days

Customized Benefits

Pre existing diseases

Definition

Any Pre-Existing Condition or related condition for which care, treatment or advice was recommended by or received from a Doctor or which was first manifested prior to the commencement date of the Insured Person's first Health Insurance policy with the Insurer

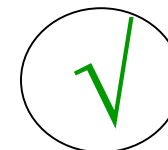


Covered

First 30 day waiting period

Definition

Any disease contracted by the Insured Person during the first 30 days from the commencement date of the Policy is also covered

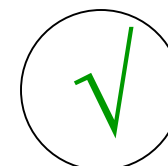


Covered

First Year Waiting period

Definition

During the first year/second year of the operation of the policy, the expenses on treatment of diseases such as Cataract, Benign Prostatic Hypertrophy, Hysterectomy for Menorrhagia or Fibromyoma, Hernia, Hydrocele, Congenital Internal Diseases, Fistula in anus, Piles, Sinusitis and related disorders are also payable

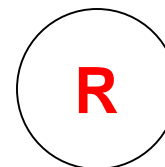


Covered

Customized Benefits

Day Care

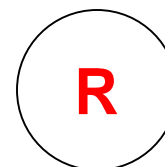
Definition	Day Care Procedure means the course of medical treatment or a surgical procedure listed in the policy schedule which is undertaken under general or local anesthesia in a Hospital by a Doctor in not less than 2 hours and not more than 24 hours
Restriction	List of day care procedures as named in the Policy schedule



Restricted

Dental Treatment

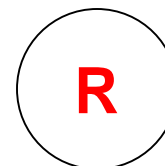
Definition	Any dental treatment or surgery of a corrective, cosmetic or aesthetic nature unless it requires Hospitalisation; is carried out under general anesthesia and is necessitated by Illness or Accidental Bodily Injury
Restriction	Expenses arising only by way of an accident or illness are payable



Restricted

Vision & Hearing aid

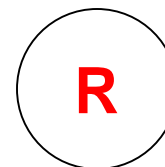
Definition	The cost of spectacles and contact lenses, hearing aids
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Restricted

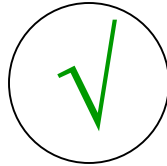
Diagnostics Expenses

Definition	Charges incurred at Hospital or Nursing Home primarily for diagnostic, X-Ray or laboratory examinations or other diagnostic studies not consistent with or incidental to the diagnosis and treatment of the positive existence of any ailment, sickness or injury for which confinement is required at a Hospital/Nursing Home
Restriction	Expenses arising only by way of an accident or illness are payable



Restricted

Ambulance services

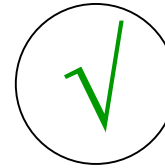


Payable

Ambulance Services	
Definition	The Insurer will pay in case the patient has to be shifted from residence to hospital or from accidental spot to the hospital for admission in Emergency Ward or ICU or from one Hospital/Nursing Home to another Hospital/Nursing Home by fully equipped ambulance for better medical facilities
Amount restriction	Ambulance charges – Actuals with maximum up to INR 5,000/- per hospitalization



Domiciliary Hospitalization



Payable

Domiciliary Hospitalization

Definition

DOMICILIARY HOSPITALISATION BENEFIT means Medical treatment for a period exceeding three days for such illness/disease/injury which in the normal course would require care and treatment at a hospital/ nursing home but actually taken whilst confined at home in India under any of the following circumstances, namely:

- The condition of the patient is such that he/she cannot be removed to the hospital/nursing home or
- The patient cannot be removed to the hospital/nursing home for lack of accommodation therein

Benefits not covered

- expenses incurred for pre and post hospital treatment, and
- expenses incurred for the treatment for any of the following diseases:
 - Asthma
 - Bronchitis
 - Chronic Nephritis and Nephritic Syndrome
 - Diarrhea and all types of dysenteries including Gastroenteritis
 - Diabetes Mellitus and Insipidus
 - Epilepsy
 - Hypertension
 - Influenza, Cough, and Cold
 - All Psychiatric or Psychosomatic disorders
 - Pyrexia of unknown origin for less than 10 days
 - Tonsillitis and upper respiratory tract infection including Laryngitis and Pharyngitis
 - Arthritis, Gout and Rheumatism



Note: When treatment such as Dialysis, Chemotherapy, Radiotherapy is taken in the Hospital/Nursing Home/Clinic and the insured is discharged the same day the treatment will be considered to be taken under Hospitalization Benefit section. It can be claimed under Day Care

General Exclusions - Mediclaim

- Injury or disease directly or indirectly caused by or arising from or attributable to War or War-like situations
- If there is no active line of treatment claim will not be admissible
- Circumcision unless necessary for treatment of disease, vaccination, inoculation
- Dental treatment or surgery of any kind unless requiring hospitalization.
- Congenital external diseases or defects/anomalies
- HIV and AIDS
- Hospitalization for convalescence, general debility, run down condition or rest cure, intentional self-injury, use of intoxicating drugs/ alcohol
- Venereal diseases
- Injury or disease caused directly or indirectly by nuclear weapons
- Naturopathy/acupressure/acupuncture, magnetic and such other therapies
- Any non-medical expenses like registration fees, service charges, surcharges, admission fees, charges for medical records, cafeteria charges, telephone charges, etc.
- Ayurvedic treatment –Permitted only if taken in a government hospital as in-patient
- Cost of spectacles, contact lenses, hearing aids
- Any cosmetic or plastic surgery except for correction of injury/as part of any illness
- Hospitalization for diagnostic tests only
- Vitamins and tonics unless used for treatment of injury or disease
- Infertility treatment/sterilization
- Voluntary termination of pregnancy during first 12 weeks (MTP)
- Procedures/treatments normally done on OPD even if converted as inpatient in hospital for more than 24 hours or carried out in day care centers
- External and or durable Medical/Non medical equipment of any kind used for diagnosis and or treatment including CPAP,CAPD infusion, ambulatory devices like walkers, crutches, braces, glucometer and any medical equipment which subsequently is used at home

Note: The above are only indicative and not exhaustive



Non Payable Expenses - Mediclaim



- Admission charges or Kit / Registration/Token/Supplementary /service charges/Pre – post Consultants home visit charges
- Transportation/Ambulance/Local conveyance charges where ambulance is not required medically
- Administrative/Charges of Identification Band/Identification card
- Attendee or attendance staff /cleaner charges
- Amenity of the hospital/water, electricity, luxurious utility charges/establishment charges/ charges related to linen/laundry/washing charges/establishment charges/any sort of overhead/lodging charges.
- Any charges named as Sundry/Stationary/File/Folder/Documentation/Xerox charges/medico legal charges/ charges of birth or medical certificate or related to any certificate issuance.
- Telephone charges/TV charges/Video charges/Cable charges/internet charges/AC charges/cost of cassette/CD charges in case of endoscopy, colour Doppler etc./camera and related charges
- Mess/ Food charges/Diet charges/Nutrition and nutrition planning charges/Diabetic charges/cost related to mineral water
- Input & Output charges/Daily pass charges,/relative stay/extra bed charges/companion stay or related charges/donor screening/organ harvesting charges/,private nursing charges during hospitalisation
- Biomedical waste charges/waste maintenance charges
- Note: The above are only indicative and not exhaustive

Non Payable Expenses - Mediclaim

- Rehabilitation charges/charity or charity related charges/donations, miscellaneous charges whose details are not provided and details which are not related to the treatment
- Charges of nebuliser/mask with T pipe/bandages/ dynaplast/ dynacrepe/ oxygen cylinder/mask/tissue papers/diapers/underpads/head caps/face mask/under sheet/gloves/gown/baby powder/oil/tooth paste/ brush/soap/bathing charges/sponging charges/cologne/spray/room freshener/olive oil/soap charges/ mouth wash/ear buds/hair removers/ razors/gallant blades/ glucotrend strips/ECG electrodes/Diasticks/ glucometer/stockings/nasal CPAP machine charges or rentals/vaccination/ vaccination charges/rentals or charges of any machinery billed in the hospitalisation bill
- Any type of belt charges/knee caps/braces/walker charges, arm pouch/arm sling charges/crutches/ wheel chair charges/hot water bottle charges/ baby kit/urine pot charges/charges of urometer/ spirometer/thermometer/commode/nursing charges related to commode maintenance
- Cardiac rehabilitation charges
- The above are only indicative and not exhaustive



Non Medical

Enrollment in the program

When To Enroll:

The annual Enrollment period is 1st September to 15th September 2016. For existing employees, you need to log in and enroll your eligible parents within the window period on the BenefitsAsia portal.

All new hires would receive a welcome mailer from Marsh with Login ID and password to the BenefitsAsia enrollment portal. New Hires will have to complete their online enrollment and register their dependent parents within two weeks from the date of receiving the welcome mailer.

How To Enroll:

You can enroll into Voluntary Parents plan online through BenefitsAsia. Follow this path:

Please log on to **DBS India Intranet**

- Go to Departments > DBS Asia Hub 2 > Resources > My e-Services
- Click on iFlex@DBS Enrollment
- Use 1bank credentials to login



Verify your Personal and Dependants information. Add dependants if required through “My Profile” -> “Dependant Profile” Menu option



Have better understanding of the benefits by going through Product guides / other Reference materials
Click on “**Start Enrollment**” to complete your enrollment

Note: Please report any discrepancies to BenefitsAsia team at dbadmin@marsh.com:

Cashless Hospitalization

The cashless hospitalization is the benefit given to the insured, where you need not pay the expenses incurred due to hospitalization. The bill will be paid by the TPA to the network hospital directly after deducting the non-medical expenses. The Insured Person may have to pay some deposit amount at the commencement of the treatment or at the end of treatment for any non medical expenses incurred during hospitalization which would be outside the scope of the policy coverage. Please intimate the TPA of such deposit parked at the hospital

List of hospitals in the TPA's network eligible for cashless hospitalization

24 X 7 Customer Care Center –Toll free help line

1800 425 4033

Cashless coordinator: 09223329005

Relationship Manager: 9004062994

Email:- mumbaiPreauth@fhpl.net

To view the list of network hospitals

Log on to - <https://m.fhpl.net/>

Step 1. Login to the Portal

Step 2: Select Network hospital list

Note: The network hospital is subject to change, hence please reconfirm with TPA before admission into any hospital or you may check the above link for an updated list

Planned Hospitalization

Emergency Hospitalization



Planned Hospitalization

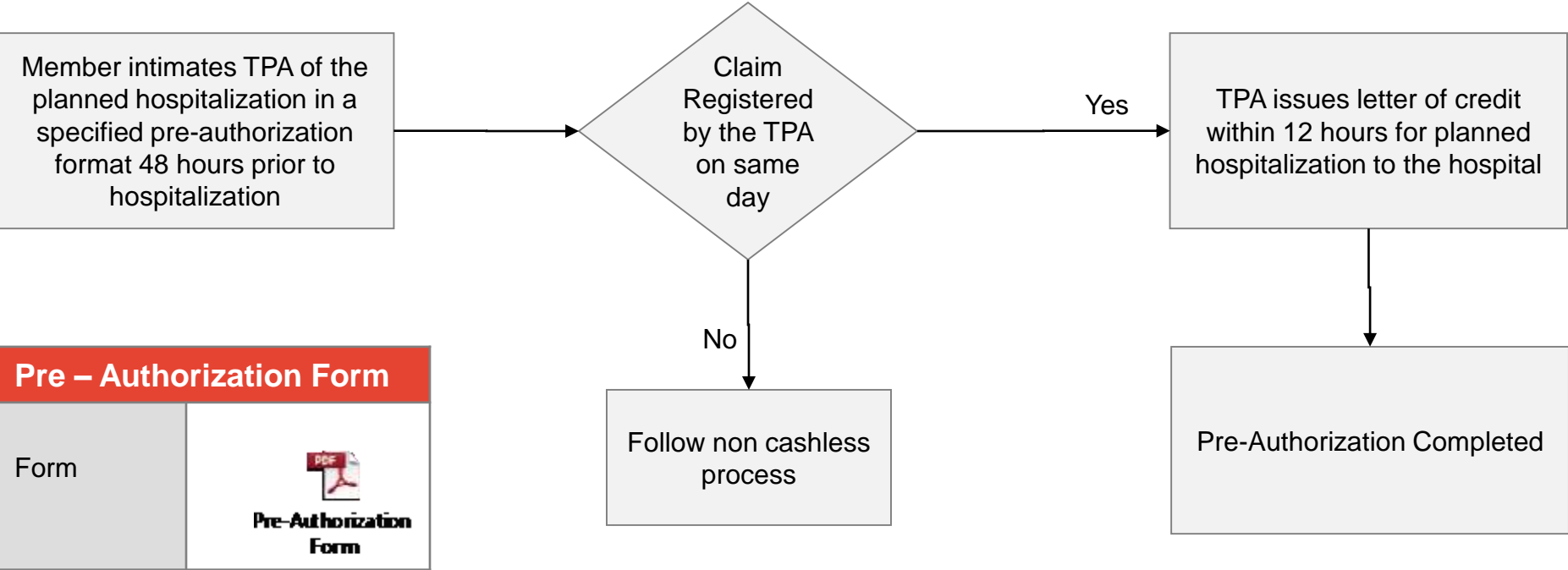


All non-emergency hospitalization instances must be pre-authorized with the TPA, as per the pre-auth procedure detailed below. This is done to ensure that the best healthcare possible, is obtained, and the Insured Member is not inconvenienced when taking admission into a Network Hospital

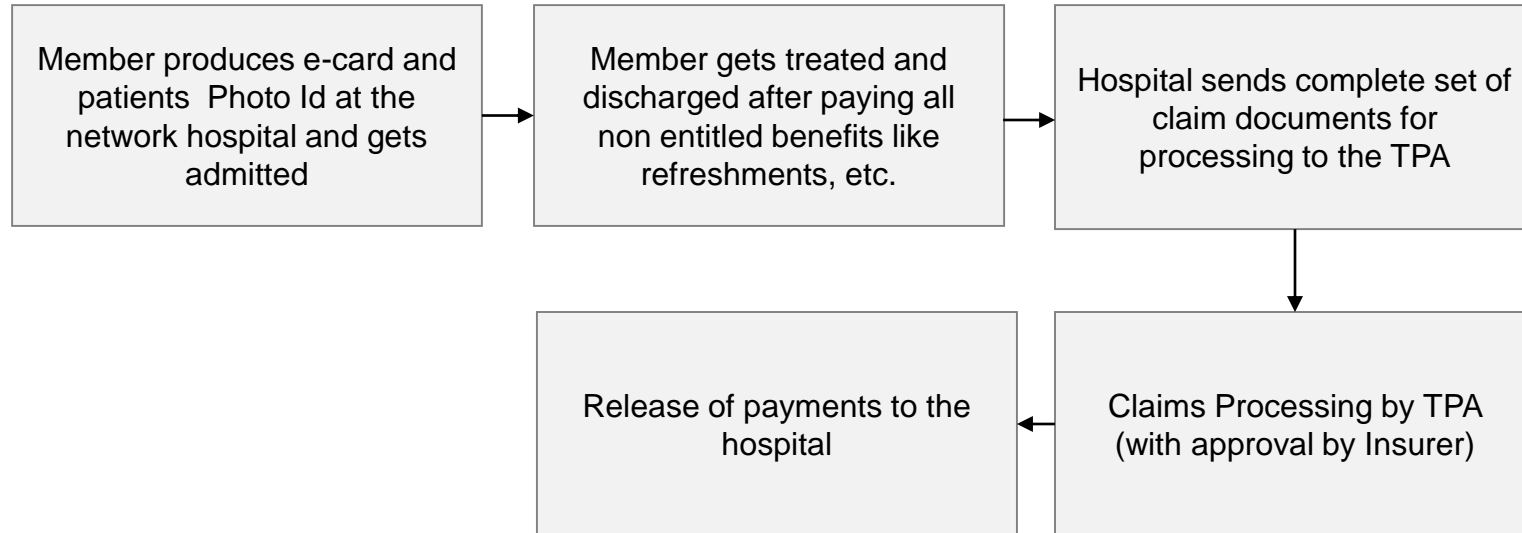
After your hospitalization has been pre-authorized, you need to secure admission to a hospital. A letter of credit will be issued by TPA to the hospital. Kindly present your e-card at the Hospital admission desk. The Insured Member is not required to pay the hospitalization bill in case of a network hospital. The bill will be sent directly to, and settled by, TPA

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 need to be submitted separately as part of non-cashless claims

Pre-Authorization

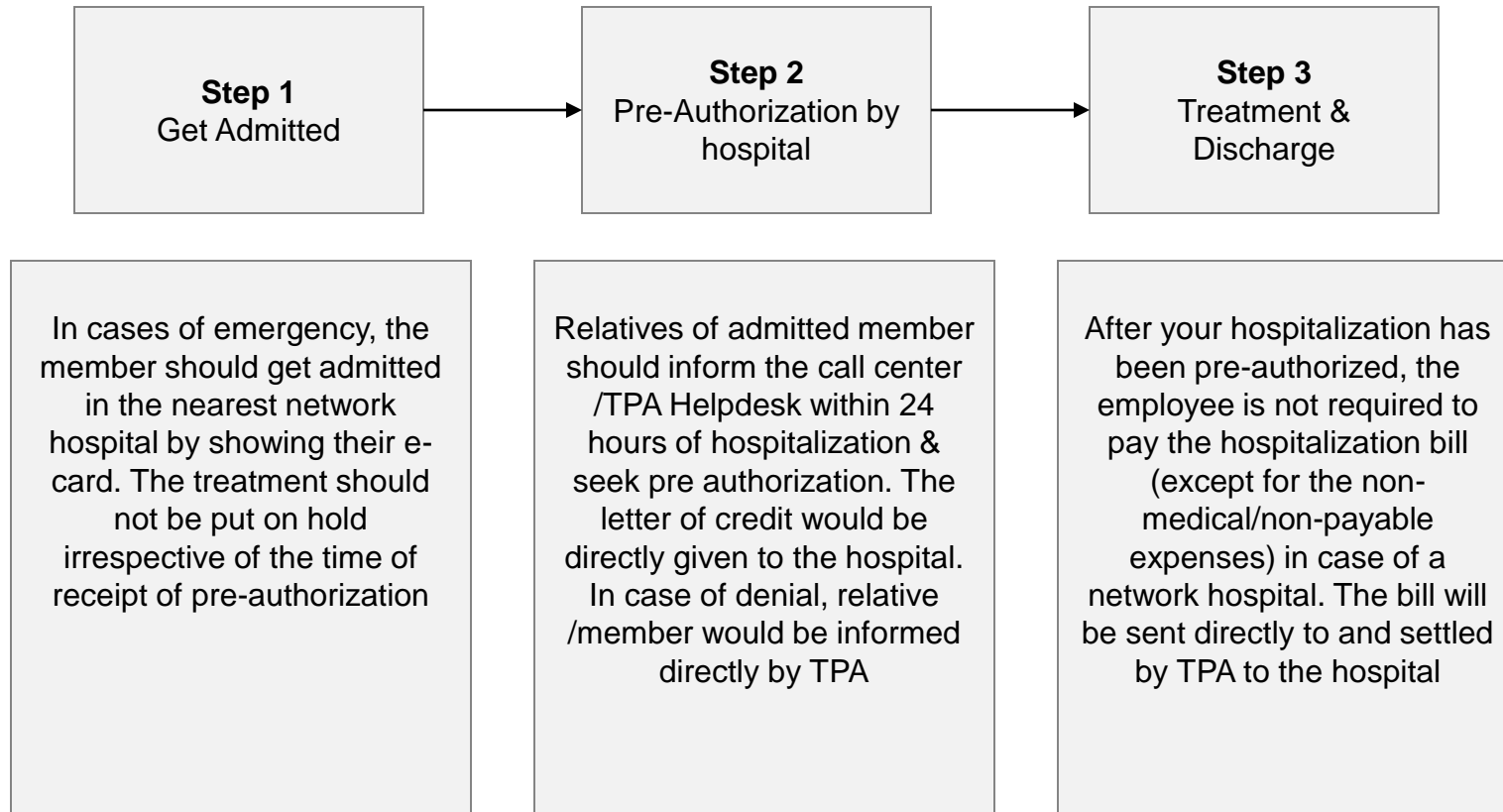


Admission, Treatment & Discharge

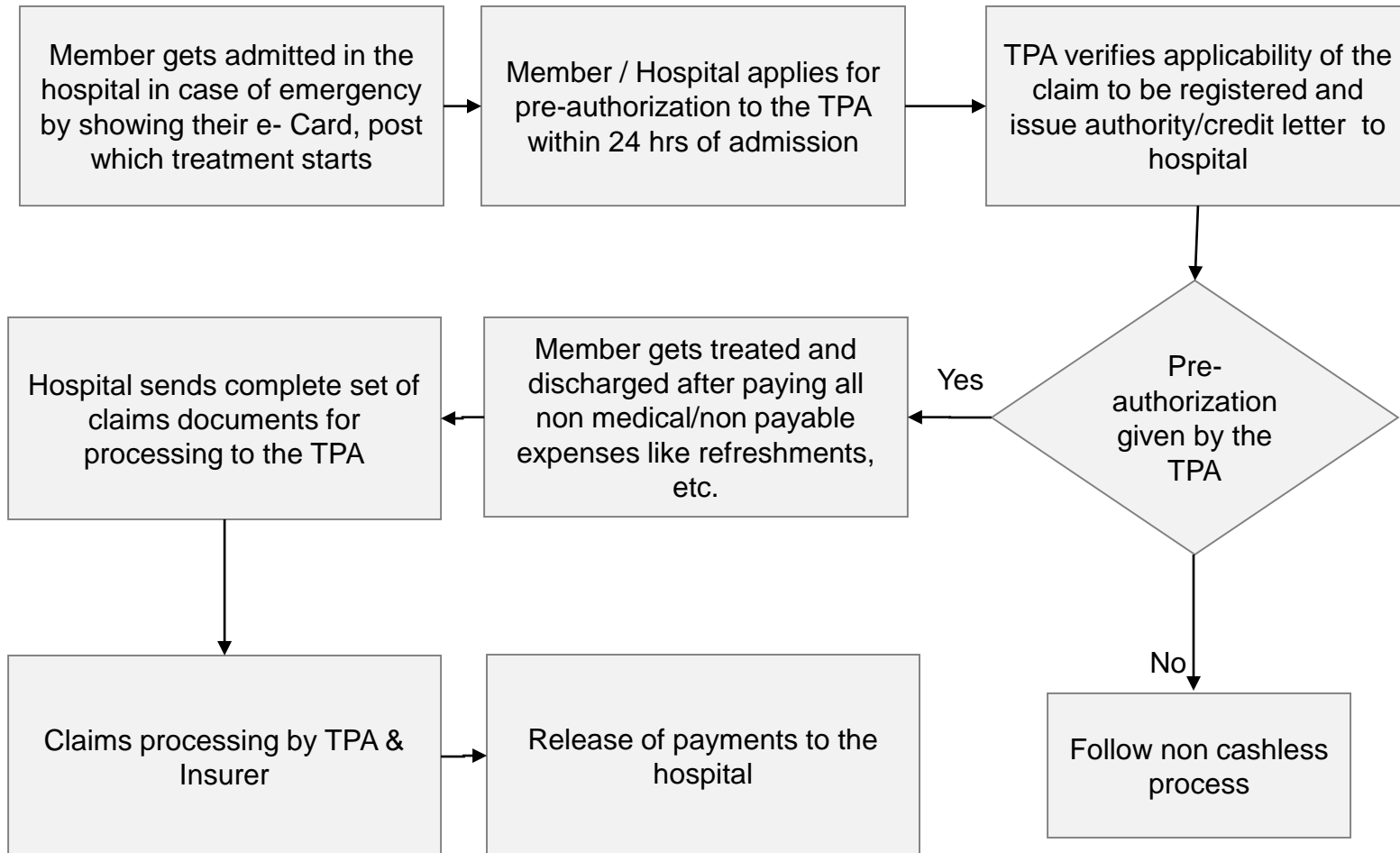


Note: Employee /Insured is requested to check details of the Final Bill for its correctness before signing the same

Emergency Hospitalization



Emergency Hospitalization Process



Non-Cashless Hospitalization

Admission procedure

In case you choose a non-network hospital, you will have to liaise with hospital directly for admission. You are advised to intimate TPA of the hospitalization for their records

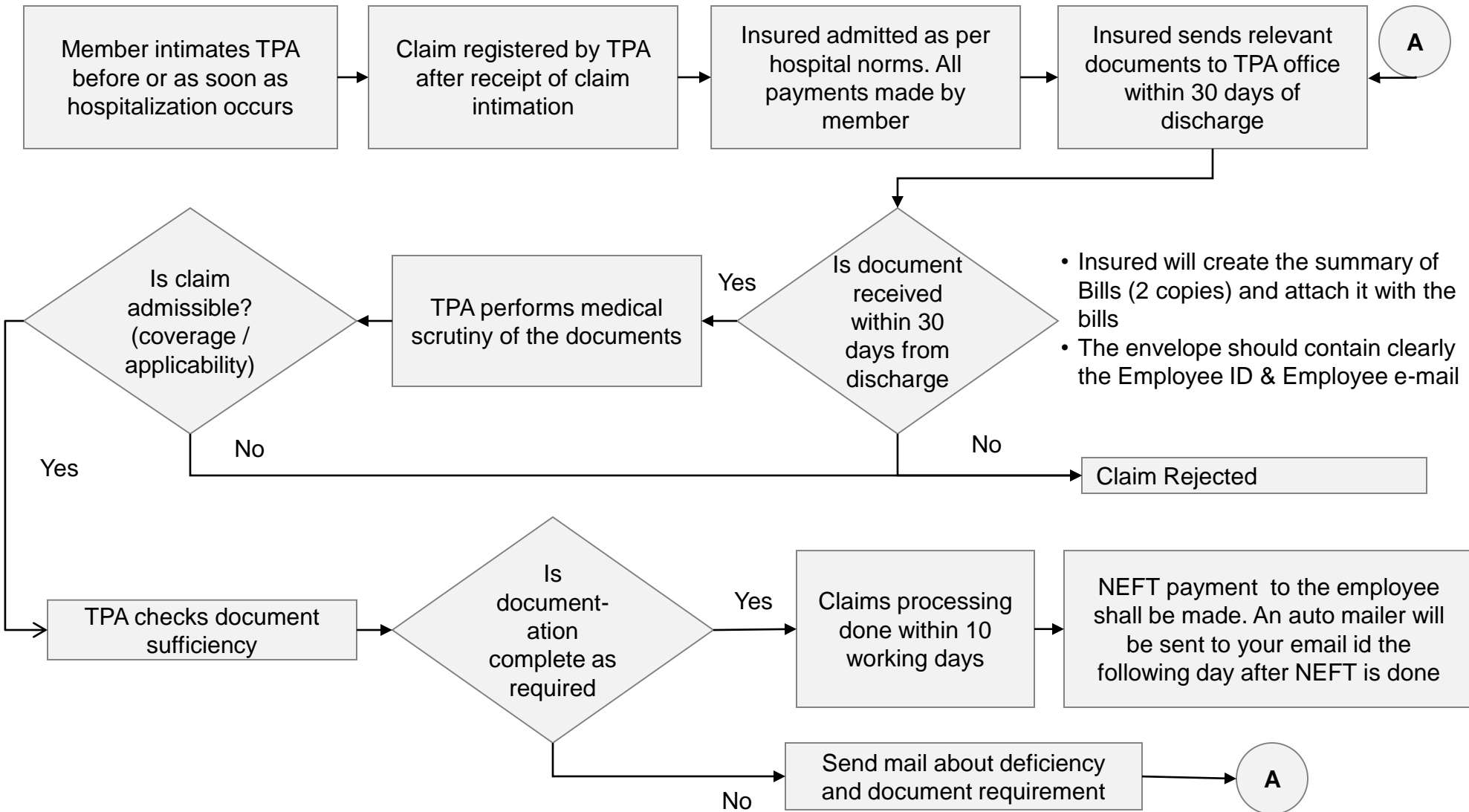
Discharge procedure

In case of non network hospital, you will be required to clear the bill and submit the claim to TPA for reimbursement from the insurer. Please ensure that you collect all necessary documents such as discharge summary, investigation reports etc. for submitting your claim

Submission of hospitalization claim

1. After the hospitalization is complete and the patient has been discharged from the hospital, you must submit the final claim within 30 days from the date of discharge from the hospital.
2. Under hospitalization claims, you are also permitted to claim for treatment expenses 30days prior to hospitalization and 60 days after the date of discharge. This is applicable for both network and non-network hospitalization. You are advised to file for reimbursement within 7 days from the completion of 60 days post discharge


Non cashless Hospitalization Process




Claims document checklist-



Reimbursement & Pre-Post claims

Signed Claim form
Main Hospital bills in original (with bill no; signed and stamped by the hospital) with all charges itemized and the original receipts
Discharge Card (original)
Attending doctors' bills and receipts and certificate regarding diagnosis (if separate from hospital bill)
Original reports or attested copies of Bills and Receipts for Medicines, Investigations along with Doctors prescription in Original and Laboratory
Follow-up advice or letter for line of treatment after discharge from hospital, from Doctor.
Break up with details of Pharmacy items, Materials, Investigations even though it is there in the main bill
In case the hospital is not registered, please get a letter on the Hospital letterhead mentioning the number of beds and availability of doctors and nurses round the clock.
In non- network hospitalization, please get the hospital and doctor's registration number in Hospital letterhead and get the same signed and stamped by the hospital.
Cancelled copy of cheque in original - mandatory

Claims Form	
Form	 Claim Form

Check list	
List	 CheckList

Medicaid – General Definitions & Day Care List

Attachments – Group Medicaid	
General Definitions for GMC	 Definitions
Day Care List	 Day Care List

Prudent Utilization of Benefit



Health Insurance is a benefit for the employee and their dependents. One has to utilize the benefit with utmost caution and prudence.



The following steps are recommended, ensuring the benefits is prudently utilized by the employee and dependents covered



The ever increasing cost for the benefits require a proactive involvement from all of us.



Please ensure to crosscheck the final bill sent to the TPA for the following:

- ✓ You are Billed only for the services utilized for e.g. category of room, diagnostics undergone , medicines consumed
- ✓ Total of the bill



In case of any planned hospitalization, approach the hospital in advance(48 hrs.) and request pre authorization- *this enables TPA to further negotiate the rates*



To approach hospitals with caution – ***most expensive is not necessarily the best.***



To cross check the tariff with the **Bench Mark Rates** provided- the benchmark rates would give an idea the general spend for the treatment or procedure.



Try to negotiate



Ask **WHY & WHAT** is billed to you (as a consumer , we have the right to know)

E- Card & Claim Status



How to get your E-Card

How to check your claim status



Click on the below link-
[FHPL](#)

The screenshot shows the DBS mydbs.net homepage. The browser address bar displays 'mydbs.net/Pages/home/IN.aspx'. The page features a dark header with the DBS logo and navigation links: Popular Links, Departments, Tools & Resources, Staff Corner, and News. Below the header, there are four main content columns: Reward, Career & Development, Working @ DBS, and My e-Services. A red callout bubble points to the 'Group Insurance Network hospitals, ecard & Claims' link in the My e-Services column.

Home Page X

mydbs.net/Pages/home/IN.aspx

DBS

Popular Links Departments Tools & Resources Staff Corner News

Reward

- Benefits
- iHealth@DBS
- iTQ@DBS
- WeTQ@DBS
- Global Mobility

Career & Development

- DBS Academy
- iGrow@DBS
- Employee Engagement
- Internal Job Postings
- Internal Mobility Policy
- Performance Management
- Talent Management
- Xplore Marketplace

Working @ DBS

- HR One Stop Shop
- DBS Cares
- Onboarding
- HR Policies & Guidelines
- Sp...

My e-Services

- HRMS (ePM, Update Personal Info, Staff Acknowledgement, eOutside Appt)
- iHealth@DBS Portal Login
- iTQ@DBS / WeTQ@DBS Portal Login
- Horizon LMS (Training Courses & Records)
- eLeave, ePayslip & eTax Forecast
- PeopleSoft Expense / Staff Claims
- DBS iShare Online
- **Group Insurance Network hospitals, ecard & Claims**
- iFlex Claims

Click on Group insurance Network hospitals, ecards & claims

https://sts.dbs.com/adfs/ls/idpinitiatedsignon.aspx?RelayState=RPID%3Dhttps%25...

1:39 PM 29-Oct-18

FHPL :: Employee

Family Health Plan Insurance TPA Limited. [IN] | https://m.fhpl.net/Home/Employee

Apps Imported From Firefo LMS Google Regulation FHPL www.fhpl.net/links/ FHPL Links ahrl.in/iframe/

DBS

Dashboard

Click on Family E-card to view and download your e-card and dependent cards

Click here to get individual cards

Click on Network Hospital to view Hospital List

Click on claims to view the status of any claim submitted.

Click on Policy Benefits to view policy details

Name	UHI	DOB(Age)	Download
Self		15 May 1993 (24)	Ecard

Family E-Card

Policy Information

Insurance Company
Insurance Co Ltd

Validity Period
01 Sep to 31 Aug

Policy Number

Sum Insured
300000.00 - Floater (* Sublimit Conditions applicable)

Policy Benefits

Contact matrix

1 800 425 4033

For Escalation Matrix

I-Flex

Network hospitals

Claims

Wellness

Discounts network

Windows Taskbar: 1:18 PM 8/31/2018



Dashboard

Sayali Patil

Menu

Select the appropriate claim you want to check

Select the member whose claim you want to check

Click on search to view the claim details.

ME / Claims

Policy

2017-2018

Search:

ClaimNo	UHIDNo	Name	ReceivedDate	Relationship	ClaimType	ClaimAmount	ClaimStatus
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No Records Found

Showing 0 to 0 of 0 entries

Previous Next

An ISO 9001:2015 Certified TPA---FHPL is the first TPA in the country to get certified for ISO/IEC 27001:2013 (Information Security Management System)

Web Portal - Employee Health & Benefits

Login

Username *

Password *

Login

[Forgot Password ?](#)

Key in your login

Key in your password

Click on log in

** Site best viewed in IE 9.0+ and Mozilla Firefox 15+ and Chrome 15+ at 1024 x 768 pixels resolution.

An ISO 9001:2008 Certified TPA—FHPL is the first TPA in the country to get certified for ISO/IEC 27001:2013 (Information Security Management System)



al - Employee Health & Benefits



FAMILY HEALTH PLAN(TPA)LIMITED

Click on My Policy to view policy details

Click on claims to view the status of any claim submitted.

Home My Policy Details My Members My ECard Claims Network Hospitals ChangePassword Logout

Health Calculator



Body Mass Index



Body Mass Surface



Pregnancy Calculator



Body Fat Analysis



Waist Hip Circumference

Family Health Plan (TPA) is a leading Third Party Administrator in Health Insurance industry. FHPL is one of the leading Third Party Administrators providing quality health care services to health insurance policy holders. It helps to channelize the entire mechanism involved in the process of healthcare and insurance process.

With growing number of private corporate hospitals entering the arena of health care service, there is a tremendous impact on services to health insurance policy holders. FHPL is one of the leading Third Party Administrators providing quality health care services to health insurance policy holders. It helps to channelize the entire mechanism involved in the process of healthcare and insurance process.

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Powered by the highly ambitious goals and continues innovation in the process and technology, FHPL channelizes the entire core groups in the health care sector to deliver safe and secure form of healthcare. FHPL dismantles the barriers involved in the whole process of insurance related to healthcare service and insurance provision. It integrates each and every

Click on My E-card to view and download your e-card and dependent cards



Downloads

Claim Checklist

Claim Form

Pre Auth Form

Apollo Diagnostic Centers

SRL Wellness Centers



Contact Matrix

Toll Free No:1-800-425-4033

Quick Links



Mobile Sparrow



Escalation Matrix



FeedBack



Contact Us



Downloads



HelpDesk Schedule

Click on any of the links here to access various details



Web Portal - Employee Health Plan



FAMILY HEALTH PLAN(TPA)LIMITED

Home My Policy Details My Members My ECard Claims Network Hospitals ChangePassword Logout

Click here to get individual cards

Click here to get family cards

To get E-Cards of your family members [Click Here](#)

Details

	UHIDNO	MemberName	EmployeeID	Age	PlanStartDate	PlanCommencingDate	PlanExpiryDate	SumInsured
Ecard	UIIC.12231917			41 Years	18 Aug 2014	18 Aug 2014	31 Aug 2015	600000

DependentDetails

	UHIDNO	DependentName	Relationship	MainUhid No	Age	PlanStartDate	PlanCommencingDate	PlanExpiryDate
Ecard	UIIC.12231918		Mother	UIIC.12231917	52 Years	18 Aug 2014	18 Aug 2014	31 Aug 2015
Ecard	UIIC.12231919		Son	UIIC.12231917	10 Years	18 Aug 2014	18 Aug 2014	31 Aug 2015
Ecard	UIIC.12231920		Son	UIIC.12231917	10 Years	18 Aug 2014	18 Aug 2014	31 Aug 2015
Ecard	UIIC.12231921		Wife	UIIC.12231917	40 Years	18 Aug 2014	18 Aug 2014	31 Aug 2015
Ecard	UIIC.12231922		Father	UIIC.12231917	60 Years	18 Aug 2014	18 Aug 2014	31 Aug 2015

Quick Links

An ISO 9001:2008 Certified TPA—FHPL is the first TPA in the country to get certified for ISO/IEC 27001:2013 (Information Security Management System)



Web Portal - Employee Health & Benefits



FAMILY HEALTH PLAN(TPA)LIMITED

Members My ECard Claims Logout

Claims

Search Claims

Claim Type

--Select--
Provider
Reimbursement

Policy Year

2014-2015

My Members

-All-

Search

Clear

Search Results

ClaimNo	UHIDNo	Name	ReceivedDate	Relationship	ClaimType	ClaimStatus
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No Records Found

Quick Links

Select the appropriate claim you want to check

Select the member whose claim you want to check

Click on search to view the claim details.

FAQs

FAQs

FAQs for Voluntary Parental Plan



FAQ-Vol Parents

Important Websites

IRDA (Insurance Regulatory and Development Authority)

<http://www.irdaindia.org/>

Important contact points

Group Mediclaim

Family Health Plan (TPA)

Website: www.fhpl.net

General Queries

(Mon to Fri – 09:00 am to 05:00pm)

Toll free : (Customer Service)

1800 425 4033

Fax No.: 022 - 66314781

Email:- info@fhpl.net

1st Level Contact

Ms Rakhi Bait

Mobile: 9004062994

E-mail id: rakhi.bait@fhpl.net

2nd Level Contact

Mr. Rajesh Thakur

Mobile No: 9223329006

E-mail id: rajesh.t@fhpl.net

Escalation Point :

Mr. Rupesh Kulkarni

Mobile No: 09223329001

E-mail id: kulkarni@fhpl.net

Dr. Nitin Ghadi

Mobile No: 09223329002

E-mail id: dr.nitin@fhpl.net



DBS HR Helpdesk

For all policy related queries:

Visit: Staff corner on the DBS intranet

Email: HRHelpDeskIndia@dbs.com

Enrollment queries/ Benefits Asia

Email: dbsadmin@marsh.com



Thank You!!