

Reimbursement Procedure:-

Non Network Hospital

1. If employee is in non-network hospital employee may pay the expenses and claim reimbursement based on policy coverage.
2. Hospitalisation intimation need to be given to TPA on Claim.intimation@paramounttpa.com within 24 hrs of admission.
3. Employee may get admitted as per the rules of the Hospital and make payments for the treatment taken and later on submit all the documents for reimbursement.

IN THE HOSPITAL

1. If employee is required to buy medicine or investigation done outside the hospital, kindly obtain proper Cash Memo / Receipt for payment made. (The same can be claimed under reimbursement following discharge)
2. Certain charges such as (Telephone / Fax, Food & Beverages for relatives, Barber, Ambulance etc.) are not covered under your insurance policy; if employee have obtained such services from the hospital please pay for the same directly to the hospital.
3. The policy which employee have purchased may also contain certain additional clause like co-pay, room restriction, etc. All such expenses need to be paid by Insured to hospital prior to discharge & will not be reimbursed as per the terms and conditions of the applicable policy.

Procedure for Reimbursement cases

Reimbursement claims can be submitted to PHS through courier, post or In Person at any of our Branches

Claim Documents should be submitted to PHS within 30 days from the Date of Discharge.

Claim forms can be downloaded from our website. Issuance of claim form does not amount to admission of any liability, under the policy on the part of the insurers.

1. Documents that employee need to submit for a hospitalization reimbursement claim are:

1. Original Completely filled in Claim form
2. Covering letter stating your complete address, contact numbers and email address (if available), along with Schedule of Expenses.
3. Copy of the PHS ID card or current policy copy and previous years' policy copies (if any)
4. KYC documents such as PAN card & Adhaar Card of Employee as well as the patient.
4. Photo ID Proof of insured, address proof required for more than 1 lac claims.
5. Copy of cancelled cheque with pre-printed name for NEFT details.
6. Nature of claim documents -fresh claim/pre-post claim/deficiency retrieval document.

7. Discharge Summary / Death Summary (In case of death claims) /Day care Summary (In case of Day Care treatments).
8. Hospital bill / Final bill with breakup and payment receipt.
9. Receipt of payments made at the hospital.
10. Receipt of payments made at the hospital by credit card :
Please attach the xerox copy of the credit cards payment slip as received from the vendor.
11. Cash Memo of medicines.
12. All bills for investigations done with the respective reports.
13. All bills for medicines supported by relevant prescriptions.
14. Consultation receipts with consultation notes.
15. Any other documents being submitted (example: MLC and FIR in case of accident & alcohol certificate)
16. USG report in case of maternity claim
17. Delay in submission /Intimation(Reason to be submitted with the claim file)

2. On receipt of claim at PHS, Medical team at PHS will determine whether the condition requiring admission and the treatment are covered by your health insurance policy. They will also check with all the other terms and conditions of your insurance policy. [Non-medical expenses](#) will not be payable.

3. Based on the processing of the claim, a denial or approval is executed. In case of approval, NEFT is done into the insured's account directly by Insurance Co.

4. In case your claim is denied, the denial letter is sent to employee by courier / post / e-mail quoting the reason for denial of your claim. In case employee have been insured through your Employer, the denial letter will be dispatched based on instructions received from your Employer.

Note: Only expenses relating to hospitalisation will be reimbursed as per the policy taken. All non-medical expenses will not be reimbursed.

How does one get Reimbursement for pre and post hospitalisation expenses under this scheme?

The medical expenses incurred prior to Hospitalisation are called Pre- hospitalisation expenses and those incurred subsequent to discharge as Post Hospitalisation expenses.

Mediclaim Policy allows reimbursement of medical expenses incurred prior to 30 days of hospitalization & up to a 60 days after discharge, provided the ailment/ disease for which hospitalisation is covered under the policy Terms & Conditions.

These days are subject to the limits as described in your respective policy.

For claiming all Pre-Post Hospitalisation expenses

employee need to send all bills in original with supporting documents in the following manner:

1. Consultation bills should be supported with consultation note / papers of the doctor.
2. Investigation / Pathological / Radiological test bills should be supported along with Reports & advice for the same.
3. Chemist bills should be supported with respective prescriptions for the same.
4. Copy of Discharge Card of the Hospitalisation.
5. Claim must be sent within 67 days from completion of Post Hospitalisation Benefit in your policy.

PHS will scrutinize the claim based on the Policy terms & conditions applicable to your respective policy. And settle the bills subject to overall limit of the policy.