

Group Health Care - Claims procedure

Reimbursement Claim Intimation

In the event of any claim, intimation may be given as early as possible not later than 30 days from date of hospitalization.

Contact point for intimation:

- **Toll Free number: 18002120**
- **Email: care@zurichkotak.com**

The following information should be provided while intimating the claim:

- Policy Number
- Name of the Insured/Insured Person availing treatment
- Contact number and employee ID of the insured
- Nature of sickness / accident,
- Details of the hospital
- Date of admission and discharge
- Any other relevant information.

Reimbursement Claims documents submission:

Claim documents to be submitted as early possible not later than 60 days from date of discharge at the following address:

CLAIMS DEPARTMENT

Medi Assist India TPA Pvt Ltd,
Tower D, 4th Floor, IBC Knowledge Park,
4/1Bannerghatta Road Bangalore – 560029, Karnataka
Claim document checklist as given in annexure.

Note: Refer In event of claim section of policy document for TPA address if claim is to be made.

Disposal of claim:

- All admissible reimbursement claims will be paid either through NEFT or Cheque. Within 10 days of receipt of complete documents.
- In case the claim is not tenable as per the terms and condition of the policy, the same will be communicated to claimant in writing.

Cashless claims process:

Cashless facility is available at the network hospital featuring in company website.

Cashless request to be sent through the hospital as early as possible.

Planned Hospitalization	As early as possible prior to admission
Emergency Hospitalization	Within 24 hours of admission

Step by step process:

1. Insured or his/her representative visits the Insurance helpdesk/cashless counter in the Hospital and fill the pre-authorization form with relevant details and submit along with medical documents and valid photo ID of insured person.
2. Company/TPA will respond within 2 hours (approval/denial/further documentation) from receipt of complete documents
3. If the claim found admissible, cashless is extended and insured pays toward inadmissible items.
4. If the claim is not found admissible, insured self pays the bill and submits the same to company for further evaluation under reimbursement mode.

Reimbursement claims process:

1. All documents as per the checklist to be submitted at the address mentioned above.
2. Ensure basic documents including cancelled cheque, PAN Card, Discharge card, Hospital bill and paid receipts, Medical reports in support of diagnosis to be submitted.

Annexure:**Indicative list of documents for reimbursement hospitalization claim:**

- Duly filled claim form(s)
- Original bills, receipts and discharge/card from the Hospital /Medical Practitioner
- Certificate from attending Medical Practitioner providing details of first symptoms and date of occurrence of the disease/illness/injury/surgery along with complete medical history of the Insured/Insured Person.
- Original bills from chemists supported by proper prescription
- Original Investigation test reports and payment receipts
- Medical Practitioner's referral letter advising hospitalization
- Original bills and receipts for claiming Ambulance charges
- Any additional documents or information, as may be deemed necessary by the Company or the TPA.

Indicative list of documents for pre & post hospitalization as follows:

- Duly filled claim form(s)
- Original bills from chemists supported by proper prescription
- Original Investigation test reports and payment receipts
- Original bills and receipts for claiming Doctors fees, Ambulance charges
- Any additional documents or information, as may be deemed necessary by the Company or the TPA.

Know Your Customer (KYC) documents viz. (address proof of claimant (nominee) and photo ID) would be required for all admissible claims above Rs. 100000/-

PAN card (where available) can be submitted in all claims.

The document checklist given above list is only indicative. The Company may call for additional documents/ information and/or carry out verification on a case to case basis to ascertain the facts/collect additional information/documents of the case to determine the assessment of loss. Cost of such verification shall be borne by the Company.