

STANDARD OPERATING PROCEDURE

Contributory Post-Retirement Medical Scheme (CPRMS)-2025



HINDUSTAN COPPER LIMITED

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Chapter 1: Contributory Post-Retirement Medical Scheme - 2025

1.0 Terms of the Scheme

CPRMS for Retired Employees, Spouse of Retired Employees & Spouse of deceased retired employees of Hindustan Copper Ltd. is operational for a period of 01 (one) year with effect from 12.01.2025.

1.1 Third Party Administrator (TPA)

The members are covered through CPRMS 2025. The insurance provider is M/s. Iffco – Tokio General Insurance Company Limited and the Third-Party Administrator (TPA) is Medi Assist Insurance TPA Private Limited.

1.2 Coverage

Coverage under CPRMS 2025 is extended to Retired Employees, Spouse of Retired employees & Spouse of deceased retired employees of Hindustan Copper Ltd. Retired Employees, Spouse of Retired employees & Spouse of deceased retired employees who opt to become members by payment of premium will hereinafter be called the 'Members' under CPRMS 2025. Coverage will include the following:

- a. In respect of Hospitalization treatment facility, each of the members will individually be entitled to an In-Patient Department (IPD) sum insured of Rs. 5 lakhs with clubbing (floater) facility i.e., sum insured of Rs. 5 lakhs per member can be clubbed between the primary member and their Spouse (maximum clubbed limit Rs. 10 lakhs).
- b. Spouse of the retired employee covered under this category will continue to avail facilities in the event of death of the retired employee during the insured period.
- c. Corporate Buffer of Rs. 1 crore will be used on 'first come first serve' basis with ceiling of Rs.5 lakhs for each member.
- d. Each retired employee and their spouse will be individually be entitled to an Out Patient Department (OPD) sum insured of Rs. 15000/- each over and above the IPD limit with clubbing (floater) facility, i.e., sum insured of Rs. 15000/- per member which can be clubbed between the Primary member and their Spouse (maximum clubbed limit Rs.30000/-)
- e. OPD will include Doctor's consultation and all other OPD treatments. OPD claims are to be submitted by the member to the Insurance Company /TPA at any time but necessarily when the expenses exceed Rs. 4000/- per member or within 90 days from billing date whichever is earlier.

1.3 Entitlement towards Bed / Cabin charges

Entitlement towards Bed / Cabin and ICCU / ITU / ICU / HDU charges with per day limit is as under.

Pre-Retirement Grade of Pay	Bed/Room/Cabin charges Per Day Limit (Rs.)	ICCU / ITU / ICU / HDU charges
All Workmen	2550	1% of sum insured
Grade E-0, E-1, E-2	3750	
Grade E-3 to E-5	4500	2 % of sum insured
Grade E-6 to E-7	5550	
Grade E-8 & E-9	6750	3 % of sum insured
CMD / Directors	14250	4 % of sum insured

1.4 General Terms & Conditions

- a. All pre-existing diseases / ailments except **maternity** will be covered from day one on the insurance cover
- b. Insurance cover is with 'Nil' waiting period from the date of commencement of cover.
- c. All excluded diseases based on periods will be covered under the proposed policy.
- d. The cover extends 30 days pre-hospitalization and 60 days posthospitalization benefits.

- e. The policy covers all types of hospitalization expenses anywhere in India “**without any co-payment clause**”.
- f. ‘Day Care’ facilities (where treatment in Hospital / Nursing Home takes less than 24 hours and the patient is released on the same day) is covered.
- g. **Ambulance charges** upto a ceiling of Rs.5000/- is admissible as part of hospital bills only for the admission, discharge & transfer. The ambulance charges are covered within the overall ceiling of Sum Insured as part of the hospital bills.
- h. Condition of 24 hours Hospitalization will not apply in case of death.
- i. Internal Congenital diseases are covered.
- j. Consultation charges / doctor fees / surgeon fees / anaesthesia charges / charges for consultation by specialists / procedure charges and other treatment charges will be paid as per actual basis, even if the room rent is higher than the per day % limit.
- k. The cost of hospitalization due to Psychiatric ailment upto Rs. 50000/- as well as treatment of functional endoscopy / Sinus Surgery upto Rs. 50000/- is covered.
- l. Treatment of Macular degeneration of Retina (Injection of Avastin / Lucentis / Macugen etc.) is covered upto Rs. 50000/- per family within the Sum Insured.
- m. Organ Transplantation including the treatment cost of Donor, will be covered but does not include the cost of the organ.
- n. Home Hospitalization / Domiciliary Hospitalization will be covered (when the member cannot be transferred to a Hospital or when a Hospital bed is not available).
- o. Advanced Medical Treatments like Robotic Surgery / Cyber-knife treatment / Stem Cell Therapy / Cochlear Implant / Femto-laser / Minimal Access / Key Hole CABG / Baloon Kyphoplasty etc. will be covered up to 100% of Sum Insured.
- p. Lasik Surgery to be covered if correction index is +/-6.5D
- q. On superannuation of employees during operational period of CPRMS, mid-term inclusion of retired employees and / or their spouse on payment of pro-rata premium to Insurance Provider, and in case of mid-term exclusion, refund of pro-rata premium shall be allowed to HCL by the Insurance Provider.
- r. There is no cap / limit and / or sub-limits based on Sum Insured or otherwise except the cap / limit of bed / room / cabin charges / ICCU / ITU etc. charges for respective categories as stated / specified in Para 1.3 for retired executives / retired non-executives and their spouse or surviving spouse.
- s. All advance technology is covered as per IRDA new Circulars.

Chapter 2: IPD Treatment Claim Process

1.1 There are two types of claim process for IPD treatment-Cashless and Reimbursement

1.2 Cashless Claim Process Steps:

- Step-1: Check your nearest hospital from the Network Hospital List available online.
- Step-2: Visit Hospital's Insurance desk with your health card and ID proof and doctor's advice.
- Step-3: Treatment starts, member's relative needs to fill pre-auth form and submit it at the hospital's TPA desk.
- Step-4: Hospital sends TPA all the details for eligibility check.
- Step-5: Initial approval from TPA in six working hours.
- Step-6: Final approval by TPA on receipt of discharge certificate, reports and final bills within 2-4 hours(Refer **ANNEXURE 1**)
- Step 7: In Case of Denial: TPA will mail hospital citing the reasons. Cost of inadmissible items is to be paid by member to the hospital. Also, the receipts of payment made and copies of all relevant documents may be kept.(Refer **ANNEXURE 3** for list of inadmissible items)

1.3 Reimbursement Claim Process Steps

- Step-1: Members intimate TPA about their IPD treatment via e-mail. Copy of the intimation should be sent to HR & Salasar Services.
 - Step-2: Members who avail treatment in non-network hospitals should make up front payment.
 - Step-3: Original documents are to be submitted to TPA within the time limit. For list of documents to be submitted and time limits for submission of documents please refer **ANNEXURE 2**.
 - Step-4: In Case of Incomplete Documents, a query letter is given by the Insurance Company and sent to HR who will intimate the same to the employee.
 - Step-5: Insurance Company will settle claim within 30 days after receiving all the complete documents and settlement details will be forwarded to HR department.
- Note:** Reimbursement of medical expenses incurred due to IPD treatment will be directly deposited into the members' bank account.

Chapter 3: Frequently Asked Questions IPD

SN	QUESTION	ANSWER
1.	Where can I find the Network Hospitals List?	You can find it in the Medi-Assist portal that is the following website: https://mediassisttpa.in/network-hospital-search
2.	In case of cashless treatment what documents are required to be submitted at the Hospital's Insurance Desk?	Health Card, ID Proof, Doctor's Advice.
3.	When to fill Pre-Authorization Form?	Once treatment starts, relative of the member needs to fill the form and submit at Hospital's TPA desk.
4.	What are the inadmissible items for IPD treatment?	Please refer 'List of Non-Medical Items (IPD)' in ANNEXURE 3
5.	What if the treatment type comes under the Inadmissible list?	The bills are to be paid by the member to the Hospital
6.	While availing cashless treatment what should be done after discharge of the member?	It is advised to collect all the copies of the relevant documents, discharge certificates, final receipts and bills.
7.	Whom do I contact to get verbal assistance?	The contact details of Single Point of Contact (SPOC) of TPA and Mediclaim Consultant of Salasar Services Insurance Brokers Private Limited (Salasar Services) are available in ANNEXURE 1
8.	Due to a medical emergency, I have availed treatment in a Non-Network Hospital near my residence. In that case what should I do?	<ul style="list-style-type: none"> i. Intimate the TPA and Salasar Services via mail (E-mail IDs: are provided in ANNEXURE 1 under head Contact details) ii. Avail Treatment and make Upfront payment to the Non-Network hospital. iii. Submit all the relevant documents to Medi Assist TPA iv. Claim will be settled by Insurance Company within 30 days after receipt of complete claim documents and settlement details will be forwarded to HR department of HCL
9.	I am unclear about the list of documents to be submitted by me for the reimbursement claim process in IPD	Please follow ANNEXURE 2 which clearly states the list of documents to be submitted in original for reimbursement claims
10.	I am a member of CPRMS 2025 and I need an implantation. Can I claim reimbursement for the implantation treatment?	Yes, you are eligible to claim reimbursement for implantation.
11.	What is the claim process in case the implantation has been done in a non-network hospital?	You should provide original invoice/bills of the implants with original payment receipts & sticker of implant to TPA at the address of SPOC, Medi-Assist, 8th floor, Thapar House, 25, Brabourne Rd, Murgighata, B.B.D. Bagh, Kolkata, West Bengal 700001
12.	There is a case of accident and treatment being done in a Non-Network Hospital, post treatment what documents are required to claim reimbursement?	Provide self-statement/FIR/Medicolegal report (MLC Copy) & Original X-ray report and plate. Treating doctor's certificate giving details of injuries (How, when and where injury sustained) including whether Claimant was under the influence of any intoxicating material. (Refer ANNEXURE 2)
13.	What is the time-limit for reimbursement of hospitalization from Insurance Company?	Within 10 days from the date of discharge for Pre-Hospitalization & Hospitalization claim (Refer ANNEXURE 2)
14.	What is the time-limit for reimbursement of post hospitalization expenses from Insurance Company?	Submit within 7 days after completion of treatment or 60 days period, whichever is earlier. (Refer ANNEXURE 2)

Chapter 4: OPD Treatment Claim Process

- Step-1: The Members can access treatment on an outpatient basis at any hospital, nursing home, or doctor's Chamber (Registered Medical Practitioners).
- Step-2: They can take medications prescribed by doctors, whether on the hospital's letterhead, clinic's letterhead, or the doctor's own letterhead and these are covered under this provision.
- Step-3: Insured individuals are required to submit OPD claims to the TPA within 90 days from the billing date or when expenses surpass Rs. 4000/- per member, whichever occurs first.
- Step-4: For the OPD Claims the members are required to submit the following documents- Filled Part-A claim form, OPD Doctor Prescription's, Bills, Reports, Money receipt, Copy of Health card, Aadhar card, Name printed cancel cheque of the Employee to Medi Assist TPA. Post that TPA will settle claim within 10-15 days after receipt of complete claim documents and settlement details forwarded to HR and member's Email id.
- Step-5: Once the claim is approved it will be credited directly to the Insured account.
(Refer **ANNEXURE 4** for more details.)

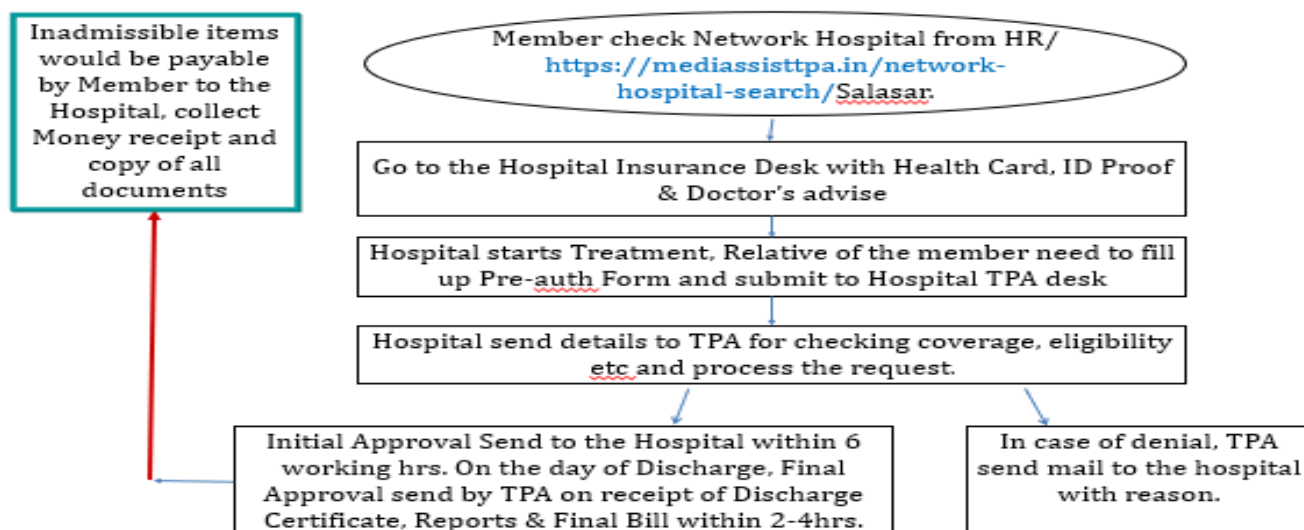
Chapter 5: Frequently Asked Questions OPD

SN	QUESTION	ANSWER
1.	I am a CPRMS – 2025 member, can I access treatment anywhere on an outpatient basis?	Yes, anywhere provided they should be registered medical practitioners.
2.	Which prescriptions are covered under this provision?	Medications prescribed by doctors, whether on the hospital's letterhead, clinic's letterhead, or the doctor's own letterhead.
3.	Conditions for submitting OPD claims?	You need to submit OPD claims to the TPA within 90 days from the billing date or when expenses surpass Rs. 4000/- per member, whichever occurs first.
4.	What documents are required to be submitted for the OPD Claims?	Filled Part-A claim form, OPD Doctor Prescription's, Bills, Reports, Money receipt, Copy of Health card, Aadhar card, Name printed cancel cheque of the Employee.
5.	Whom to submit the documents and what is the address to submit those?	The documents needs be submitted to Medi Assist TPA at the address of SPOC, Medi-Assist, 8th floor, Thapar House, 25, Brabourne Rd, Murgighata, B.B.D. Bagh, Kolkata, West Bengal 700001
6.	Whom do I contact to get verbal assistance?	The contact details of Single Point of Contact (SPOC) of TPA and Mediclaim Consultant of Salasar Services Insurance Brokers Private Limited (Salasar Services) are available in ANNEXURE 4
7.	I am an active CPRMS 2025 member. Recently I accessed treatment on an outpatient basis from a hospital near my place. As stated, I have submitted my OPD claims within 90 days of billing date as stated, when shall the claim be settled?	Once TPA receives the claim documents and settlement de 10-15 days to carry out the entire process
8.	I am a retired HCL Employee. Me and my wife both are members of CPRMS 2025, I want to know what is the total OPD Sum assured?	Rs.15,000/- for Self and Rs. 15,000/- for Spouse (maximum clubbed limit Rs.30000/-)

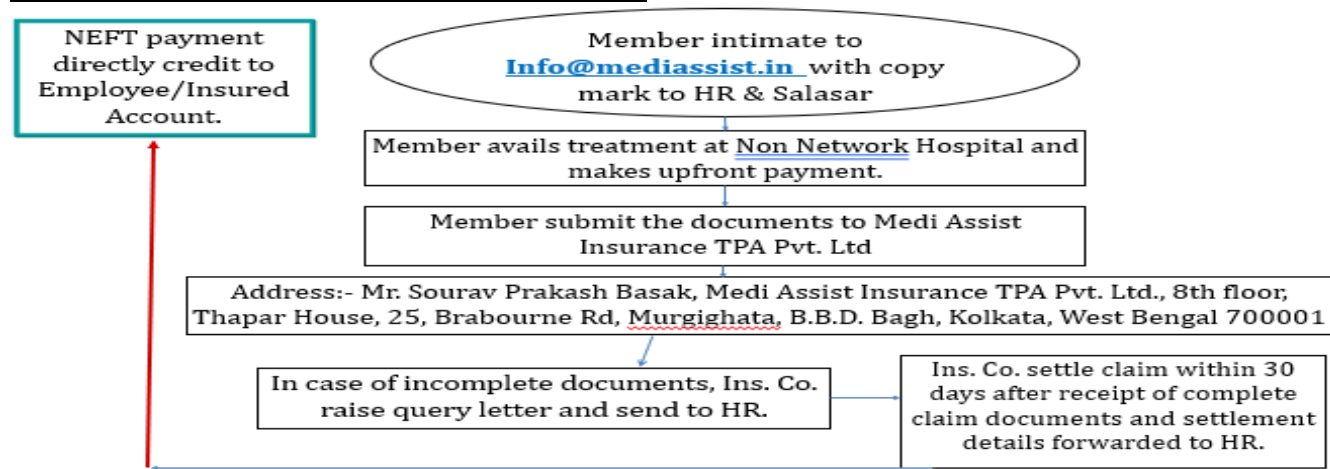
ANNEXURE 1: Coverages of Group Mediclaim Policy – Hindustan Copper Limited – CPRMS (IPD Treatment) – Flow Chart

Policy Period – 12.01.2025 to 11.01.2026

Cashless claim process steps: -



Reimbursement claim process steps: -



Contact Details:

Mediassist TPA:

SPOC	Mr. Sourav Prakash	8585007583	sourav.prakash@Mediassist.in
Level 2	Ms. Manab Kundu	8584033178	manab.kundu@Mediassist.in
Final level	Mr. Sanjiv Chatterjee	8584888246	sanjiv.chatterjee@Mediassist.in

Salasar Services: (Mediclaim Consultant):

SPOC	Mr. Abhigyan Bhattacharya	6292331576	abhigyan@salasarservices.com
Level 2	Mr. Deepankar Jena	6292139876	deepankar@salasarservices.com
Final level	Mr. Salil Dey	9674156327	salil.dey@salasarservices.com

Hindustan Copper Limited

SPOC	Mr. Rupam Paul	9681822858	hclxemp_helpdesk@hindustancopper.com
Level 2	Mr. Ranajit Chattopadhyay	9433843183	hcl_medical@hindustancopper.com
Final level	Mr. Ashutosh Sharma	9903433007	ashutosh_s@hindustancopper.com

ANNEXURE 2: IPD Checklist

Please submit the following documents in original for reimbursement claims:

1. Duly filled in claim form (Part A by Insured) & Part B to be filled and signed and stamped by hospital authority.
2. copy of the Medclaim/ E card of the patient
3. Original copy Advice for admission/consultation notes/Emergency note (in case of emergency admission).
4. Original Discharge Summary/day care summary duly signed & stamped by Hospital.
5. Original Final Bill with detailed break-up duly signed & stamped by hospital.
6. All money receipts against the final bill with receipt no duly signed & stamped by hospital.
7. Original Medicine/pharmacy bills along with Doctor's original prescriptions. (Please make sure patient name is mentioned on every bill/document submitted).
8. Original investigations & Test Reports with original bills & receipts along with Dr prescription in original for doing the same.
9. Kindly provide attested copies of indoor case papers containing admission notes, daily doctors' notes, surgery notes, treatment sheets, nurse notes and TRP chart, OT note etc.
10. Attested copy of Death summary duly signed & stamped by hospital
11. Legal heir certificate and no objection certificate from other legal
12. Heirs required in case of death of primary insured duly notarized
13. Biometry report or A Scan report and ECG report, Sticker, Implant Invoice and supporting money receipt in case of cataract claim.
14. Name printed cancel cheque of employee
15. KYC documents of Employee

- **In case of implantation-** Original invoice/bills for implants (viz. Stent /PHS Mesh/ sticker / IOL etc.) with original payment receipts & sticker of implant.
- **In case of accident** – self statement/FIR/Medicolegal report (MLC Copy) & Original X- ray report and plate. Treating doctor's certificate giving details of injuries (How, when and where injury sustained) including whether Claimant was under the influence of any intoxicating material.

* This is not an exhaustive list; any other document could be required post assessment of your case.

Please retain photocopies of all documents submitted with mentioning Serial number on each page

- **Time limit for submission of documents to Insurance Company**

Reimbursement of hospitalization: Submit all the claim documents within 10 days from the date of discharge for Pre-Hospitalization & Hospitalization claim.

Reimbursement of post hospitalization expenses: Submit within 7 days after completion of treatment or 60 days period, whichever is earlier.

ANNEXURE 3: List of Non-Medical Items (IPD)

SN	LIST OF EXPENSES EXCLUDED (NON-MEDICAL)	SUGGESTIONS
Toiletries/ Cosmetics/ Personal Comfort or Convenience Items		
1	Hair Removal Cream	Not Payable
2	Baby Charges (Unless Specified/Indicated)	Not Payable
3	Baby Food	Not Payable
4	Baby Utility Charges	Not Payable
5	Baby Set	Not Payable
6	Baby Bottles	Not Payable
7	Brush	Not Payable
8	Cosy Towel	Not Payable
9	Hand Wash	Not Payable
10	Moisturiser Paste Brush	Not Payable
11	Powder	Not Payable
12	Razer	Not Payable
13	Shoe Cover	Not Payable
14	Beauty Services	Not Payable
15	Belts/ Braces	Essential and may be paid specifically for cases who have undergone surgery of thoracic or lumbar spine.
16	Buds	Not Payable
17	Barber Charges	Not Payable
18	Caps	Not Payable
19	Cold Pack / Hot Pack	Not Payable
20	Carry Bags	Not Payable
21	Cradle Charges	Not Payable
22	Comb	Not Payable
23	Disposables Razors Charges (for site preparations)	Payable
24	Eau-De-Cologne / Room Fresheners	Not Payable
25	Eye Pad	Not Payable
26	Eye Sheild	Not Payable
27	Email / Internet Charges	Not Payable
28	Food Charges (Other than Patient's Diet Provided by Hospital)	Not Payable
29	Foot Cover	Not Payable
30	Gown	Not Payable
31	Leggings	Essential in bariatric and varicose vein surgery and should be considered for these conditions where surgery itself is payable.
32	Laundry Charges	Not Payable
33	Mineral Water	Not Payable
34	Oil Charges	Not Payable
35	Sanitary Pad	Not Payable
36	Slippers	Not Payable
37	Telephone Charges	Not Payable
38	Tissue Paper	Not Payable
39	Tooth Paste	Not Payable
40	Tooth Brush	Not Payable
41	Guest Service	Not Payable
42	Bed Pan	Not Payable
43	Bed Under pad charges	Not Payable
44	Camera Cover	Not Payable
45	Cliniplast	Not Payable
46	Crepe Bandage	Not Payable
47	Curapore	Not Payable
48	Diaper of any Type	Not Payable

49	DVD, CD Charges	Not Payable (However, if CD is specifically sought by insurer/TPA then payable)
50	Eyelet Collar	Not Payable
51	Face Mask	Not Payable
52	Flexi Mask	Not Payable
53	Gauge Soft	Not Payable
54	Gauze	Not Payable
55	Handholder	Not Payable
56	Hansaplast/adhesive bandages	Not Payable
57	Infant Food	Not Payable
58	Slings	Reasonable costs for one sling in case of upper arm fractures should be considered.
Items Specifically Excluded in the Policies		
59	Weight Control Programs/ Supplies/ Services	Not Payable
60	Cost of Spectacles/ Contact Lenses/ Hearing Aids etc.	Not Payable
61	Dental treatment expenses that do not require Hospitalisation	Not Payable
62	Hormone Replacement Therapy	Not Payable
63	Home Visit Charges	Not Payable
64	Infertility / Subfertility / Assisted Conception Procedure	Not Payable
65	Obesity (Including Morbid Obesity) Treatment if Excluded In Policy	Not Payable
66	Psychiatric & Psychosomatic Disorders	Not Payable
67	Corrective Surgery for Refractive Error	Not Payable
68	Treatment of Sexually Transmitted Diseases	Not Payable
69	Donor Screening Charges	Not Payable
70	Admission/ Registration Charges	Not Payable
71	Hospitalisation for Evaluation / Diagnostic Purpose	Not Payable
72	Expenses for Investigation/ Treatment Relevant to the Disease for which Admitted or Diagnosed	Not Payable
73	Any Expenses when the patient is Diagnosed with Retro Virus + or Suffering for HIV/ AIDS/ etc is Detected/ Directly or Indirectly	Not Payable
74	Stem Cell Implantation Surgery and Storage	Not Payable
Items Which Form Part of Hospital Services Where Separate Consumables Are Not Provided		
75	Ward and Theatre Booking Charges	Payable under OT Charges, not separately
76	Arthroscopy & Endoscopy Instruments	Rental charges by the Hospital payable. Purchase of Instruments Not Payable.
77	Microscope Cover	Payable under OT Charges, not separately
78	Surgical Blades, Harmonic Scalpel, Shaver	Payable under OT Charges, not separately
79	Surgical Drill	Payable under OT Charges, not separately
80	EyeKit	Payable under OT Charges, not separately
81	Eye Drape	Payable under OT Charges, not separately
82	X-Ray Film	Payable under Radiology Charges, not as Consumable
83	Sputum Cup	Payable under Investigation Charges, not as consumable.
84	Boyles Apparatus Charges	Payable under OT Charges, not separately
85	Blood Grouping and Cross Matching of Donor's Samples	Part of Cost of Blood, not payable
86	Antiseptic or disinfectant lotions	Not Payable – Part of Dressing Charges
87	Band Aids, Bandages, Sterile injections, Needles, Syringes	Not Payable – Part of Dressing Charges
88	Cotton	Not Payable – Part of Dressing Charges
89	Cotton Bandage	Not Payable – Part of Dressing Charges
90	Micropore / Surgical Tape	Not Payable – Part of Dressing Charges
91	Blade	Not Payable
92	Apron	Not Payable

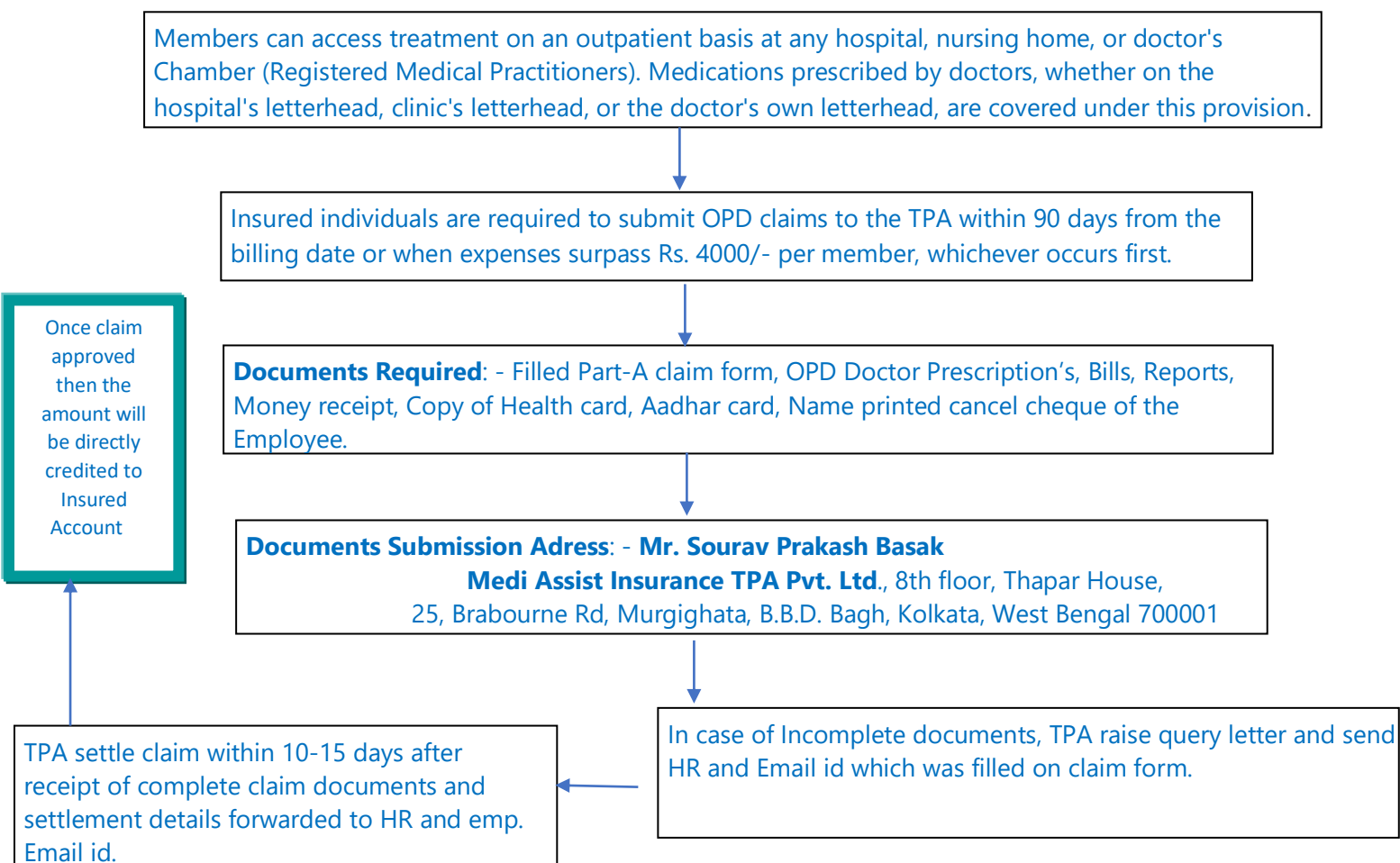
93	Torniquet	Not Payable
94	Orthobundle, Gynaec Bundle	Not Payable – Part of Dressing Charges
95	Urine Container	Not Payable
Elements of Room Charge		
96	Luxury tax	Actual tax levied by government is payable. Part of room charge for sub limits
97	HVAC	Part of room charge, Not Payable separately
98	House Keeping Charges	Part of room charge, Not Payable separately
99	Service Charges Where Nursing Charges also Charged	Part of room charge, Not Payable separately
100	Television & Air Conditioner Charges	Part of room charge, Not Payable separately
101	Surcharges	Part of room charge, Not Payable separately
102	Attendant Charges	Part of room charge, Not Payable separately
103	IM IV Injection Charges	Part of Nursing Charge, Not Payable separately
104	Clean Sheet	Part of Laundry/ Housekeeping, Not Payable separately
105	Extra Diet of Patient (Other than that which forms part of Bed-Charge)	Patient Diet Provided by Hospital is payable
106	Blanket/ Warmer Blanket	Part of room charge, Not Payable separately
Administrative or Non-Medical Charges		
107	Admission Kit	Not Payable
108	Birth Certificate	Not Payable
109	Blood Reservation Charges and Ante Natal Booking Charges	Not Payable
110	Certificate Charges	Not Payable
111	Courier Charges	Not Payable
112	Conveyance Charges	Not Payable
113	Diabetic Chart Charges	Not Payable
114	Documentation Charges/ Administrative Expenses	Not Payable
115	Discharge Procedure Charges	Not Payable
116	Daily Chart Charges	Not Payable
117	Entrance Pass/ Visitors Pass Charges	Not Payable
118	Expenses Related to Prescription on Discharge	Payable under Post Hospitalisation where admissible
119	File Opening Charges	Not Payable
120	Incidental Expenses/ Misc. Charges (Not Explained)	Not Payable
121	Medical Certificate	Not Payable
122	Maintenance Charges	Not Payable
123	Medical Records	Not Payable
124	Preparation Charges	Not Payable
125	Photocopies Charges	Not Payable
126	Patient Identification Band/ Name Tag	Not Payable
127	Washing charges	Not Payable
128	Medicine Box	Not Payable
129	Mortuary Charges	Payable up to 24 hrs, shifting charges not payable
130	Medico Legal Case Charges (MLC Charges)	Not Payable
External Durable Devices		
131	Walking Aids Charges	Not Payable
132	Bipap Machine	Not Payable
133	Commode	Not Payable
134	CPAP / CAPD Equipments	Device not payable
135	Infusion Pump - Cost	Device not payable
136	Oxygen Cylinder (For usage outside the hospital)	Not Payable
137	Pulseoxymeter Charges	Device not payable
138	Spacer	Not Payable
139	Spirometre	Device not payable
140	SP02 Probe	Not Payable
141	Nebulizer Kit	Not Payable

142	Steam Inhaler	Not Payable
143	Armsling	Not Payable
144	Thermometer	Not Payable
145	Cervical Collar	Not Payable
146	Splint	Not Payable
147	Diabetic Foot Wear	Not Payable
148	Knee Braces (Long/ Short/ Hinged)	Not Payable
149	Knee Immobilizer/ Shoulder Immobilizer	Not Payable
150	Lumbosacral Belt	Payable for surgery of lumbar spine
151	Nimbus Bed or Water or Air Bed Charges	Payable for any ICU patient requiring more than 3 days in ICU, all patients with paraplegia/ quadriplegia for any reason and at reasonable cost of approximately Rs. 200/day.
152	Ambulance Collar	Not Payable
153	Ambulance Equipment	Not Payable
154	Microsheild	Not Payable
155	Abdominal Binder	Essential and should be paid in post-surgery patients of major abdominal surgery including TAH, LSCS, incisional hernia repair, exploratory laparotomy for intestinal obstruction, liver
Items Payable if Supported by a Prescription		
156	Betadine/ Hydrogen peroxide/ Spirit/ Disinfectants etc	Not Payable
157	Private Nurses Charges – Special Nursing Charges, Post hospitalization nursing charges	Not Payable
158	Nutrition Planning Charges – Dietician Charges diet charges	Patient Diet provided by hospital is payable.
159	Sugar Free Tablets	Payable – Sugar free variants of admissible medicines are not excluded.
160	Cream Powders Lotions	Payable when prescribed (Toiletries are not payable, only prescribed medical pharmaceuticals payable)
161	Digestion Gels	Payable when prescribed
162	ECG Electrodes	One set every second day is payable
163	GLOVES Sterilized	Gloves payable/ unsterilized gloves not applicable.
164	HIV Kit	Payable Pre-operative screening
165	Listerine / Antiseptic Mouthwash	Payable when prescribed
166	Lozenges	Payable when prescribed
167	Mouth Paint	Payable when prescribed
168	Nebulisation Kit	If used during hospitalisation is payable reasonably
169	Novarapid	Payable when prescribed
170	Volini Gel / Analgesic Gel	Payable when prescribed
171	Zytee Gel	Payable when prescribed
172	Vaccination Charges	Routine Vaccination not payable/ Post Bite Vaccination Payable
Part of Hospital's Own Costs And Not Payable		
173	AHD	Not Payable – Part of Hospital's internal Cost
174	Alcohol Swabes	Not Payable – Part of Hospital's internal Cost
175	Scrub Solution / Sterillium	Not Payable – Part of Hospital's internal Cost
Others		
176	Vaccine Charges for Baby	Not Payable
177	Aesthetic Treatment / Surgery	Not Payable
178	TPA Charges	Not Payable
179	Visco Belt Charges	Not Payable
180	Any kit with no details mentioned (Delivery kit, Orthikit, Recovery Kit, etc)	Not Payable
181	Examination Costs	Not Payable
182	Kidney Tray	Not Payable
183	Mask	Not Payable

184	Ounce Glass	Not Payable
185	Outstation Consultant's/ Surgeon's fees	Not Payable
186	Oxygen Mask	Not Payable
187	Paper Gloves	Not Payable
188	Pelvic Traction Belt	Payable in case of PIVD requiring traction
189	Referral Doctor's Fees	Not Payable
190	Accu Check (Glucometry/ Strips)	Not Payable Pre-Hospitalization / Reports and Charts required/ Device not payable
191	Pan Can	Not Payable
192	Sofnet	Not Payable
193	Trolley Cover	Not Payable
194	Urometer, Urine Jug	Not Payable
195	Ambulance	Payable
196	Tegaderm / Vasofix Safety	Payable- maximum of 3 in 48 hrs and then 1 in 24 hrs
197	Urine Bag	Payable where medically necessary -maximum 1 per 24 hrs
198	Softovac	Not Payable
199	Stockings	Payable for case like CABG etc

ANNEXURE 4: Coverages of Group Mediclaim policy - Hindustan Copper Limited - CPRMS (OPD TREATMENT) – Flow Chart

Policy Period –12.01.2025 to 11.01.2026



Contact Details:

Mediassist TPA:

SPOC	Mr. Sourav Prakash	8585007583	sourav.prakash@Mediassist.in
Level 2	Ms. Manab Kundu	8584033178	manab.kundu@Mediassist.in
Final level	Mr. Sanjiv Chatterjee	8584888246	sanjiv.chatterjee@Mediassist.in

Salasar Services: (Mediclaim Consultant):

SPOC	Mr. Abhigyan Bhattacharya	6292331576	abhigyan@salasarservices.com
Level 2	Mr. Deepankar Jena	6292139876	deepankar@salasarservices.com
Final level	Mr. Salil Dey	9674156327	salil.dey@salasarservices.com

Hindustan Copper Limited

SPOC	Mr. Rupam Paul	9681822858	hclxemp_helpdesk@hindustancopper.com
Level 2	Mr. Ranajit Chattopadhyay	9433843183	hcl_medical@hindustancopper.com
Final level	Mr. Ashutosh Sharma	9903433007	ashutosh_s@hindustancopper.com

CLAIM FORM - PART B
TO BE FILLED IN BY THE HOSPITAL
 The issue of this Form is not to be taken as an admission of liability
 Please include the original preauthorization request form in lieu of PART A

(To be Filled in block letters)

DETAILS OF HOSPITAL

a) Name of the hospital:

a) Hospital ID: c) Type of Hospital: Network : Non Network : (if non network fill section E)

c) Name of the treating doctor:

e) Qualification: f) Registration No. with State Code: g) Phone No.

DETAILS OF THE PATIENT ADMITTED

a) Name of the Patient:

f) Date of Admission: g) Time: h) Date of Discharge: i) Time:

j) Type of Admission: Emergency Planned Day Care Maternity k) If Maternity i) Date of Delivery: ii) Gravida Status:

l) Status at time of discharge: Discharge to home Discharge to another hospital Deceased m) Total claimed amount

DETAILS OF AILMENT DIAGNOSED (PRIMARY)

a)	ICD 10 Codes	Description	b)	ICD 10 PCS	Description
i. Primary Diagnosis	<input type="text"/>	<input type="text"/>	i. Procedure 1:	<input type="text"/>	<input type="text"/>
ii. Additional Diagnosis:	<input type="text"/>	<input type="text"/>	ii. Procedure 2:	<input type="text"/>	<input type="text"/>
iii. Co-morbidities:	<input type="text"/>	<input type="text"/>	iii. Procedure 3:	<input type="text"/>	<input type="text"/>
iv. Co-morbidities:	<input type="text"/>	<input type="text"/>	iv. Details of Procedure:	<input type="text"/>	<input type="text"/>

c) Pre-authorization obtained: Yes No d) Pre-authorization Number:

e) If authorization by network hospital not obtained, give reason:

f) Hospitalization due to injury: Yes No I. If Yes, give cause Self-inflicted Road Traffic Accident Substance abuse / alcohol consumption

ii) If injury due to substance abuse / alcohol consumption, Test conducted to establish this: Yes No (If Yes, attach reports) iii. If Medico legal: Yes No iv. Reported to Police Yes No

v. FIR No. vi. If not reported to police give reason:

CLAIM DOCUMENTS SUBMITTED - CHECK LIST

- | | |
|--|--|
| <input type="checkbox"/> Claim Form duly signed | <input type="checkbox"/> Investigation reports |
| <input type="checkbox"/> Original Pre-authorization request | <input type="checkbox"/> CT/MR/USG/HPE investigation reports |
| <input type="checkbox"/> Copy of the Pre-authorization approval letter | <input type="checkbox"/> Doctor's reference slip for investigation |
| <input type="checkbox"/> Copy of Photo ID Card of patient Verified by hospital | <input type="checkbox"/> ECG |
| <input type="checkbox"/> Hospital Discharge summary | <input type="checkbox"/> Pharmacy bills |
| <input type="checkbox"/> Operation Theatre Notes | <input type="checkbox"/> MLC reports & Police FIR |
| <input type="checkbox"/> Hospital main bill | <input type="checkbox"/> Original death summary from hospital where applicable |
| <input type="checkbox"/> Hospital break-up bill | <input type="checkbox"/> Any other, please specify |

ADDITIONAL DETAILS IN CASE OF NON NETWORK HOSPITAL (ONLY FILL IN CASE OF NON-NETWORK HOSPITAL)

a) Address of the Hospital

City: State:

Pin Code: b) Phone No. c) Registration No. with State Code:

d) Hospita PAN: e) Number of inpatient beds f) Facilities available in the hospital i. OT Yes No ii. ICU Yes No

iii. Others:

DECLARATION BY THE HOSPITAL

(PLEASE READ VERY CAREFULLY)

We hereby declare that the information furnished in this Claim Form is true & correct to the best of our knowledge and belief. If we have made any false or untrue statement, suppression or concealment of any material fact, our right to claim under this claim shall be forfeited.

Date:

Place:

Signature and Seal of the Hospital Authority:

SECTION A

SECTION B

SECTION C

SECTION D

SECTION E

SECTION F

