my: Optima Secure Claims Procedure

1.1. Notification of claim:

Notice with full particulars shall be sent to the Company as under:

a. Within 24 hours from the date of emergency Hospitalization required or before the Insured Person's discharge from Hospital, whichever is earlier.

b. At least 48 hours prior to admission in Hospital in case of a planned Hospitalization or decision to avail treatment under Section 3.2 (Home Health Care).

1.2. Procedure for Cashless Claims

a. Treatment may be taken in a Network Provider and is subject to pre authorization by the Company.

b. Cashless request form is available with the Network Provider.

c. The Network Provider shall obtain the relevant information from the Insured Person / Policyholder and send a Cashless Facility request to the Company for authorization.

d. The Company upon getting cashless request form and related medical information from the Insured Person/ Network Provider shall issue pre-authorization letter to the Network Provider after verification.

e. At the time of discharge, the Insured Person shall verify and sign the discharge papers along with final bill, pay for non-medical and inadmissible expenses.

f. The Company reserves the right to deny pre-authorization in case the Insured Person is unable to provide the relevant medical details.

g. In case of denial of cashless access, the Insured Person may obtain the treatment as per treating doctor's advice and submit the claim documents to the Company for reimbursement.

1.3. Procedure for Cashless Claims in case of Home Health Care (Section 3.2)

On receipt of duly filled pre authorization form with other sufficient details to assess a cashless request, the Company will inform the Home Healthcare service provider or Network Provider,who will share the care plan and treatment cost estimation with the Company.On receipt of the complete documents the Company may:

a. issue the authorization letter specifying the sanctioned amount, any specific limitation on the claim and non-payable items, if applicable, or

b. reject the request for pre-authorization specifying reasons for the rejection.

1.4. Conditions for obtaining Cashless Facility

a. Cashless facility can be availed only at Company's Network Provider. The complete list of Network Providers and empanelled service providers is available on Company's website and can also be obtained by contacting the Company.

b. The Company reserves the right to modify, add or restrict any Network Provider for Cashless facility at its sole discretion. The same shall be duly updated on the Company's website. The Insured Person shall check the updated list of Network Providers before applying for cashless claim.

c. Pre-authorization issued by the Company shall be valid for 15 days from the date of issuance (or expiry of the Policy, whichever is earlier).

d. The Company shall make payment for the Cashless facility to the authorized amount, directly to the Network Provider.

1.5. Procedure for Reimbursement Claims

For reimbursement of claims, theInsured Person shall submit the necessary documents to the Company within the prescribed time limit as specified hereunder.

Type of Claim	Prescribed Time limit
Reimbursement of Hospitalization, Day Care Treatment or Pre-Hospitalization Expenses	Within 30 days of date of discharge from Hospital.
Reimbursement of Post-Hospitalization Expenses	Within 15 days from completion of post Hospitalization treatment.

1.6. List of documents required for a Claim

The reimbursement claim is to be supported with the following documents and submitted within the prescribed time limit.

a. Duly Completed claim form,

b. Photo ID and Age Proof,

c. Copy of the Hospital's Registration Certificate/Hospital Registration number in case of Hospitalization in any non-Network Provider of the Company or certificate from Hospital authorities providing facilities available including number of beds,

d. Discharge Card / Day Care Summary / Transfer Summary,

e. Final Hospital bill with all original deposit and final payment receipt and refund receipt(s), if advance amount refunded,

f. Invoice with payment receipt and implant stickers for all implants used during Surgeries e.g. lens sticker and invoice in cataract Surgery, stent invoice and sticker in Angioplasty Surgery,

g. All previous consultation papers indicating history and treatment details for current Illness and advice for current Hospitalization,

h. All diagnostic reports (including imaging and laboratory) along with prescription by Medical Practitioner and invoice / bill with receipt from diagnostic centre,

i. All medicine / pharmacy bills along with prescription by Medical Practitioner,

j. MLC / FIR Copy – in Accident cases only,

k. History of alcohol consumption or any intoxication certified by first treating doctor in case of Accident cases,

l. Copy of Death Summary and copy of Death Certificate (in death claims only),

m. Copy of indoor case papers with nursing sheet detailing medical history of the Insured Person, treatment details, and patient's progress (to be submitted wherever required by the Company).

n. Invoice for vaccination and payment receipt,

o. Original invoices for the expenses incurred towards ambulance facility along with details of loss in the Company's prescribed format,

p. KYC documents (in all claims above Rs 1 lakh) of the Policyholderas per AML guidelines,

q. Duly filled NEFT form with cancelled blank cheque (with IFSC code, A/C number, and name mentioned on cheque leaf),

r. Legal heir/succession certificate, wherever applicable,

s. Any other relevant document required by Company for assessment of the claim.

Note:

t. The Company shall only accept bills/invoices/medical treatment related documents only in the Insured Person's name for whom the claim is submitted.

u. In the event of a claim lodged under the Policy and the original documents having been submitted to any other insurer, the Company shall accept the copy of the documents and claim settlement advice, duly certified by the other insurer subject to satisfaction of the Company.

v. If requested by the Company, at the Company's cost, the Insured Person must submit to medical examination by Medical Practitioner appointed by the Company as often as it is considered reasonable and necessary and Company's representatives must be permitted to inspect the medical and Hospitalization records pertaining to the Insured Person's treatment, and to investigate the circumstances pertaining to the claim.

Any delay in notification or submission may be condoned on merit where delay is proved to be for reasons beyond the control of the Insured Person