

MEMORANDUM ATTACHED TO AND FORMING PART OF THE POLICY No.
150300/12001/2017/A012252

Notwithstanding anything contrary to the terms & conditions of the policy the following changes have been made

1. Sec 1 b of the policy wordings, ***Pre Hospitalisation*** has been modified to 30 days.
2. Sec 1 c of the policy wordings, ***Post Hospitalisation*** has been modified to 60 days.
3. Sec 1 f of the policy wordings, ***Emergency Ambulance***, has been modified and Our maximum liability shall be restricted upto 1% of Sum Insured or Rs 2000/- whichever is less.
4. Sec 2 b under EXCLUSIONS of the policy wording, ***30 days Waiting Period*** stands waived for all Students covered under this policy.
5. Sec 2 c under EXCLUSIONS of the policy wordings, ***First year Waiting Period*** stands waived for all Students covered under this policy.
6. Sec 2 d under EXCLUSIONS of the policy wordings, ***Pre-existing Conditions*** stands waived for all Students covered under this policy.
7. Sec 3 b of the Policy Wordings has been modified to insure all members covered in expiring policy upto **age 25 years**.
8. Save as and to the extent Section 1b) ii) is modified as "we have accepted an inpatient hospitalisation claim under Benefit 1a) or 1d)."
9. Save as and to the extent Section 1c) ii) is modified as "we have accepted an inpatient hospitalisation claim under Benefit 1a) or 1d)."
10. Save as and to the extent Section 2e) vi) is modified as "Psychiatric or mental disorders (including mental health treatments; Parkinson and Alzheimer's disease; general debility or exhaustion ("run-down condition"); Congenital external diseases, defects or anomalies; genetic disorders; stem cell implantation or surgery; or growth hormone therapy; sleep-apnoea."

All other terms, conditions, warranties & exclusions of the policy remain unaltered.

Cashless hospitalisation

Apollo Munich brings to you the advantages of availing cashless process of claim settlement.

Cashless treatment at network provider is the best option!

Why?

	Cashless Process	Reimbursement Process
Hospitalisation Expenses	Employee liable to pay only the co-payment amount and the non-medical expenses (subject to policy limit). Thus, less financial burden on the employee.	Complete hospitalisation expenses to be borne by the employee at the time of discharge.
Documentation	Limited paper work involved (only preauthorisation form required); Hospital bills are settled directly by the TPA / Insurer (subject to policy limits)	Employee is responsible for submitting complete documents within the defined time period failing which it can lead to rejection of claim.
Coverage Eligibility	On the spot confirmation of coverage eligibility. Thus, Peace of mind.	Admissibility of submitted claim is not known till the time case is processed and settled by the TPA.
Discounted Tariff	Discounted negotiated tariff in most of the hospitals resulting in overall lesser hospitalization expenses. Thus, safeguarding the sum insured of the member.	Not applicable in reimbursement cases, payment always as per rack rate.
Claim Rejection Risk due to delayed submission of documents	Not Applicable	Non-submission of complete claim documents within the stipulated time can lead to rejection of the claim.

Points to remember at the time of Admission

- Plan the hospitalisation in a hospital which is in the network of the Insurer/ TPA. List of network hospital can be checked by calling helpline numbers of TPA. The numbers are: 18004254033.
- Carry the doctor's prescription along with the Ecard and any valid photo ID proof of the member getting hospitalised.
- Please carry reports/First consultation papers of the previous hospitalisation or treatment for the same ailment as these documents may be required to process your cashless approval
- Fill up the Preauthorisation Form available at the Hospital insurance helpdesk and request them to seek cashless approval from the TPA/ Insurer.
- The preauthorisation form needs to be faxed to the TPA for approval by the hospital.
- The preauthorisation request will be approved as per your eligibility under the health insurance policy and you will receive confirmation on your mobile. PLEASE MENTION YOUR MOBILE NUMBER ON THE PRE AUTH FORM
- In case of any query regarding preauthorisation approval, you may call on the 24 x 7 helpline numbers of the TPA.

Points to remember at the time of Discharge:

- At the time of discharge, please check the hospital final bill before you are discharged to ensure that the hospital has not billed you for the services not utilised or medicines not administered/ procedures not performed.
- After this verification please sign the bill and obtain a copy of this bill along with the discharge summary for your future reference.
- The discharge summary along with the final bill will be sent by the hospital to the TPA/ Insurer for final clearance.
- Post receiving approval from the TPA/Insurer, the employee is liable to pay only the co-payment amount and the non-medical expenses to the hospital.

Note:

Insurer - Apollo Munich Health Insurance Company Ltd
Third Party Administrator (TPA) - Family Health Plan (TPA) Ltd.



Reimbursement Claims

What is a Reimbursement Claim?

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

Checklist for Employee Reference:

S. No.	Activity	Details
	Claim Type	Mandatory documents for claim submission - Checklist For employee Reference
1.	OPD / domiciliary claims	<ol style="list-style-type: none"> 1. Apollo Munich claim form - duly filled and signed 2. Original medicine bills and receipts with corresponding prescriptions. Doctor name and specialization should be visible in prescriptions / consultation letters. 3. Original Lab investigation bills along with lab reports 4. Photocopy of ID card 5. Treating Dr specialization details, diagnosis along with Dr sign and seal on claim form / prescriptions for all OPD claims
2.	Inpatient / Day care claims	<ol style="list-style-type: none"> 1. Apollo Munich claim form - duly filled and signed 2. Photocopy of ID card 3. Original detailed discharge summary / day care summary 4. Original consolidated hospital main bill with break ups of each items duly signed by insured. 5. Original payment receipt of the hospital bills 6. Original bills / original payment receipts/ original lab reports 7. Original medicine bills and receipts with corresponding prescriptions 8. Original invoice bills for implants (ex : stents / IOL /mesh etc) with original payment receipts along with stickers.
3.	Pre and Post Hospitalisation Claim	<ol style="list-style-type: none"> 1. Apollo Munich claim form - duly filled and signed 2. Photocopy of ID card 3. Original payment receipt of the hospital bills 4. Original bills / original payment receipts/ original lab reports 5. Original medicine bills and receipts with corresponding prescriptions 6. Xerox copy of discharge summary of the main claim
4.	KYC/ AML Documents claim amount exceeds > 1lakh	<ol style="list-style-type: none"> 1. Legal name and any other names used -Passport/ PAN Card of Employee 2. Proof of Residence -Bank account statement/Electricity bill/ Ration card
5.	Contribution clause	<ol style="list-style-type: none"> 1. As per S. No 2 requirements (Xerox copies) along with settlement note from other TPA / Insurer 2. Employee declaration on claimed amount from AMHIC and settled amount from other insurer along with balance cash paid receipts

Elaboration of some important contents of the above mentioned documents:

<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>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 & Sign Should be on the letter head of the hospital with seal and signature from the hospital
<p>Investigation reports</p> <ul style="list-style-type: none"> Original Investigation reports are required. E.g. In case of maternity: Original USG Reports with a certificate from treating doctor stating Obstetric history with GPLA (Gravida, Para Living & Abortion) details. 	<p>Bills</p> <ul style="list-style-type: none"> Original Hospital bill Original payment Receipt with supporting documents Detailed Bills Breakup All Bills above Rs. 5000 should have revenue stamp 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
<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 certificate or a copy of FIR is required.

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:

- Health ID card and
- Pan card/ Driving License/Passport/ Voter ID card/or any other photo card issued by Central Govt. or State Govt.
- Any Valid Address proof

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 15 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

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 TPA 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 TPA will send a "shortfall of document intimation", and the same should be requested to hospital and submitted back to the TPA for further processing of the claim.
- In case, one does not submit the document within 3 Shortfall reminders (sent on every 15 days), the case will be closed and the case cannot be processed further.

Note:

Insurer - Apollo Munich Health Insurance Company Ltd

