

**For any Assistance / Emergencies/ Cashless approval please contact :**

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**For Escalation related to claims :**

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## **HOW TO OBTAIN CASHLESS APPROVAL**

1. Cashless/ Pre-authorization form is available on TPA counter of network hospitals. The form is also available on the F.I.P. website [www.fipindia.com](http://www.fipindia.com) on the home page under the title • [Cashless request form \(Pre authorization form\)](#)
2. The admission request note is to be filled in by the treating doctor with his signature & stamp by the Hospital.
3. Please mention the PHS ID (i.e. As mentioned on the Health Card as issued by Paramount TPA) on the request for proper identification / verification & further processing.
4. TPA counter at the hospital will send the Admission request note to [al.request@paramounttpa.com](mailto:al.request@paramounttpa.com)/ Fax no. : 022 28259743 / 543 / 784 / 489.
5. On receipt of the completely filled request letter, Paramount will register the claim and issue a claim number (FIR / CCN), verify the documents and if documents are complete and ailment is covered, an authorization letter (AL) will be sent (faxed) to hospital within **3 hours** with initial cost approval to start the treatment. Pls. note the initial cost approval may be part or full amount of estimate given by hospital but this is not the final approval. The amount authorized by Paramount is subject to agreed tariffs with respective hospitals.
6. After the treatment is done, before discharge the hospital will send the final bill to Paramount for final approval. Paramount will give the final cost approval within **3 hours** of request sent.
7. In case there is a deficiency in documents, additional information letter will be faxed to the hospital. The query & claim status can be obtained from Hospital itself or on the website of Paramount ([www.paramounttpa.com](http://www.paramounttpa.com)).
8. If the claim is denied for cashless, the possible reasons for denial of cashless may be as mentioned below:
  - The Patient name is missing in the Policy cover
  - Hospitalization during the 90 days cooling period (if applicable)
  - Treatment falling in Policy exclusions.
  - Maternity (9 Months Cooling period from the date of registering for Policy) (for New Members).

Please pay the full bill at the time of discharge and send all original documents along with claim form to Paramount for reconsideration in reimbursement.

**IN CASE OF PLANNED HOSPITALISATION**  
**(IN A NETWORK HOSPITAL)**

Notify Paramount at least 3 days prior to the date of admission

1. Kindly send the completely filled hospitalization request note either by Fax or by E-Mail.
2. If the ailment is covered under policy conditions, an Authority Letter would be issued to the concerned hospital enabling cashless facility.
3. In case of any deficiency or query, an additional information letter will be sent to the Hospital. On retrieval of the said information the request will be processed accordingly.

**WHAT TO DO IN AN EMERGENCY?**

1. In an accidental case or in medical emergency you are advised to approach nearest Network Hospital with PHS ID Card.
2. Pay the deposit amount and take admission to start the treatment.
3. Subsequently approach the TPA desk at the hospital and start the process of cashless as stated above.
4. Paramount will verify the details and issue the letter with initial cost approval to the hospital.
5. At discharge the final bill will be sent by the hospital to Paramount for final approval of amount payable under insurance.
6. In case of Hospitalization in a non network hospital kindly pay the full bill and apply for reimbursement of the claim.

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