

TTK Healthcare TPA Private Limited

TTK HEALTHCARE TPA PVT. LTD.
2, H.B. Complex, 100 ft BTM Ring Road, BTM 1st Stage, BTM Layout
Bangalore: 560068

IBM - Outpatient Treatment Cover Claim Form (The issue of this is not to be taken as an Admission of Liability)

Please give the following information correctly and completely.

1. Insured Details :	
INSURANCE CO :	APOLLO MUNICH HEALTH INSURANCE
a) Emp no.	
b) TTK ID No.	
c) Name of Insured Person(s)	
d) Age	
e) Correspondence Address	
f) Mobile No.	
g) Residence No.	
h) Email id.	
2. Nature of disease / illness contracted/ailment of injury suffered:	
3. Kindly indicate :	
a) Date of commencement of treatment	
b) Name and contact details of treating doctor	
4. Amount Claimed :	
a) Consulting Doctor's Fees	
b) Investigation Charges	
Total Claimed Amount :	

In support to above claim, I enclose following documents {Please indicate by (✓)}

1. Receipts and Pathological test reports in original from a Pathological Lab supported by the note from the **specialist** advising such pathological tests.
2. Attending **Specialist's** bill and receipt for consultation and **certificate regarding diagnosis** along with doctors registration number (compulsory).

Declaration :

I Hereby agree, affirm and declare that :

- a) The statements/information given/stated by me/us in this claim form is true, correct and complete.
- b) No material information which is relevant to the processing of the claim or which in any manner has a bearing on the claim has been withheld or not disclosed.

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- c) If I have given/made any false or fraudulent statement/information or suppressed or concealed or in any manner failed to disclose material information, my right to claim for the expenses shall be forfeited.
- d) I hereby agree and declare that I have included all bills / receipts for the purpose of OPD permissible treatment under Insurance cover and I will not repeat / submit any supplementary claim in respect of OPD benefits.
- e) The receipt of this claim form/other supporting/related documents, does not constitute an agreement by the Company of the claim and the company reserve the right to process or reject or require further/additional information in respect of the claim.
- f) I also consent and authorize Third Party Administrator /Insurance Company to seek medical information from any hospital/medical practitioner who has any time attended on the insured person.
- g) I confirm that the expenses for which claim is being lodged have been incurred in respect of the insured.

Place : _____

Date : _____

Signature of Claimant.

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DESCRIPTION OF THE DOCUMENT REQUIRED FOR CLAIM PROCESSING

Claimform

Note: There are separate claim forms for “Hospitalization” and “Domiciliary Out-patient” care. The correct claim form should be used while submitting these claims.

Detailed Treatment summary from the treating doctor in his letter head or hospitals letter head

The treatment summary / note shall have the following information

1. Consultation date
2. Condition / problem of the patient
3. Diagnosis / Ailment
4. Line of treatment / Medical management
5. Advice after consultation
6. In case of Injury by fall / Accident, the circumstances of Injury shall be provided

3) Test / Scan / Investigations

- Original report
- Doctor's requisition for taking the test
- Necessary bills of the tests taken

Note : The bill date should match with the report date

4) Consultation bill:

The consultation bill / Receipt should fulfill the following requirements

1. It should be in bill format. The amount written by the doctor in his letter head will not be accepted
2. The bill should have bill number and date
3. The purpose of doctor visit (ie- consultation) should be specified in the bill
4. In case of the bill is for consultation + some other purpose (eg – investigation), the breakup should be given.

5) Pharmacy expenses are not payable in OPD

6) The procedure charges are not payable in OPD

7) Maternity expenses are not payable in OPD

8) Payable for self spouse and dependent children and not for parents

9) Payable only up to a maximum of INR 10,000 (i.e., actual cost maximum of INR 20,000 at 50% co-pay) per annum is admissible. (ie - will be borne by the insurer and employee on a 50%: 50% basis)

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- 10) Routine health checkups do not fall under the category of domiciliary benefit
- 11) This benefit would be available only for specialist consultations and investigations prescribed by a specialist and not for the treatment taken
- 12) The balance cannot be carried forward to subsequent year(s). No minimum amount for claim

13) The treatment should be taken from a specialist

A specialist is defined as a Physician (M.B.B.S.) whose practice is limited to a particular branch of medicine or surgery, especially one who is certified by a board of physicians and should hold an additional degree of MD or MS. Some common specialists include

- Cardiologist
- ENT Specialist
- Neurologist
- Oncologist
- Gastroenterologist
- Pediatrician
- Gynecologist & obstetrics
- Orthopedics
- Nephrologists
- Urologist
- Psychiatrist
- Ophthalmologist
- Endocrinologist

- 14) Any investigation prescribed by a specialist would be admissible under the Domiciliary Plan. i.e. routine blood work, x-ray, ECG, MRI, CT scans etc.
- 15) Please update the new born child's details in TTK site within 45 days. The claim for the new born child and newly married spouse can only be submitted after covering them in TTK's website with 45 days of DOB and DOM respectively

Note: 1) The above mentioned points are the important points & is not the only/ final list.

2) On a case to case basis, additional documentation may be required post medical review by Doctors