

Claims process

On the occurrence of any Illness / Surgery that may give rise to a Claim under this Policy, the Claims Procedure set out below shall be followed.

Claims Procedure

Procedure	Cashless Hospitalization		Cashless claims for Hospitalizations outside India	Reimbursement Claims	Home Healthcare Claims
	Emergencies	Planned			
Claim Intimation	You shall intimate the Claims to us through any available mode of communication as specified in the Policy, Health Card or our Website				
Claim Intimation Timelines	Within 24 hours of the Emergency Hospitalization	At least 72 hours prior to the planned Hospitalization	Within 24 hours of the Emergency Hospitalization At least 72 hours prior to the planned Hospitalization	Within 48 hours of admission or before discharge from the Hospital, whichever is earlier	Immediately on diagnosis of Illness
Particulars to be provided to Us for Claim notification	i. The health card issued by Us ii. KYC documents iii. The Policy Number iv. Name of the Policyholder v. Name and address of Insured Person in respect of whom the request is being made vi. Nature of the Illness/Injury and the treatment/Surgery required vii. Name and address of the attending Medical Practitioner viii. Hospital where treatment/Surgery is proposed to be taken or /Hospital where the Insured person is admitted ix. Proposed /Actual Date of admission				Following particulars in addition to those listed under Hospitalization Claim: i. Treatment details ii. Preferred date and time for initial assessment
Particulars to be provided for pre-authorization	i. Policy Number ii. Name of the Insured person(s) named in the Policy schedule availing treatment iii. Nature of disease/Illness/Injury iv. Name and address of the attending Medical Practitioner/Hospital v. Date of admission & probable date of discharge vi. Approximate Claim Expenses vii. Any other relevant information as required			Not Applicable	Following particulars in addition to those listed under Hospitalization Claim: Probable date of start of treatment
Process for obtaining Pre-Authorization	i. If the particulars are not provided in full or are insufficient for Us to consider the request, We will request additional information or documentation ii. On receipt of duly filled pre authorization form from the Network Provider along with other sufficient details to assess the request, We may; • Issue the authorization letter specifying the sanctioned amount any specific limitation on the claim and non-payable items, if applicable		i. We shall send Release Of Information form to the Insured Person for signature and consent. ii. After receiving the signed Release Of Information form, We will retrieve hospitalization documents along with invoices iii. If these details are not provided in full or are insufficient for Us to consider the request, We will request additional information or documentation		On receipt of duly filled pre authorization form with other sufficient details to assess the request, We will inform our Home Healthcare service provider who will follow the following process: i. Meet the treating medical practitioner and verify the requirement along with the prescription/discharge summary (if applicable) and the condition of the patient ii. Verify the past medical history of the patient

	<p>or</p> <ul style="list-style-type: none"> Reject the request for pre-authorization specifying reasons for the rejection. 	<p>iv. On receipt of the complete documents We may</p> <ul style="list-style-type: none"> issue the guarantee of payment specifying the sanctioned amount, any specific limitation on the claim and non-payable items, if applicable or <p>or</p> <ul style="list-style-type: none"> reject the request for pre-authorization specifying reasons for the rejection 		<p>iii. Complete physical examination of the patient</p> <p>iv. Check if the patient requires any equipment, devices etc.</p> <p>v. Share the care plan and treatment cost estimation with Us.</p> <p>vi. On receipt of the complete documents We may;</p> <ul style="list-style-type: none"> issue the authorization letter specifying the sanctioned amount, any specific limitation on the claim and non-payable items, if applicable <p>or</p> <ul style="list-style-type: none"> reject the request for pre-authorization specifying reasons for the rejection.
List of Claim documents	Not Applicable		As enlisted below	Not Applicable

List of Documents for Reimbursement Claims:

- i. Duly signed, stamped and completed Claim Form
- ii. Photo ID & Age Proof
- iii. Copy of claim intimation letter / reference of Claim Intimation Number in the absence of main claim documents
- iv. Copy of the **Network Provider's** Registration Certificate / **Hospital** registration no in case of **Hospitalization**
- v. Original Discharge Card / Day Care Summary / Transfer Summary
- vi. Original final Hospital Bill with all original deposit and final payment receipt
- vii. Original 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.
- viii. All previous consultation papers indicating history and treatment details for current **Illness**
- ix. All original diagnostic reports (including imaging and laboratory) along with prescription by **Medical Practitioner** and invoice / bill with receipt from diagnostic center
- x. All original medicine / pharmacy bills along with prescription by **Medical Practitioner**
- xi. MLC / FIR Copy – in **Accidental** cases only
- xii. Copy of Death Summary and copy of Death Certificate (in death claims only)
- xiii. Pre and Post-Operative Imaging reports
- xiv. Copy of indoor case papers with nursing sheet detailing medical history of the patient, treatment details, and patient's progress
- xv. Original invoice for Vaccination and payment receipt
- xvi. KYC documents

Conditions for obtaining Cashless facility:

- i. **Cashless facility** can be availed only at **Our Network Provider**. The complete list of **Network Providers** and Empaneled Service Providers is available on **Our** website and can be obtained by contacting **Us**.
- ii. We reserve the right to modify, add or restrict any **Network Provider** for Cashless Facilities at **Our** sole discretion. The same shall be duly updated on **Our** website. **You** shall check the updated list of **Network Providers** before applying for Cashless Claim.

- iii. Pre-authorization is valid for 15 days from date of issuance and if all the details of the **Hospitalization**/treatment, including dates, **Hospital** and locations match with the details as per Cashless authorized.
- iv. We will make payment for the Cashless authorized amount directly to the **Network Provider**.
- v. If the claim is not notified to Us within the specified time limits, then We shall be provided the reasons for the delay in writing. We will condone such delay on merits where the delay has been proved to be for reasons beyond the claimant's control.

1. Payment of Claim

- i. If there are any deficiencies in the necessary claim documents which are not met or are partially met, We will send a maximum of 3 (three) reminders following which **We** will send a closure letter or make a part-payment if **We** have not received the deficiency documents after 45 days from the date of the initial request for such documents
- ii. On receipt of all the documents and on being satisfied with regard to the admissibility of the claim as per policy terms and conditions, **We** shall offer within a period of 30 days a settlement of the claim to the insured.
- iii. Upon acceptance of an offer of settlement by the **Insured person**, the payment of the amount due shall be made within 15 days from the date of acceptance of the offer by the insured. In the cases of delay in the payment **We** shall be liable to pay interest at a rate which is 2% above the bank rate prevalent at the beginning of the financial year in which the claim is reviewed by it.
- iv. However, where the circumstances of a claim warrant an investigation, **We** will initiate and complete such investigation at the earliest, in any case not later than 30 days from the date of receipt of last necessary document. In such cases, **We** will settle the claim within 45 days from the date of receipt of last necessary document. In case of delay beyond stipulated 45 days, the Company will be liable to pay interest at a rate which is 2% above the bank rate from the date of receipt of last necessary document to the date of payment of claim.
- v. If **We**, for any reason decide to reject the claim the reasons regarding the rejection shall be communicated to **You** in writing within 30 days of the receipt of documents.
- vi. If requested by **Us** and at **Our** cost, the **Insured Person** must submit to medical examination by **Our Medical Practitioner** as often as **We** consider reasonable and necessary and **We/Our** 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.

We and **Our** representatives must be given all reasonable co-operation in investigating the claim in order to assess **Our** liability and quantum in respect of the claim

2. Contact Us

	within India	Outside India
Claim Intimation:	Service No. 022-62346234 / 0120-62346234 Email: healthclaims@hdfcergo.com	Toll Free No: 800 08250825 Global Toll Free No : +800 08250825 (accessible from locations outside India only) Landline no (Chargeable) : 0120-4507250 Email: travelclaims@hdfcergo.com
Claim document submission at address	HDFC ERGO General Insurance Co. Ltd. Stellar IT Park, Tower-1 5th Floor, C - 25, Sector 62 Noida – 0120 398 8360	HDFC ERGO General Insurance Co Ltd 6th Floor, Leela Business Park, Andheri Kurla Road, Andheri East, Mumbai - 400059, Ph-022 66383600