

# HOW TO CLAIM HEALTH INSURANCE

Making a claim on your health insurance is easy if you have the paperwork in place. Here's how to go about it.

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Make sure the bills and receipts have the correct name and dates.

Retain all prescriptions, bills and payment receipts of medicines and ancillary expenses.

Intimate the TPA or insurer before hospitalisation. In case of an emergency, inform within 24 hours of admission.

Take the discharge card while leaving the hospital.

Keep photocopies of all prescriptions, bills and the discharge card.

If treatment is to be continued at home, make sure this is prescribed by the doctor at the time of discharge.

## REIMBURSEMENT CLAIMS

Fill the claims form and submit along with original bills, discharge card and other documents.

While submitting the claims form physically, take a stamped receipt. If sending by post, use courier, speed post or registered post.

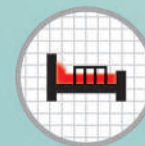
Sub-limits can pare your claim



**Ambulance**  
Up to ₹1,000



**ICU charges**  
2% per day



**Room rent**  
1% per day



**Doctor/surgeon fee**  
25% per illness



**Surgery, implants, medicines and treatment**  
50% per illness

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## CASHLESS CLAIMS

### EMERGENCY HOSPITALISATION

Show the identity card issued by the TPA or insurer at the hospital at the time of admission.

Inform the TPA or insurer within 24 hours of admission. You can call or send an e-mail. Make sure you get a claim intimation number.

Fill the authorisation form and submit it to the TPA or insurer. They will then send the authorisation letter to the hospital.

Some hospitals may ask for a 15-20% deposit depending on the TPA. This is refunded after deducting expenses not covered by the policy.

At the time of discharge, get photocopies of prescriptions, discharge card, bills and other documents.

**After discharge, pre- and post-hospitalisation claims have to be filed separately.**

### PLANNED HOSPITALISATION

If hospitalisation is planned, intimate the TPA or insurer after fixing the schedule with the doctor. Do this 3-4 days before being hospitalised.

Note down your claim intimation number after you have informed the TPA or insurer about the hospitalisation.

Fill pre-authorization form with details of the treatment needed and estimated cost. This form is provided with the policy document. It can also be downloaded.

After examining the details, the TPA or insurer will issue an authorisation letter for cashless treatment.

At the time of discharge, get photocopies of prescriptions, discharge card, bills and other documents. The hospital will give the originals to the TPA or insurer directly.

## PRE- & POST-HOSPITALISATION CLAIMS

If no further treatment is required after hospitalisation, these claims can be submitted along with the hospitalisation claim.

Insurance companies reimburse expenses incurred 30 days prior to and 60 days after the hospitalisation.

Domiciliary expenses include doctors' fee, tests, nursing and medicines for up to 60 days after discharge.

Fill up the claim form and submit it along with the original bills and receipts to the TPA or the insurance company.

Retain photocopies of documents for your own reference.

## DOCUMENTS NEEDED FOR CLAIM SUBMISSION

- A copy of your health insurance policy.
- TPA card.
- The pre-authorization claim form provided by the TPA or insurer.
- Claim form along with the patient's and the doctor's signatures.
- Discharge card.
- Letter from the doctor who recommended hospitalisation.
- All prescriptions for medicines and line of treatment.
- Medical bills.
- Hospital bills with invoice number, break-up of treatment expenses and proof of payment.
- Medical reports, X-rays, blood test reports (signed by the doctor).
- Hospital registration certificate.

**Smart idea: Get the documents scanned and store them in digital format for ease of access.**



## TIPS TO AVOID CLAIM REJECTION

- Check whether the hospital is on the insurance company's network.
- In case you have more than one health cover, mention that in the claim form.
- All bills (medicines, diagnostics and surgeries) must be accompanied by prescriptions.
- In case of an emergency hospitalisation, make sure the doctor specifically prescribes admission.
- Unless your policy covers daycare procedures, hospitalisation is covered only if the patient is admitted for at least 24 hours.