

OYSTER & PEARL HOSPITAL & HEALTH CARE SERVICES

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1. IMPORTANT INSTRUCTIONS

- a) This is your Instruction Booklet. The TPA Identity card/s should be kept in safe custody.
- b) In case you find any discrepancies in the Identity Card please contact TPA immediately.
- c) This identity card only in conjunction with authorization letter issued by allows you cashless access in network hospitals for in-patient treatment as per your Medclaim Insurance policy.
- d) Please quote the Health card Number in all your correspondence with TPA.

2. WHAT IS THIRD PARTY ADMINISTRATION SERVICES (TPA)?

The Insurance Regulatory and Development Authority has granted Healthcare Services Private Limited licenses to provide Third Party Administration Services. TPA has subsequently been authorized by your Insurance Company to extend services to you.

The scope of services will include:

- a) Issue of Identity card to all policyholders.
- b) Provide information to policyholders about hospitals.
- c) Provide Cashless access in network hospitals. The name of members of the network hospitals is subject to deletions and additions. Please visit website or call our customers services numbers to check if the hospital is part of the network.
- d) Provide 24 hours, 7 days a week customer service toll free number.

3. WHAT IS CASHLESS ACCESS?

Till recently the Medclaim policyholders had to pay the hospital for treatment and then send the bills to the insurance company for reimbursement. Henceforth, the insured will not have to pay the network hospitals after undergoing treatment. He will have to sign the bills and we will pay the hospital for the treatment undertaken by the insured (subject to Policy terms, exclusions and conditions).

a) How does this work?

Each person covered under the Policy will be issued an identity card. Whenever there is a need for hospitalization the policyholder should obtain an Authorization Letter from TPA. The authorization letter will indicate the name of the insured/patient, the name of the hospital where treatment is required, the nature of illness/ disease for which treatment is required and the monetary limit above which the insured/ patient will have to pay. The policyholder will have to submit this authorization letter along with the identity card given By TPA to the admission counter in the hospital. The hospital will then start treatment.

b) How does one obtain the Authorization letter?

The policyholder & Hospital (Provider) is required to fill the request for authorization or pre- authorization letter and send it to the concern TPA office. Additional copies of the Pre-Authorization letter can be obtained from any of the TPA offices given or you could call our toll free number. TPA will scrutinize the request for authorization letter and send an authorization letter or regret letter.

c) Can a request for Authorization for cashless be declined?

Yes, a request for authorization for cash less access may be declined if,

- a) Inadequate/vague/wrong information is provided and the TPA is unable to get access to further information.
- b) The ailment/ disease for which hospitalization is required is not covered by insurance.
- c) The person does not have adequate insured amount left to cover the hospitalization costs.

This only means that cashless access is declined, AND IS IN NO WAY TO BE CONSTRUED AS DENIAL OF TREATMENT. The policyholder must obtain the treatment as per his/ her treating doctors advice. The denial of preauthorization letter shall not be construed to mean that the policyholder cannot claim under the terms, exclusions and conditions of the policy from TPA . In such cases you are advised to file your claim for reimbursement and TPA will settle the claim as per your policy terms and conditions.

4. HOSPITALISATION:

PLANNED HOSPITALISATION:

- a) The request for Authorization (Pre- Authorization) for planned treatment has to be filled up. This form has to be filled up by the Doctor recommending Hospitalization. The form must be filled fully in Block letters indicating the Doctors Name, Registration Number and Telephone Phone number. Should our Medical Officer need any clarification he may contact your doctor before he initiates action on your request.
- b) This request must reach TPA office at least 4 days before hospitalization.
- c) Any change in the date of hospitalization, Hospital, nature of illness or surgeon who is going to perform the procedure will make the authorization invalid. A fresh authorization will have to be taken.
- d) The authorization is valid only for Network Hospitals.
- e) The authorization will be addressed to the hospital and sent to the patients address or faxed to the hospital as desired by the policyholder.
- f) A specimen format is attached. You could collect this from the nearest TTK Office
- g) A claim form must be collected from the nearest branch of the insurance company or TTK office.

Getting Hospitalized:

In order to secure admission on the appointed day, you are advised to register your name with the hospital well in advance.

- a) Contact the admission desk of the Hospital.
- b) Show your TPA identity card and the Authorization letter given by TPA. The hospital will check the ID card and authorization letter. In case you were issued a non photo Identity card you may have to carry some identification documents like a driver's licence/ voters ID cards etc.
- c) Some network Hospitals may charge you registration fees/ admission fees etc. These will have to be paid by the policyholder. These expenses are not reimbursable under your policy.

- d) In case the amount approved is less than the estimate given by the hospital you may be required to make arrangements for the difference. In addition to the above, you will also have to pay expenses towards telephone charges, etc. In case you wish to know more on expenses that is not covered by your policy please contact us on TPA toll free number for clarifications.
- e) Get admitted.

EMERGENCY HOSPITALISATION:

The policyholder is advised to get admitted. In case of admission to a Network Hospital the hospital will admit the patient as per the procedure of the hospital. The hospitals will then contact TPA and send us a request for authorization. At times the policyholder may be required to contact TPA for authorization. The policyholder must send the pre-authorization request completely filled. TPA Desk will revert within 6 hours of receipt of the request. In case cashless access is declined, this is in no way to be construed to be denial of treatment the policyholder must obtain the treatment as per his/ her treating doctor's advice. The denial of preauthorization letter shall not be construed to mean that the policyholder cannot claim under the terms and conditions of the policy from TPA. In such cases you are advised to file your claim for reimbursement and TPA will settle the claim as per your policy terms and conditions.

In case the policy holder gets admitted to a non network hospital then the hospitalization bills will be reimbursed subject to Terms, exclusions, Conditions and limitations of your Policy.

6. REIMBURSEMENT FOR PRE AND POST HOSPITALISATION EXPENSES.

The Mediclaim Policy allows reimbursement of medical expenses incurred towards the ailment/ disease for which hospitalization was necessitated prior to hospitalization and up to a certain number of days after discharge. This is subject to the limits as described in the policy. The medical expense incurred prior to Hospitalization is called pre- hospitalization expenses and those incurred subsequent to discharge as post Hospitalization expenses.

Send all bills in original with supporting documents along with a copy of the discharge summary and a copy of the authorization letter to the nearest TPA Office. TPA will scrutinize the claim and settle the bills subject to the overall limit of the policy. The bills must be sent to TPA within 7 days from the date of completion of treatment.

7. REIMBURSEMENTS IN CASE OF TREATMENT IN NON- NETWORK HOSPITALS

Cashless Hospitalization is available only in Network Hospitals. While its recommended that you choose a network hospital you are at liberty to choose a non network hospital also. In case you avail of treatment in a Non Network hospital, TPA will reimburse you the amount of bills subject to the policy taken by the policyholder. The Policy Holders attention is drawn to the definition of Hospital in the Mediclaim policy.

TPA should be contacted within 7 days from the time of admission with details of TPA card number, nature of illness, name & address of the Hospital/ Nursing Home/ Clinic, attending Doctor, Bed Number etc. The claim form can be collected from the nearest branch of the Insurance company / TPA office. This claim form must be filled fully and sent to the nearest TPA office along with the following documents in original.

- a. Hospital Bill with Receipt for payment along with the break up signed by the member.
- b. In case of surgeons / consultants bills, kindly insist on a stamped, preferably numbered receipt.
- c. Doctors prescription and medicine bills.
- d. Discharge summary sheet from the hospital.
- e. Pathological reports and other investigation reports along with the doctor's authorization.
- f. Other relevant details and documents connected to hospitalization.

Note: Only expenses relating to hospitalization will be reimbursed as per the policy taken. Non-medical expenses will not be reimbursed at all.

8. ABOUT MEDICLAIM POLICY

What is covered under Mediclaim Policy*?

This insurance policy can be used to protect the insured against expenses incurred towards hospitalization for illness/ injury/ diseases as well as domiciliary hospitalization.

It also includes hospital room and operation theatre charges, diagnostic tests, cost of medicines, blood transfusions, and oxygen cylinders as well as cost of appliances like pacemakers, artificial limbs, etc. subject to terms, conditions, exclusions and limitations as per your policy.