FAQs – Health Claims

1. **What information would be required at the time of Claim intimation?**
    - Policy Number
    - Insured/Claimant contact details (phone no. , email id, address etc.)
    - Bank details for Primary Insured
    - Name of Insured/ claimant , who is hospitalized
    - Relationship of Insured with the person who is hospitalized
    - Name of the Hospital
    - Nature of Ailment
    - Commencement date of the symptom of ailment

    In case of claim arising out injury due to Accident
    - Nature of Accident
    - Date & Time of Accident
    - Location of Accident
    - FIR/MLC (Medico Legal Case) Certificate in case of Road Traffic Accident
    - Self Declaration explaining / providing details of circumstances of accident with a copy of Doctor's certificate in case of other than Road Traffic Accident

2. **What is Cashless Claim?**
    In the event that the policyholder is hospitalized /planning a hospitalization in a network hospital / nursing home, he / she need not pay the medical expenses (as per coverage) up to the sum insured specified under the policy. This is subject to claim intimation to the TPAs appointed by Reliance Nippon Life Insurance Company Limited (RNLIC) and approval of the request as per terms of the policy. TPAs will co-ordinate with the hospital / nursing home directly and co-ordinate the settlement of the bills by the insurance company after the insured patient is discharged.

3. **How is Cashless Claim intimated?**
    The insured has to approach the TPA desk of the hospital along with the RNLIC Health Card, KYC (a Photo ID card such as Pan Card, Voter ID card, Driving Licence etc.) and all the medical reports including diagnosis report. The hospital will then send the request for authorization of treatment to RNLIC through TPA. TPAs appointed by RNLIC will coordinate with the hospital / nursing home directly for approval and/ or pre-authorization, if required and also for settlement of the bills to the extent of authorization only to the hospital directly by the insurance company after the insured patient is discharged. If the request is denied as per policy's terms and conditions, the insured himself/ herself has to pay the bills and submit the claim documents for a reimbursement to the insurance company through the TPA.

4. **Cashless Claims –**
    a. **Planned Hospitalization:** Since the hospitalization / treatment is planned (in advance), the policyholder should inform the TPA at least 48 hours prior to hospitalization with necessary documents such as Cashless claim form duly filled and signed by treating Doctor and Hospital, treatment records advising Hospitalization etc. The TPA will then

evaluate the case and will "pre-authorize" the claim subject to terms and conditions of the policy.

b. **Emergency Hospitalization –** In case of a medical emergency, the policyholder should provide the Health card along with KYC docs (Pan Card, Voter ID card and Driving License etc) at the Network Hospital to get admission without paying initial deposit.
The Hospital will then intimate the TPA to formalize the Pre-authorization process, which will then process Cashless treatment subject to the terms and condition of the policy, plan of medical management, and completeness of documentation.

Note: In cashless hospitalization, RNLIC will pay 95% of total admissible expenses while the balance 5% and inadmissible expenses (if any) will be borne by the Policyholder at the time of discharge from hospital.

5. What is Reimbursement Claim?

In the event that an insured is hospitalized in any hospital / nursing home (within India) and pays the treatment expenses at the time of discharge, he / she needs to file a claim with RNLIC for the amount due under the policy. RNLIC will process the claim as per the terms of the policy and reimburse the medical expenses covered to the insured if the claim is admissible.

6. Will the claims be reimbursed even if policyholder does not get treated at a Network Hospital?

Yes, such claims would also be payable subject to the terms and condition of the policy, plan of medical management, and completeness of documentation. RNLIC will pay 90% of total admissible expenses and an additional 5% of total payable amount.

7. How is Reimbursement Claim intimated?

Ideally within 15 days from the date of discharge from the hospital, the insured has to ship / courier mandatory documents to the TPAs addresses mentioned below:

For Policyholders from Karnataka, Tamilnadu, Andhra Pradesh, Telangana and Kerala	**For Policyholders from Rest of India**
MediAssist – Toll Free Helpline No. 18004259449	**Medicare** – Toll Free Helpline No. 18001025335
Address: Medi Assist India TPA Pvt. Ltd. 4th Floor, Tower D, IBC Knowledge Park, Bannerghatta Road, Bengaluru - 560 029	Address: Medicare TPA Services (I) Pvt.Ltd. Flat No. 10, Paul Mansion, 6B Bishop Lefroy Road, Kolkata -700020

Alternatively, claim can also be intimated at nearest RNLIC branch office.

8. **How long does it take for the settlement of Heath Claim?**
    a. **Cashless Claim:** As the name suggests, the claim is settled to the tune of approved amount at the time of discharge from the hospital. Hospital bill, to the tune of amount approved by the TPA is settled by RNLIC directly and the policyholder needs to settle the remaining amount directly with the hospital.

    b. **Reimbursement Claim: Following steps are involved in settlement / repudiation / closure of reimbursement claims:**

Sr	Processing Step	Standard Turnaround Time	Remarks
1	Claim documents are received at TPA's Head Office (These could be either handed over at RNLIC branch office or shipped directly to TPA's Head Office)	-	Courier time to receive documents at TPA's head office will vary from location to location. Average time taken is 7 calendar days.
2	Assessment of documents to check completeness of documents and raising of discrepancies / requirement for additional documents, if any	3 Working Days	Policyholders are informed about additional requirements / discrepancies through a letter and SMSs. On non-receipt of additional requirement / closure of discrepancies, a letter is sent every 10 days till 30th day.
3	Claim Processing	14 Working Days from Last Document Received by TPA	
3.1	Claim Approval		Final claim decision is intimated to policyholders through letter and SMSs. In addition, customers are contacted through an out-bound calling process, informing about settlement / repudiation of claims.
3.2	Claim Repudiation		
3.3	Claim Closure		
4	Payment		

9. **What happens to the "Closed Claim" for non-submission of documents within the specified timeline of 30 days?**
    Policyholder may re-submit all the necessary documents by shipping them to TPA's office and the Claim Settlement process is re-started with the same timelines as mentioned in the table above.

10. **Why is settled amount lesser than the actual hospitalization cost incurred by the policyholder?**
    This happens due to various reasons. The most common are:
    a. Capping of expenses under specified Expense Heads as per policy's terms and conditions.
    b. Exclusions as per policy's terms and conditions.

c. Co-Payment: In co-pay policies, policyholders and insurance providers share the hospital expenses. A certain percentage of the medical bills are paid by the policyholder while the remainder, the lion's share, is paid by the insurance company.
d. Any other policy terms and conditions which are part of policy documents sent to policyholders.

11. What is Capping / Co pay?

Expenses will be reimbursed up to a certain limit under various expenditure heads.
Room rent, boarding expenses subject to a daily limit of 1.5% of the Sum Insured for each day of non-Intensive Care Unit hospitalization and 3% of the Sum Insured for each day of Intensive Care Unit hospitalization.
Doctor's fees subject to a maximum limit of 25% of the total medical expenses incurred on in-patient treatment of the member.
A portion of admissible claim amount needs to be paid by the customer i.e. 5% or 10% of the admissible medical expenses if the treatment is taken in Network or Non- Network Hospital respectively.

12. How is a TPA different from Insurance Company?

A THIRD PARTY ADMINISTRATOR (TPA) means any Company who has obtained license from IRDAI to practice as a third party administrator and is engaged by the Insurance Company for the purpose of providing health services.

RNLIC has appointed 2 TPAs to provide services to our policyholders and their details are mentioned above.

13. What are the facilities offered by a TPA?

a. 24 X 7 facility for Claims assistance to all the Health policyholders through toll free number of the TPA
b. Assistance during hospitalization and filing of claim documents
c. Cashless facility and facilitating claims processing at Network Hospitals up to limits as per Health Insurance Plan
d. Claims facilitation for Non-Network hospitals

14. What do you mean by Network / Non-Network Hospitalization?

a. **Network Hospital** - A Hospital empanelled by the TPA or by TPA and insurer together and having an agreement to provide medical services on payment by cashless facility is referred to as a 'Network Hospital'. A list of Network Hospitals is enclosed along with your policy kit and is also available on RNLIC and TPA website.
Cashless facility is provided ONLY at Network Hospitals.
b. **Non-Network Hospital** – is a Hospital not empanelled by the TPA or by TPA and Insurer together and any policyholder seeking treatment in these hospitals will have to pay for the treatment and later claim the same on submission of the mandatory documents and subject

to the Company policies and eligibility – For complete details, please refer to your policy document.

15. **Is my claim payable in the grace period?**
    Yes, the claim would be payable subject to the payment of renewal premium before date of discharge from the Hospital or within the grace period, whichever is earlier.

16. **Is there any limit to the number of claims on a Health Insurance Plan?**
    There is no limit on the number of claims during the policy period; however the settlement amount of all claims should not exceed the Sum Insured under the policy.

17. **Are medical costs covered from day one of policy issuance?**
    Hospitalization or Medical Expenses incurred for any illness/diseases diagnosed during first 30 days of the Policy commencement date or date of revival (whichever is later), will not be covered except for treatment of injuries arising due to Accident.

18. **If an individual is already suffering from a disease, will the health insurance plan still reimburse his or her expenses related to the disease?**
    Pre-existing medical conditions are not covered till completion of 4 continuous policy years. There are various ailment-specific waiting periods ranging from 30 days to 4 years (Please refer to Policy terms and conditions for detailed list).

19. **What is a Family Floater Plan?**
    When members of the same family are covered under a single plan and the Sum Insured is utilized by any one member or all the members collectively during the policy year, the plan is called Family floater.

20. **If I have a health insurance policy in Mumbai, can I make a claim if I am admitted to a Hospital in Delhi?**
    Yes, your health insurance policy is valid all over the country.

21. **What is OPD / Domiciliary Benefit?**
    Treatment taken / done in Doctor's chambers or in an out-patient department, without indoor admission in a hospital is called OPD & Domiciliary treatment and are not covered.

Annexure 1: Documents Checklist

1. **Cashless**

- Get admitted in any one of Network Hospitals (List available in your policy document/ refer RNLIC / TPA website).
- Flash the Reliance Health Card along with Photo ID proof at TPA helpdesk of hospital.
- Fill "Cashless Request Form" (available in all the network hospitals at TPA desk).
- Submit the authorization form, along with a copy of the health card to the hospital at the time of admission (ensure to have a photo ID at this time).
- Await authorization from the hospital (the hospital co-ordinates directly with the TPA for this).
- Hospital Faxes/Emails the pre-authorization form to the TPA along with necessary medical details.
- Insured/ Claimant verify and sign all the bills.
- Leave the original discharge summary and other investigation reports with the hospital.

2. **Reimbursement:**

- Get admitted into the hospital
- Intimate the claim at TPA call centre/E-mail as soon as possible.
- Settle the hospital bills in full as required.
- Collect all the original bills, documents and reports at the time of discharge.
- Lodge your claim with TPA Head-office for processing and reimbursement, by filling in the claim form and attaching required documents as mentioned below. **##**
    - **Duly filled in & signed Reimbursement claim form**
    - **Discharge Summary from Hospital**
    - **All Investigation Reports**.
    - **Doctors' prescriptions**
    - **Hospital bill**
    - **Hospital payment receipts**
    - **Pharmacy bills with date**
    - **Break-up of Investigation charges (under main hospital bill)**
    - **Cancelled cheque duly signed by primary insured with Bank A/c no.**
    - **MLC/FIR/ Self declaration for accidental injury/treatment.**

Alternatively, Reimbursement Claims can also be lodged by visiting nearest RNLIC branch office.
The Insurer / TPA may call for additional documents, on a case to case basis, to evaluate the merit of a claim