



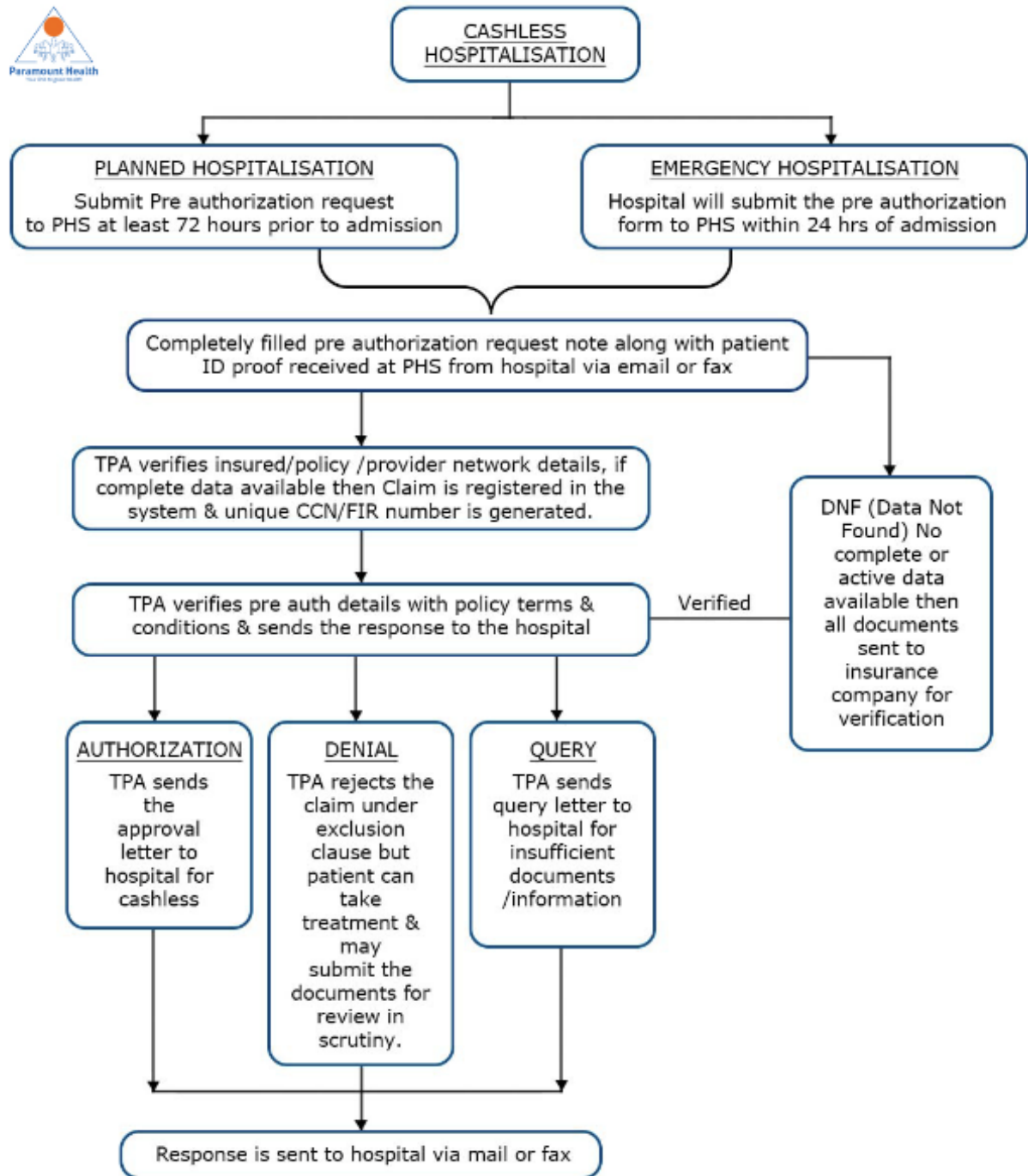
## **Reimbursement Claim Procedure**

1. Reimbursement claims can be submitted to Paramount Health Services & Insurance TPA Pvt. Ltd. (PHS) through courier, post or in-person at any of our **branches**.
2. Claim Intimation needs to be given 24-48 hours prior for Planned Hospitalization Or within 24 hours in case of Emergency Hospitalization.
3. Claim form can be collected from the nearest Divisional / Branch Office of the Insurance Company / Paramount office. Claim forms can be downloaded from Paramount portal as well. Issuance of claim form does not amount to admission of any liability, under the policy on the part of the insurers.
4. Claim Documents should be uploaded on Paramount Portal and then can be submitted at the helpdesk set up in Intuit office.
5. Documents that you need to submit for a hospitalization reimbursement claim should be as per the checklist below:
  - IRDA claim form**
  - Claim form Part A**
  - Claim form Part B**
  - Declaration form for PPN/GIPSA hospitals**
  - NEFT details / copy of cancelled cheque**
  - ID Proof of employee (Any 1 : Passport, voter ID, Driving License or any government approved ID)**
  - ID Proof of patient (Any 1 : Passport, voter ID, Driving License or any government approved ID)**
  - Original discharge summary / Day care summary / Death summary**
  - Original final hospital bill**
  - Original payment receipt of main hospital bill**
  - Receipt of payment made at the hospital by credit card**
  - Implant invoice**
  - Original bills, original payment receipt and investigation / laboratory reports**
  - Original medicine bill**
  - Original copy of first consultation letter**

6. On receipt of claim at PHS, your Claim will be scrutinized as per terms and conditions of your health insurance policy. Please note that Non-medical expenses will not be payable.
7. On scrutiny of your Claim if there are any further requirements for ascertaining the Admissibility, we may request for additional information. This additional information is to be submitted within the stipulated time period.
8. On receipt of complete Documents, an appropriate claim decision will be recommended to your respective Insurance Company.
9. On approval of admissible claim, Insurance company will directly credit your/Employer bank account with the net payable amount through NEFT.
10. Upon Rejection of claim, Repudiation Letter quoting the reason for rejection will be sent to you by the Insurance Company.

**Kindly note: If a reimbursement case is reported from a network hospital, it will be settled as per the agreed charges between Insurance Company /TPA and Hospital including discount. Any monies paid over and above the package or agreed rates either to the hospital or the doctor will not be reimbursed.**

# Cashless Claim Procedure



Cashless facility can be obtained by an active policy holder in a network hospital for that insurance company

How to obtain cashless benefit/facility

1. The insured / patient shall confirm the following details pertaining to his/her coverage with regards to:
  - Policy Service Status
  - **Network Hospital Status**
  - Claim intimationFor the above mentioned services you can now use our latest features available like WhatsApp Self Service Bot, Sarthi Chabot, Mobile App 'mW!ise' & Website for real time information.
2. Network Hospital TPA desk assists the insured to apply for cashless benefit.
3. Hospital TPA desk will arrange to submit completely filled request note from respective hospital. (Planned hospitalization should be intimated to Paramount at least 72 hours prior to admission. Emergency admission to be intimated within 24 hours after hospitalization)
4. Cashless benefit can be initiated with the submission of Request for Authorization Letter (RAL). As soon as TPA receives RAL or **Preauthorization request form**, it will commence to process the request after doing some technical checks within the guided framework of policy terms and conditions.
5. Hospital and the insured will be notified about the progress on the registered mobile number and email ID provided at the time of cashless request, on regular basis.
6. Each RAL will be registered under unique CCN Number and this will form the reference number of all communication pertaining to that particular hospitalization.
7. The RAL will be reviewed and the admissibility will be governed by the policy terms & conditions and ascertained on the basis of medication protocol as well as hospital tariff.
8. After review, if claim is permissible, PHS will issue Authorization Letter (A/L) to the respective network hospital. All amount/s will be authorized as per hospital tariff, package or schedule of charges, mutually agreed upon with either PHS/GIPSA or Private Insurance Companies, whichever is applicable as per policy. Insured should note that the policy may contain certain exclusions &/or restrictions which will be applied at the time of initial & final authorization. **Non-medical expenses (NME)** are not payable and will be deducted.
9. In case of any deficiency of documents or additional information requirement, PHS will raise query to hospital. The query should ideally be replied / resolved within 24 hours. Once revert/reply is received, the claim will be re-processed based on merit.

- 10.** If coverage cannot be established the claim will be declined (denied) for cashless benefit. The denial of authorization for cashless access does not mean denial of treatment and does not in any way prevent you from seeking necessary medical attention or hospitalization. The insured/patient can submit documents for reconsideration in reimbursement along with claim form, in case claim is denied for cashless.
- 11.** Prior to discharge, please verify the Discharge Card & Final Bill. Patient/Insured should sign on the original copies as an acknowledgment.
- 12.** In certain instances, insured details may not be available with us. These claims will be registered as Data Not Found (DNF). PHS will follow-up with respective insurance company & after receiving confirmation from insurance company the insured data will be updated in system & claim will be processed accordingly. In case of corporate policy claims, employee can approach their HR or any other authority as directed by corporate.
- 13.** Hospital can send the RAL through E-CCN (Portal login) or email it on our dedicated cashless email id available with the network hospital.
- 14. Documents required for Hassle-free cashless approval and claim settlement.**
  - Duly filled Part C (Request for authorization letter)
  - Pre-Hospitalization medical consultation documents, investigations, hospitalization details, OPD notes.
  - Patient ID proof along with KYC details (PAN and Address proof) of Employee / Policy Proposer is mandatory at the time of cashless request.
  - If the estimated amount is Rs.1 lakh and above, then Pan-card of the policy holder / Employee is mandatory.
  - Duly filled **CKYC form** of the Proposer / Employee should be provided for all claimed amounting Rs.1 lakh and above.

