

Claim Process

How does one get Reimbursements in case of treatment in non-network hospitals?

In case of treatment in a non-network hospital, TPA will reimburse you the amount of bills subject to the conditions of the policy taken by the insured.

The insured must ensure that the hospital where treatment is taken fulfils the conditions of definition of Hospital in the Mediclaim policy. TPA should be contacted within 7 days from the time of admission with the following documents in original:

- 1 Claim Form duly filled and signed by the claimant
- 2 Discharge Certificate from the hospital
- 3 All documents pertaining to the illness starting from the date it was first detected i.e. Doctor's consultation reports/history
- 4 Bills, Receipts, Cash Memos from hospital supported by proper prescription
- 5 Receipt and diagnostic test report supported by a note from the attending medical practitioner/surgeon justifying such diagnostics.
- 6 Surgeon's certificate stating the nature of the operation performed and surgeon's bill and receipt
- 7 Attending doctor's / consultant's / specialist's / anesthetist's bill and receipt, and certificate regarding diagnosis
- 8 Certificate from the attending medical practitioner / surgeon that the patient is fully cured
- 9 Details of previous policies if the details are not already with TPA except in the case of accidents

Unique solution ID: #1080

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Last update: 1970-01-01 01:00