

Reimbursement Process

1. What is a Reimbursement Claim?

Reimbursement Claims are those claims where the insured member seeks treatment in a non- network/ network hospital and the hospitalization bills are settled by the member. Later, the claim can be filed to avail the reimbursement of the expenses from the insurer. The ailment for which the claim is submitted should be within the scope of coverage of policy.

2. What are the mandatory documents required for claim submission?

Checklist for employee reference:

1. Apollo Munich claim form - duly filled and signed
2. Photocopy of Ecard
3. Original medicine bills and Doctor's payment receipts with corresponding prescriptions. Doctor name and specialization should be visible in prescriptions / consultation letters.
4. Lab reports

Note: Employees do not need to submit original X-ray films, ultrasound films, scans, etc.

However, the employee may be asked to submit original lab reports/scans for further investigation, if required.

Additionally, based on the claim type, the employee will be required to submit the following documents:

| S. No. | Activity | Details |
|--------|--|---|
| | Claim Type | Mandatory documents for claim submission - Checklist For employee reference |
| 1 | OPD / domiciliary claims | 1. Treating Dr specialization details (provided on prescription / letter head), diagnosis along with Dr sign and seal on claim form / prescriptions for all OPD claims |
| 2 | Cancer Screening Tests | 1. Requisition letter (Doctor's prescription on advising specific test) 2. Original bill with details of procedure expenses 3. Investigation report (photocopy attested by the doctor) 4. Investigation bill in original |
| 3 | Inpatient / Day care claims | 1. Photocopy of detailed discharge summary / day care summary with signature & seal from hospital where treatment is taken 2. Original consolidated hospital main bill with break ups of each items duly signed by insured. 3. Original payment receipt of the hospital bills 4. Original lab investigation bills with original payment receipts (if any) 5. Original invoice bills for implants (ex: stents / IOL /mesh etc) with original payment receipts along with stickers 6. In case of maternity, a certificate from treating doctor stating obstetric history with GPLA (Gravida, Para Living & Abortion) details |
| 4 | Pre and Post Hospitalisation Claim | 1. Original payment receipt of the hospital bills 2. Original lab investigation bills with original payment receipts (if any) 3. Photocopy of discharge summary of the main claim with signature & seal from hospital where treatment is taken |
| 5 | KYC/ AML documents if claim amount exceeds > 1lakh | 1. Employee ID proof -Passport/ PAN Card of Employee 2. Proof of Residence -Bank account statement/Electricity bill/ Ration card |
| 6 | Contribution clause (If an employee is claiming from more than one insurer, the total claim expense is shared by the insurers proportionately. Each insurer contributes towards the claim payment in proportion to the sum insured limit opted.) | 1. Photocopy of mandatory documents (including additional documents specified in S. No. 2) along with settlement note from other TPA / Insurer 2. Employee declaration on claimed amount from AMHC and settled amount from other insurer along with balance cash paid receipts |

3. Details of some important contents of the above mentioned documents:

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| <p>Duly Filled claim form</p> <ul style="list-style-type: none"> The claim form is available on our website (http://www.apollomunichinsurance.com/Downloads/Easy-Health-Insurance-Claim-Form.pdf). All the fields like – policy number, card number, insured name, patient name etc. have to be filled properly. Also mention your mobile number and E-mail ID so that we can contact you regarding the claim. <p>Paid receipt with receipt number</p> <ul style="list-style-type: none"> The paid receipt with receipt number to be attached as a proof of payment made to Hospital/in case of credit card payment, customer copy received from hospital along with Receipt from hospital. <p>In case of Road Traffic Accident:</p> <ul style="list-style-type: none"> A copy of MLC (Medico Legal Certificate) or a copy of FIR is required. | <p>Discharge summary</p> <p>It should clearly specify:</p> <ul style="list-style-type: none"> Date & time of Admission & Discharge Clinical History Diagnosis and Detailed Line of Treatment. Advice on Discharge Attending Doctor's Name with Hospital Seal & Signn Should be on the letter head of the hospital with seal and signature from the hospital <p>Bills</p> <ul style="list-style-type: none"> Original Hospital bill Original payment Receipt with supporting documents Detailed Bills Breakup All Bills should have a Bill No. / Invoice No. and Date In case of Pharmacy Bills, supporting Prescriptions are required All bills are required in Originals |
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4. Photo ID Proof/ Address proof:

To process the claim it is mandatory to establish the identity of the beneficiary. Below mentioned documents are required for this purpose:

1. Ecard and
2. Pan card/ Driving License/Passport/ Voter ID card/or any other photo card issued by Central Govt. or State Govt.
3. Any Valid Address proof
 - Telephone bill (mobile, landline, wireless, etc.) provided it is not older than six months from the date of insurance contract / Date of admission
 - Current passbook with details of permanent/present residence address (updated up to the previous month)
 - Current statement of bank account with details of permanent/present residence address (as downloaded)
 - Letter from any recognized public authority
 - Electricity bill
 - Ration card
 - Valid lease agreement along with rent receipt, which is not more than three months old
 - Employer's certificate as a proof of residence (Certificates of employers who have in place systematic procedures for recruitment along with maintenance of mandatory records of its employees are generally reliable)

5. Ensure getting admitted to the hospital as defined in Insurance policy T&C Hospital Means:

- Either
- The hospital should be registered with the state or central medical authorities.
- OR
- There should be at least 10 inpatient bed facilities and
 - Is under the constant supervision of a Medical Practitioner, and
 - Has fully qualified nursing staff (that hold a certificate issued by a recognized nursing Council) under its employment in constant attendance, and
 - Maintains daily records of each of its patients, and
 - Has a fully equipped and functioning operation theatre

6. Claim Submission

- Claim documents can be submitted at TTK Helpdesk OR couriered to TTK office, Bangalore.
- Address for couriering the claim documents:
TTK Healthcare TPA Private Limited (Claims Dept - IBM claims)
SJR I Park, 1st Floor, Tower 2, EPIP Zone, Whitefield Road,
Opposite Sathya Sai Hospital, Bangalore - 560 066
Ph - 80 - 40125678
- Please specify Employee Name, Employee ID and TTK card number on the envelope.
- For any queries regarding claim submission process, the employee can reach out to TTK Helpline number. The number is: 080 – 40539789.

7. Points to remember

- All admissible hospitalisation expenses will be reimbursed as per the policy terms and conditions & exclusions. Non-admissible expenses will have to be borne by the Insured.
- It is advisable to keep a photocopy of all documents that you have submitted for future reference.
- Always quote the Policy Number/ The TTK Card Number/ Employee ID Number in your correspondence. Where you are communicated the Claims Number, please quote the same for quick reference.
- After hospitalization, the employee must submit the final claim with the required documents within 30 days of discharge from the hospital.
- If any further documents (information) are required then TTK will send a "shortfall of document intimation" through email, and the same should be requested to hospital and submitted back to TTK for further processing of the claim.
- Partial settlement of claim excluding the shortfall amount can be made if all mandatory documents are provided as listed in the table above.
- In case, one does not submit the document within 3 Shortfall reminders (sent every 15 days), the case will be closed and the case cannot be processed further.
- Expenses not payable under OPD benefit:
 - a. Physiotherapy charges, Psychiatric treatment bills, Dental treatment related medical expenses
 - b. Maternity / infertility / miscarriage / pre conception related investigation / consultations
 - c. Vaccination expenses / doctor visits for vaccination consultations
 - d. Routine checkups / health checkups
 - e. Procedure charges except road traffic accidental injuries
 - f. Non allopathic treatments / medical expenses
 - g. Pharmacy / medicines / consumables & disposables
 - h. Bills without respective consultation letters / prescriptions
 - i. Consultation Bills other than specialist
 - j. Consultation fees details mentioned on letter head / bills which are not in preprinted bill formats
- For more details on the hospitalisation policy, please refer http://w3.ibm.com/articles/workingknowledge/2009/01/mbps_daksh_hospitalizationinsurancepolicy.html

Note:

Insurer - Apollo Munich Health Insurance Company Ltd

Third Party Administrator (TPA) -TTK Healthcare TPA Pvt Ltd

