

What is to be done in case of a health insurance claim?



Have you experienced or have you been told by others about the delay or rejection of claims related to health insurance? If yes, we need to understand that many of the times this delay or rejection occurs due to some mistakes made from our side. These mistakes are definitely not made on purpose. This happens due to lack of information and knowledge.

A large number of mediclaim policyholders have to claim re-imburement from their insurance companies for hospitalization expenses as a large number of hospitals have been removed from the list of network hospitals by the public sector Insurance companies. At the best of times it takes at least 2-4 weeks for the claim to be settled.

Here is a list of 8 things that you must remember to do to make sure your claim re-imburement process is relatively quicker.

1. Inform the company about the impending claim via email to the TPA (or the Insurance company) as soon as you are hospitalized. The email address of the TPA/Company is mentioned on the policy documents as well as the mediclaim cards which you get from the company. The email should contain the details of your policy such as Policy number, Patient name, Name of the hospital, a brief about the hospitalization. You can also ask your advisor/agent to do everything on your behalf. Please note that if we do not intimate the company within 24 hours of hospitalization the claim is likely to be rejected.
2. Get the FIR copy - If hospitalization is due to an accident then you will need the certified copy of the First Information report filed with the police. If the accident was at home not involving the police (say you slipped and fell in the bathroom at home) get your treating doctor to certify in another letter that the injuries are consistent with your claim that they were incurred in a domestic accident.
3. Get all original bills and reports and discharge certificates and submit them along with the claim (you need to make copies for yourself). Most TPAs nowadays demand copies of the indoor case papers of the Hospital. The hospital will supply you with a certified copy of the indoor case papers on payment of a small fee. Also get copies of any X-ray or MRI films (again available on payment of a small fee to the hospital) since some TPAs have started demanding the X-ray/MRI films as well.
4. Make sure that any bills for diagnostic tests or medicines are supported by a prescription contained in the indoor cases papers or a separate prescription from the treating Doctor. Number all the documents/pages in the claim file. If possible cross reference all expenses and reports with the relevant prescription and bills.
5. Keep copies of all documents submitted to the TPA and get acknowledgement from them in writing for any documents submitted.
6. Make sure that the claim is submitted within 1-2 days of discharge from the hospital to avoid the

chances of the claim being denied on grounds of delayed submission. If you have post discharge claim amounts (such as medicines prescribed on discharge to be taken for a few weeks or months after the hospitalization) you can submit a supplementary claim later.

7. Watch your claim status on the online website: Most TPAs have online claim status on their websites. The TPAs have a disconcerting habit of posting fresh requirements regarding your claim on their website without ever actually sending the letter to you. You will need your policy number to be able to find out the status of your claim.
8. Every second follow up should only be by email or by acknowledged letter. This helps build up your case in case any future action is required.

This article is just to inform you about the various steps to be taken during a health insurance claim otherwise I and my team will always be there at your service regarding anything you need. All you need to do is just a phone call before the hospitalization of the patient.