

CLAIMS MANUAL

On the occurrence of any Illness / Surgery that may give rise to a Claim under this Policy, the Claims Procedure set out below shall be followed.

Procedure	Cashless Hospitalization		Reimbursement Claims
	Emergencies	Planned	
Claim Intimation	You shall intimate the Claims to us by calling us at +91 9821034071 or writing to us at claims@narayanahealth.insurance. Senior citizen can call the toll free number 1800 203 0234		
Claim Intimation Timelines	Within 24 hours of the Emergency Hospitalization	At least 48 hours prior to the planned Hospitalization	For emergency - within 24 hours of admission For planned admission - 48 hours prior to admission
Particulars to be provided to us while intimating the claim	i. The Policy Number ii. Name of the Policy holder iii. Name and address of Insured Person in respect of whom the request is being made iv. Nature of the Illness/Injury and the treatment/Surgery required v. Hospital where treatment/Surgery is proposed to be taken or /Hospital where the Insured person is admitted vi. Proposed /Actual Date of admission vii. estimation		
Process for obtaining Preauthorization	The following information shall be collated by the Network Provider: i. Policy Number ii. Name of the Insured person(s) named in the Policy schedule availing treatment iii. Nature of disease/Illness/Injury iv. Name and address of the attending Medical Practitioner/Hospital v. Date of admission & probable date of discharge vi. Approximate Claim Expenses vii. Any other relevant information as required		Not Applicable
	i. If the particulars are not provided in full or are insufficient for Us to consider the request, We will request additional information or documentation ii. On receipt of duly filled pre authorization form from the Network Provider along with other sufficient details to assess the request, We may; <ul style="list-style-type: none"> Issue the authorization letter specifying the sanctioned amount any specific limitation on the claim and non-payable items, if applicable or Reject the request for pre-authorization specifying reasons for the rejection. 	i. We shall send Release Of Information form to the Insured Person for signature and consent. ii. After receiving the signed Release Of Information form, We will retrieve hospitalization documents along with invoices iii. If these details are not provided in full or are insufficient for Us to consider the request, We will request additional information or documentation. On receipt of the complete documents, we may <ul style="list-style-type: none"> Issue the guarantee of payment specifying the sanctioned amount, any specific limitation on the claim and non-payable items, if applicable or Reject the request for pre-authorization specifying reasons for the rejection 	Not Applicable

Turn Around Time	For cashless hospitalization for i. TAT for initial request: Decide on the request for cashless authorization immediately but not more than one hour of receipt of request. ii. TAT for final approval: Final authorization within three hours of the receipt of discharge authorization request from the hospital.	Not Applicable
List of Claim documents	Not Applicable	As enlisted below

List of Documents for Reimbursement Claims:

- i. Duly signed, stamped and completed Claim Form
- ii. Photo ID & Age Proof
- iii. Copy of claim intimation letter / reference of Claim Intimation Number in the absence of main claim documents
- iv. Copy of the Network Provider's Registration Certificate / Hospital registration no in case of Hospitalization original Discharge Card / Day Care Summary / Transfer Summary
- v. Original final Hospital Bill with all original deposit and final payment receipt
- vi. Original invoice with payment receipt and implant stickers for all implants used during surgeries e.g. lens sticker and invoice in cataract Surgery, stent invoice and sticker in Angioplasty Surgery
- vii. All previous consultation papers indicating history and treatment details for current illness
- viii. All original diagnostic reports (including imaging and laboratory) along with prescription by Medical Practitioner and invoice / bill with receipt from diagnostic centre
- ix. All original medicine / pharmacy bills along with prescription by Medical Practitioner
- x. MLC / FIR Copy – in Accidental cases only
- xi. Copy of Death Summary and copy of Death Certificate (in death claims only)
- xii. Pre and Post-Operative Imaging reports
- xiii. Copy of indoor case papers with nursing sheet detailing medical history of the patient, treatment details, and patient's progress
- xiv. Original payment receipt
- xv. KYC documents

Conditions for obtaining Cashless facility:

- i. Cashless facility can be availed only at Our Network Provider. The complete list of Network Providers and Empanelled Service Providers is available on Our website and can be obtained by contacting Us.
- ii. We reserve the right to modify, add or restrict any Network Provider for Cashless Facilities at Our sole discretion. The same shall be duly updated on Our website. You shall check the updated list of Network Providers before applying for Cashless Claim.
- iii. Pre-authorization is valid for 15 days from date of issuance and if all the details of the Hospitalization/treatment, including dates, Hospital and locations match with the details as per Cashless authorized.
- iv. We will make payment for the Cashless authorized amount directly to the Network Provider.
- v. If the claim is not notified to Us within the specified time limits, then We shall be provided the reasons for the delay in writing. We will condone such delay on merits where the delay has been proved to be for reasons beyond the claimant's control.

Payment of Claim:

- i. If there are any deficiencies in the necessary claim documents which are not met or are partially met, We will send a maximum of 3 (three) reminders following which We will send a closure letter or make a part-payment if We have not received the deficiency documents after 45 days from the date of the initial request for such documents
- ii. On receipt of all the documents and on being satisfied with regard to the admissibility of the claim as per policy terms and conditions, We shall offer within a period of 30 days a settlement of the claim to the insured.
- iii. Upon acceptance of an offer of settlement by the Insured person, the payment of the amount due shall be made within 15 days from the date of acceptance of the offer by the insured. In the cases of delay in the payment We shall be liable to pay interest at a rate which is 2% above the bank rate prevalent at the beginning of the financial year in which the claim is reviewed by it.

iv. However, where the circumstances of a claim warrant an investigation, We will initiate and complete such investigation at the earliest, in any case not later than 30 days from the date of receipt of last necessary document. In such cases, we will settle the claim within 45 days from the date of receipt of last necessary document. In case of delay beyond stipulated 45 days, the Company will be liable to pay interest at a rate which is 2% above the bank rate from the date of receipt of last necessary document to the date of payment of claim.

v. If We, for any reason decide to reject the claim the reasons regarding the rejection shall be communicated to You in writing within 30 days of the receipt of last necessary documents.

vi. If requested by Us and at Our cost, the Insured Person must submit to medical examination by Our Medical Practitioner as often as We consider reasonable and necessary and We/Our representatives must be permitted to inspect the medical and Hospitalization records pertaining to the Insured Person's treatment and to investigate the circumstances pertaining to the claim.

vii. We and Our representatives must be given all reasonable co-operation in investigating the claim in order to assess Our liability and quantum in respect of the claim

Contact Us:

Claim Intimation:	Call at +91 9821034071 or email at claims@narayanahealth.insurance Senior citizen can call the toll free number 1800 203 0234
Claim document submission at address	Claims Department Narayana Health Insurance Limited Corporate Office: No. 261/A, Bommasandra Industrial Area, Anekal Taluk, Bangalore - 560099, Karnataka, India