

Standard Operating Procedure
Contributory Post-Retirement Medical Scheme (CPRMS)-2026



Hindustan Copper Limited

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Salient Features of the Scheme

1. Insurance Coverage (both IPD& OPD)

i. IPD Sum Insured:

Rs.5 Lakhs per person (Superannuated employee and/or Spouse). Sum Insured Clubbing allowed between Primary member & spouse (Maximum limit of Rs.10 Lakhs per family).

ii. Corporate Buffer:

Rs.1 Crore for the overall policy period to be used on 'First-Come-First Served basis' with ceiling of Rs. 5 Lakhs for each member.

iii. OPD Sum Insured (Over & above IPD Sum Insured):

Entitlement of Rs.20 Thousand per member with Sum Insured Clubbing allowed between Primary Member & spouse (Maximum limit of Rs.40 Thousand per family).

2. Bed/Cabin charges depending on pre-superannuation grade:

Pre-superannuation Grade of Pay	Per day limit (Rs.)
All Workmen	2550
Grade E-0, E-1 & E-2	3750
Grade E-3 to E-5	4500
Grade E-6 to E-7	5550
Grade E-8 & E-9	6750
CMD / Directors	14250

For admission in ICCU/ITU/ICU/HDU, charges are mentioned as under:

Grade	Per Day Limit (in %)
All Workmen	1.5% of sum insured
Grade E-0, E-1 & E-2	
Grade E-3 to E-5	2% of sum insured
Grade E-6 to E-7	
Grade E-8 & E-9	3%of sum insured
CMD / Directors	4%of sum insured

3. General terms and conditions:

- i. All Pre-existing diseases/ailments is covered under the policy without any medical test for all existing superannuated employees/spouse including additions of superannuated/separated employees during the currency of the policy.
- ii. All pre-existing diseases/conditions and all future medical conditions is covered from day one of the policy without any waiting period.
- iii. Coverage shall continue for the spouse in case of death of the Primary Member during the policy period.
- iv. The cover extends 30 days pre-hospitalization and 60 days post-hospitalization benefits.
- v. Any treatment (IPD/OPD/Day care) recommended by a Registered Medical Practitioner, including emerging or non-standard medical procedures, is fully covered.
- vi. In the event of the room rent exceeding the applicable eligibility limit, no

- proportional deductions shall be applied on any other hospitalization expenses. All admissible expenses are payable on actuals irrespective of the room rent variation.
- vii. Co-payment, sub-limits, zone-based deductions, reasonable and customary clauses, PPN limitations, disease-wise capping, or age-related restrictions is not applicable under the policy.
 - viii. If medically required, any procedure requiring an admission of less than 24 hours shall be treated under IPD coverage even if it is not a part of the standard Day care list.
 - ix. All advanced/radiological/robotic/specialized therapies are covered. Any new or evolving treatment modality approved by the treating doctor is payable.
 - x. Domiciliary/Home Hospitalization is covered whenever hospital admission is not possible due to clinical or logistical reasons.
 - xi. Ambulance expenses are admissible up to Rs.10,000/- per hospitalization for admission, discharge, or inter-hospital transfer, subject to submission of valid money receipt(s) issued by a registered ambulance service provider.
 - xii. Air Ambulance is covered in life threatening situations.
 - xiii. Recipient and donor medical and hospitalization expenses is covered except the cost of the organ.
 - xiv. Hospitalization for Psychiatric / Mental health ailments shall be covered up to the applicable Sum Insured, including acute episodes, behavioural disorders, neurological treatments and related medical complications requiring inpatient care.
 - xv. Coverage also includes Functional Endoscopic Sinus Surgery (FESS), Septoplasty, and all ENT-related surgeries/procedures necessitating hospitalization, payable up to the full Sum Insured without any additional sub-limits.
 - xvi. Lasik Surgery shall be covered if correction index is +/-6.5D. Cost of Multi focal lenses / Toric Lenses / all similar kind lenses is covered in case of Cataract surgeries.
 - xvii. All internal and external congenital anomalies (except cosmetic), HIV/AIDS and related complications is fully covered.
 - xviii. In the event of Death of the insured member during hospitalization, claims shall be payable in full without any deductions, even in cases where the duration of hospitalization is less than or equal to 24 hours.
 - xix. AYUSH Treatments (Ayurveda, Yoga & Naturopathy, Unani, Siddha, Homeopathy) is covered up to the Sum Insured, provided the treatment is received at any recognized facility under registered medical practitioners.
 - xx. Treatment expenses directly or indirectly associated with HIV/AIDS and other retro-viral diseases is fully covered as per the policy terms up to the Sum Insured.
 - xxi. All modern, advanced, high-end, or minimally invasive medical treatments, including but not limited to: Cyber-Knife, Stem Cell Therapy, Cochlear Implant, Femto Laser, Minimal Access/Key-hole CABG, Balloon Kyphoplasty, Hormonal Therapy, etc., is fully covered.
 - xxii. Fees of Doctors/Surgeons/Anaesthetists/Medical Practitioners shall be fully covered as per actuals, upon submission of either Independent Money Receipt issued by the Practitioner or inclusion of such fees as part of the Hospital / Clinic Bill.

- xxiii. All types of Cancer-related treatments and therapies is fully covered under the policy including but not limited to Chemotherapy, Radiotherapy, Immunotherapy / Targeted therapy, Hormonal therapy, Brachytherapy, Onco-surgeries, Advanced and minimally invasive procedures, supportive treatments required as a consequence of cancer therapy.
- xxiv. Quantum Magnetic Resonance Therapy and Retrograde Intra renal surgery shall be covered.
- xxv. Physiotherapy expenses shall be covered as per actuals when recommended by the attending/ treating doctor, including sessions taken at home during the Post-Hospitalization period.
- xxvi. All types of Genetic Disorders is covered without any exclusion or limitation.
- xxvii. In IPD claims, where Resident Medical Officer (RMO), Attendant, or Nursing expenses are billed separately and over and above the room rent limit, such charges shall be fully payable in addition to the eligible room rent amount and shall not be restricted to room rent sub-limits.
- xxviii. All types of OPD treatment including Dental & Eye (consultation fees, diagnostic (pathology/radiology) tests/Investigations - preventive or illness related, medicines, Medical instruments/devices, procedures, routine health check-up, medical consumables & non-medical items, orthopaedic braces/supports, vaccination any type, Dressing items, Spectacles, Lenses, Hearing Aids, etc.) is fully covered.
- xxix. OPD claims shall be processed irrespective of whether a diagnosis is mentioned in the prescription.
- xxx. Doctor fees above Rs.500/- shall be supported with proper money receipt; fees below Rs.500/- shall be accepted even if it is handwritten on the prescription.
- xxxi. Bills for investigations without reports shall be payable if supporting Doctor's Prescription is available.
- xxxii. Health check-ups is payable with or without prescription.
- xxxiii. All OPD care/process shall be treated as covered even if it is not explicitly listed in the tender.
- xxxiv. Any non-medical deductions from IPD claims shall be processed under OPD Claim (up to OPD SI limit)
- xxxv. OPD reimbursement claims may be submitted at any time during the policy period. However, claims shall be submitted within 90 days from the date of the bill(s) or when the cumulative OPD expenses exceed Rs.4,000/- per member, whichever is earlier.
- xxxvi. HCL, through its registered Third Party Administrator (TPA), has operationalised a dedicated Help Desk at the Corporate Office, HCL, Kolkata, functioning on all working days throughout the policy period, to facilitate beneficiaries in submission of documents, lodging and tracking of claims, and resolution of medical related queries, thereby ensuring easy access, timely assistance, and enhanced convenience in availing policy benefits.

xxxvii. In case cashless facility is availed under the policy, any non-admissible amount or deductions imposed by the Insurance Company/TPA shall be directly recovered from the beneficiary concerned. HCL shall have no liability or responsibility whatsoever with respect to recovery of such non-admissible amounts and shall not be involved in any manner in settlement between the Insurance Company/TPA and the beneficiary.

4. Key Details on IPD

i. Basic guidelines for IPD Claim settlement procedure

a. Claims submission & Re-opening Clause

- All IPD and OPD reimbursement claims can be submitted using soft copies (via email or the TPA's digital portal).
- Soft copies of bills, prescriptions, discharge summaries, diagnostic reports, etc., shall be accepted for initiating and processing claims.
- Hard copies shall be asked for only in exceptional cases, with proper justification and prior intimation to HCL.
- Reimbursement claims, including post-hospitalization expenses, must be submitted within 60 days from the date of discharge; however, post-hospitalization claims shall be submitted within 7 days of completion of treatment or within 60 days from the date of discharge, whichever is earlier.
- In genuine cases such as prolonged treatment, delayed discharge summary, or unavoidable circumstances, the above timelines may be relaxed with approval of HCL.
- If a claim is closed due to missing or insufficient documents, it can be **reopened** during the policy period and up to **90 days after policy expiry** upon submission of the required documents,

b. Reimbursement Claim Settlement Timeline & Penal Interest

- All IPD and OPD reimbursement claims will be settled within **10 working days** from the date of receipt of complete documents.
- Settlement timelines will apply equally for soft-copy and hard-copy submissions, provided documents are complete.
- All claim payments (cashless or reimbursement) will be made **directly to the beneficiary** by the Insurance Company/TPA.
- Any non-admissible amount or deduction under cashless treatment shall be recovered directly by the Insurance Company/TPA from the beneficiary. HCL shall not be responsible, liable, or involved in any manner whatsoever for recovery or settlement of such non-admissible amounts between the beneficiary and the Insurance Company/TPA.

ii. IPD Treatment Claim process

	Steps for Cashless claim	Steps for Reimbursement
1.	Check the nearest empanelled hospital from the Network Hospital List available on the FHPL website.	The member shall intimate the TPA about IPD hospitalization at the earliest via email, with a copy marked to HCL and the Medclaim Consultant at the designated email IDs.
2.	Visit the hospital's Insurance/TPA Desk with your Health Card, valid ID proof, doctor's advice and treatment related all medical documents.	For treatment availed at non-network hospitals, the member shall make upfront payment.
3.	Upon commencement of treatment, the member's relative must complete and submit the Pre-authorization Form at the hospital's TPA desk.	Claims shall be processed based on soft copies submitted through email or the TPA portal; submission of hard copies to the TPA at the specified HCL address shall be required only in exceptional cases with proper justification.
4.	The hospital shall forward all required documents to the TPA for verification of eligibility.	In case of incomplete documentation, the TPA shall raise a query to the member, which may also be accessed/downloaded from the TPA portal.
5.	Initial approval shall be provided by the TPA within six (06) working hours upon receipt of complete	The TPA shall settle the claim within 10 working days of receipt of complete documents, and the settlement amount shall be credited directly to the primary member's bank account.
6.	Final approval shall be issued by the TPA within 2-4 hours after receipt of the discharge summary, reports, and final bills	
7.	In case of denial, the TPA shall inform the hospital with reasons; inadmissible expenses shall be borne by the member, and payment receipts along with copies of relevant documents should be retained for record (refer Annexure-C).	

iii. Frequently Asked Questions on IPD

SN	Question	Answer
1.	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.
2.	What if the treatment type comes under the Inadmissible list?	The bills are to be paid by the member to the Hospital and it is advised to follow the approval letter (available at the TPA desk) for clarity regarding the deduction details.
3.	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, all money receipts, bills, etc.
4.	Due to a medical emergency, I have availed treatment in a Non-Network Hospital near my residence. In that case what should I do?	Intimate FHPL TPA and Medclaim Consultant: Salasar Services via email. Avail Treatment and make Upfront payment to the Non-Network hospital. Submit all the relevant documents to FHPL TPA Claim will be settled by Insurance Company within 30 days after receipt of complete claim documents.
5.	As a member of CPRMS 2026, can I claim reimbursement for implantation treatment, and what is the applicable claim process if the implantation is carried out at a non-network hospital?	Yes, you are eligible to claim reimbursement for implantation, subject to submission of the original implant invoices/bills along with original payment receipts and implant stickers to the TPA at the address of the SPOC—Ms. Ankita Kundu, FHPL TPA Ltd., Hindustan Copper Limited, 1, Ashutosh Chowdhury Avenue, Tamra Bhawan, Kolkata - 700019.
6.	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 (Detailed narration of the incident with date, time and place) including whether Claimant was under the influence of any intoxicating material. (Refer Annexure - A of SOP)

5. Key Details on OPD

i. Treatment Claim Process

- Step 1: Members may avail OPD treatment from any hospital, nursing home, or registered medical practitioner.
- Step 2: Medicines prescribed on the letterhead of the hospital, clinic, or the treating doctor are admissible under OPD coverage.
- Step 3: OPD claims must be submitted to the TPA within 90 days from the billing date or upon the expenses exceeding Rs.4,000/- per member, whichever is earlier.
- Step 4: The member shall submit the prescribed OPD claim form (Part A) along with original bills and money receipts, copies of OPD doctor's prescriptions/reports, KYC documents of the primary member (Aadhaar & PAN card), copy of the Health Card, and copy of a cancelled cheque of the primary member with the name printed on it.
- Step 5: The TPA shall settle the OPD claim within 10 working days of receipt of complete documents.
- Step 6: Upon approval, the admissible claim amount shall be credited directly to the insured's bank account.

Note: Separate claim forms must be submitted for each individual member.

ii. Frequently Asked Questions on OPD

SN	QUESTION	ANSWER
1.	I am a CPRMS - 2026 member, can I access treatment anywhere on an outpatient basis?	Yes, anywhere provided they should be a Registered Medical Practitioners.
2.	Which prescriptions are covered under this provision?	Medications prescribed by doctors, whether on the hospital's letter head, clinic's letter head, or the doctor's own letter head.
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. 4,000/- 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.	I am an active CPRMS 2026 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 details it takes 10-15 days to carry out the entire process
6.	I am a retired HCL Employee. Me and my wife both are members of CPRMS 2026, I want to know what is the total OPD Sum assured	Rs.20,000/- for Self and Rs. 20,000/- for Spouse (maximum clubbed limit Rs.40,000/-)

6. Introduction to FHPL WhatsApp Chatbot

With a view to ensuring seamless access and enhanced convenience for beneficiaries registered under the CPRMS 2026 Policy—including employees superannuating during the policy period and their spouses—HCL has, for the first time, introduced a WhatsApp chatbot facility through its registered TPA, FHPL. This initiative enables beneficiaries to avail the following services at their fingertips:

- Access and download e-cards
- Upload documents for claim processing
- Intimate claims and track the status of lodged claims
- Obtain step-by-step guidance on claim procedures

Beneficiaries may access this facility by sending a simple “Hi” from their registered mobile number to **9154039276** on WhatsApp. The chatbot will thereafter provide detailed guidance on available services and claim-related processes, as outlined in **Annexure-F**.

List of Day Care Procedures

(The list is not exhaustive but illustrative due to advancement of medical science)

- | | | |
|---|---|---|
| A. Cardiology Related: | a lingual tonsil | Grommet Insertion |
| 1. Coronary Angiography | 29. Revision of a tympanoplasty | 66. Vocal Cord Lateralisation Procedure |
| B. Critical Care Related: | 30. Other microsurgical operations on the middle ear | 67. Incision & Drainage of Para |
| 2. Insert Non - Tunnel CV Cath | 31. Incision of the mastoid process and middle ear | 68. Pharyngeal Abscess |
| 3. Insert PICC CATH (Peripherally Inserted Central Catheter) | 32. Mastoidectomy | 69. Tracheoplasty |
| 4. Replace PICC CATH (Peripherally Inserted Central Catheter) | 33. Reconstruction of the middle ear | 70. Total excision of Pinna |
| 5. Insertion Catheter, Intra Anterior | 34. Other excisions of the middle and inner ear | 71. Middle ear polypectomy |
| 6. Insertion of Portacath | 35. Incision (opening) and destruction (elimination) of the Inner Ear | 72. Nasal septum cauterisation (and bilateral) |
| C. Dental Related: | 36. Other Operations on the Middle and Inner Ear | 73. Excision of lesion of Internal nose |
| 7. Suturing Lacerated Lip | 37. Excision And Destruction of Diseased Tissue of the Nose | D. Gastroenterology Related: |
| 8. Suturing Oral Mucosa | 38. Other Operations on the Nose | 74. Cholecystectomy And Choledochostomy / Duodenostomy / Gastrostomy / Exploration Common Bile Duct |
| 9. Oral Biopsy in case of Abnormal Tissue Presentation | 39. Nasal Sinus Aspiration | 75. Esophagoscopy, Gastroscopy, Duodenoscopy with Polypectomy/Removal of Foreign Body/diathermy Of Bleeding Lesions |
| 10. FNAC | 40. Foreign Body Removal from Nose | 76. Pancreatic Pseudocyst Eus & Drainage |
| 11. ENT Related: | 41. Other Operations on the Tonsils and Adenoids | 77. RF Ablation for Barrett's Oesophagus |
| 12. Myringotomy with Grommet Insertion | 42. Adenoidectomy | 78. ERCP And Papillotomy |
| 13. Tympanoplasty (closure of an Eardrum Perforation reconstruction of The Auditory Ossicles) | 43. Labyrinthectomy For Severe Vertigo | 79. Esophagoscope And Sclerosant Injection |
| 14. Removal of a Tympanic Drain | 44. Stapedectomy Under GA | 80. EUS & Submucosal Resection Page 3 of 13 |
| 15. Keratosis Removal Under GA | 45. Stapedectomy Under LA | 81. Construction Of Gastrostomy Tube |
| 16. Operations on the Turbinates (nasal Concha) | 46. Tympanoplasty (type IV) | 82. EUS & Aspiration Pancreatic Cyst |
| 17. Removal of Keratosis Obturans | 47. Endolymphatic Sac Surgery for Meniere's Disease | 83. Small Bowel Endoscopy (therapeutic) |
| 18. Stapedotomy to treat various lesions in middle ear | 48. Turbinectomy | 84. Colonoscopy, Lesion Removal |
| 19. Revision of a stapedectomy | 49. Endoscopic Stapedectomy | 85. ERCP |
| 20. Other operations on the auditory ossicles | 50. Incision And Drainage of Perichondritis | 86. Colonoscopy Stenting of Stricture |
| 21. Myringoplasty (post-aural/endaural approach as well as simple type-i tympanoplasty) | 51. Septoplasty | 87. Percutaneous Endoscopic Gastrostomy |
| 22. Fenestration of the inner ear | 52. Vestibular Nerve Section | 88. EUS And Pancreatic Pseudo Cyst Drainage |
| 23. Revision of a fenestration of the inner ear | 53. Thyroplasty Type I | 89. ERCP And Choledochoscopy |
| 24. Palatoplasty | 54. Pseudocyst of the Pinna - Excision | 90. Proctosigmoidoscopy Volvulus Detorsion |
| 25. Transoral incision and drainage of a pharyngeal abscess | 55. Incision And Drainage - Haematoma Auricle | 91. ERCP And Sphincterotomy |
| 26. Tonsillectomy without adenoidectomy | 56. Tympanoplasty (Type II) | 92. Esophageal Stent Placement |
| 27. Tonsillectomy with adenoidectomy | 57. Reduction Of Fracture of Nasal Bone | 93. ERCP & Placement of Biliary Stents |
| 28. Excision and destruction of | 58. Thyroplasty Type II | 94. Sigmoidoscopy W / Stent |
| | 59. Tracheostomy | 95. EUS & Coeliac Node Biopsy |
| | 60. Excision Of Angioma Septum | 96. UGI Scopy And Injection of |
| | 61. Turbinoplasty | |
| | 62. Incision & Drainage of Retro Pharyngeal Abscess | |
| | 63. Uvulo Palato PharyngoPlasty | |
| | 64. Adenoidectomy With Grommet Insertion | |
| | 65. Adenoidectomy Without | |

Adrenaline, Sclerosants
Bleeding Ulcers

E. General Surgery Related:

97. Incision of a pilonidal sinus / abscess
98. Fissure in Ano sphincterotomy
99. Surgical treatment of a varicocele and a hydrocele of the spermatic cord
100. Orchidopexy
101. Abdominal exploration in cryptorchidism
102. Surgical treatment of anal fistulas
103. Division of the anal sphincter (sphincterotomy)
104. Epididymectomy
105. Incision of the breast abscess
106. Operations on the nipple
107. Excision of single breast lump
108. Incision and excision of tissue in the perianal region
109. Surgical treatment of haemorrhoids
110. Other operations on the anus
111. Ultrasound guided aspirations
112. Sclerotherapy, etc.
113. Laparotomy for grading lymphoma with splenectomy / liver/ lymph node biopsy
114. Therapeutic laparoscopy with laser
115. Appendicectomy with/without drainage
116. Infected keloid excision
117. Axillary lymphadenectomy
118. Wound debridement and cover
119. Abscess-decompression
120. Cervical lymphadenectomy
121. Infected sebaceous cyst
122. Inguinal lymphadenectomy
123. Incision and drainage of abscess
124. Suturing of lacerations
125. Scalp suturing
126. Infected lipoma excision
127. Maximal anal dilatation
128. Piles
 - a. Injection sclerotherapy
 - b. Piles banding
129. Liver abscess- catheter drainage
130. Fissure in Ano- fissurectomy
131. Fibroadenoma breast excision
132. Oesophageal varices sclerotherapy

133. ERCP - pancreatic duct stone removal
134. Perianal abscess I&D
135. Perianal hematoma evacuation
136. UGIscopy and polypectomy oesophagus
137. Breast abscess I&D
138. Feeding gastrostomy
139. Oesophagoscopy and biopsy of growth oesophagus
140. ERCP - bile duct stone removal
141. Ileostomy closure
142. Colonoscopy
143. Polypectomy colon
144. Splenic abscesses laparoscopic drainage
145. UGIscopy and polypectomy stomach
146. Rigid oesophagoscopy for FB removal
147. Feeding jejunostomy
148. Colostomy
149. Ileostomy
150. Colostomy closure
151. Submandibular salivary duct stone removal
152. Pneumatic reduction of intussusception
153. Varicose veins legs - injection sclerotherapy
154. Rigid oesophagoscopy for plummervinson syndrome
155. Pancreatic pseudocysts endoscopic drainage
156. Zadek's Nail Bed Excision
157. Subcutaneous Mastectomy
158. Excision of ranula under ga
159. Rigid oesophagoscopy for dilation of benign strictures
160. Eversion of sac -unilateral - bilateral
161. Lord's plication
162. Jaboulay's procedure
163. Scrotoplasty
164. Circumcision for trauma
165. Meatoplasty
166. Intersphincteric abscess incision and drainage
167. Psoas abscess incision and drainage
168. Thyroid abscess incision and drainage
169. Tips procedure for portal hypertension
170. Esophageal growth stent
171. Pair procedure of hydatid cyst liver
172. TRU cut liver biopsy
173. Photodynamic therapy or esophageal tumour and lung

- tumour
174. Excision of cervical rib
175. Laparoscopic reduction of intussusception
176. Microdochectomy breast
177. Surgery for fracture penis
178. Sentinel node biopsy
179. Parastomal hernia
180. Revision colostomy
181. Prolapsed colostomy- correction
182. Testicular biopsy
183. Laparoscopic cardiomyotomy (hellers)
184. Sentinel node biopsy malignant melanoma
185. Laparoscopic pyloromyotomy (ramstedt)

F. Gynecology related:

186. Operations on bartholin's glands (cyst)
187. Incision of the ovary
188. Insufflations of the fallopian tubes
189. Other operations on the fallopian tube
190. Dilatation of the cervical canal
191. Conisation of the uterine cervix
192. Therapeutic curettage with colposcopy / biopsy /diathermy / cryosurgery
193. Laser therapy of cervix for various lesions of uterus
194. Other operations on the uterine cervix
195. Incision of the uterus (hysterectomy)
196. Local excision and destruction of diseased tissue of the vagina and the pouch of douglas
197. Incision of vagina
198. Incision of vulva
199. Culdotomy
200. Salpingo-oophorectomy via laparotomy
201. Endoscopic polypectomy
202. Hysteroscopic removal of myoma
203. D&C
204. Hysteroscopic resection of septum
205. Thermal cauterisation of cervix
206. Mirena insertion
207. Hysteroscopic adhesiolysis
208. Leep
209. Cryocauterisation of cervix
210. Polypectomy endometrium
211. Hysteroscopic resection of

- fibroid
- 212. Lletz
- 213. Conization
- 214. Polypectomy cervix
- 215. Hysteroscopic resection of endometrial polyp
- 216. Vulval wart excision
- 217. Laparoscopic paraovarian cyst excision
- 218. Uterine artery embolization
- 219. Laparoscopic cystectomy
- 220. Hymenectomy (imperforate hymen)
- 221. Endometrial ablation
- 222. Vaginal wall cyst excision
- 223. Vulval cyst excision
- 224. Laparoscopic paratubal cyst excision
- 225. Repair of vagina (vaginalatresia)
- 226. Hysteroscopy, removal of myoma
- 227. TURBT
- 228. Ureterocoele repair - congenital internal
- 229. Vaginal mesh for pop
- 230. Laparoscopic myomectomy
- 231. Surgery for sui
- 232. Repair recto- vagina fistula
- 233. Pelvic floor repair (excluding fistula repair)
- 234. URS & LL
- 235. Laparoscopic oophorectomy
- 236. Normal vaginal delivery and variants
- 237. Excision of lesion of vulva
- 238. Amputation of cervix uteri

G. Neurology related:

- 239. Facial nerve glycerol rhizotomy
- 240. Spinal cord stimulation
- 241. Motor cortex stimulation
- 242. Stereotactic radiosurgery
- 243. Percutaneous cordotomy
- 244. Intrathecal baclofen therapy
- 245. Entrapment neuropathy release
- 246. Diagnostic cerebral angiography
- 247. VP shunt
- 248. Ventriculoatrial shunt

H. Oncology related:

- 249. Radiotherapy for cancer
- 250. Cancer chemotherapy
- 251. IV push chemotherapy
- 252. Hbi-hemibody radiotherapy
- 253. Infusional targeted therapy
- 254. SRT-stereotactic arc therapy
- 255. SC administration of growth factors
- 256. Continuous infusional

- chemotherapy
- 257. Infusional chemotherapy
- 258. CCRT-concurrent chemo & RT
- 259. 2D radiotherapy
- 260. 3D conformal radiotherapy
- 261. IGRT- image guided radiotherapy
- 262. IMRT- step & shoot
- 263. Infusional bisphosphonates
- 264. IMRT- DMLC
- 265. Rotational arc therapy
- 266. Tele gamma therapy
- 267. FSRT-fractionated SRT
- 268. VMAT-volumetric modulated arc therapy
- 269. SBRT-stereotactic body radiotherapy
- 270. Helical tomotherapy
- 271. SRS-stereotactic radiosurgery
- 272. X-knife SRS
- 273. Gammaknifefrs
- 274. TBI- total body radiotherapy
- 275. Intraluminal brachytherapy
- 276. Electron therapy
- 277. T-SET-total electron skin therapy
- 278. Extracorporeal irradiation of blood products
- 279. Telecobalt therapy
- 280. Telecesium therapy
- 281. External mould brachytherapy
- 282. Interstitial brachytherapy
- 283. Intracavity brachytherapy
- 284. 3D brachytherapy
- 285. Implant brachytherapy
- 286. Intravesical brachytherapy
- 287. Adjuvant radiotherapy
- 288. After loading catheter brachytherapy
- 289. Conditioning radiotherapy for BMT
- 290. Nerve biopsy
- 291. Muscle biopsy
- 292. Epidural steroid injection
- 293. Extracorporeal irradiation to the homologous bone grafts
- 294. Radical chemotherapy
- 295. Neoadjuvant radiotherapy
- 296. LDR brachytherapy
- 297. Palliative radiotherapy
- 298. Radical radiotherapy
- 299. Palliative chemotherapy
- 300. Template brachytherapy
- 301. Neoadjuvant chemotherapy
- 302. Adjuvant chemotherapy
- 303. Induction chemotherapy
- 304. Consolidation chemotherapy
- 305. Maintenance chemotherapy
- 306. HDR brachytherapy

I. Operations on the salivary glands & salivary ducts:

- 307. Incision and lancing of a salivary gland and a salivary duct
- 308. Excision of diseased tissue of a salivary gland and a salivary duct
- 309. Resection of a salivary gland
- 310. Reconstruction of a salivary gland and a salivary duct
- 311. Other operations on the salivary glands and salivary ducts
- 312. Open extraction of calculus from parotid duct

J. Operations on the skin & subcutaneous tissues:

- 313. Other incisions of the skin and subcutaneous tissues
- 314. Surgical wound toilet (wound debridement) and removal of diseased tissue of the skin and subcutaneous tissues
- 315. Local excision of diseased tissue of the skin and subcutaneous tissues
- 316. Other excisions of the skin and subcutaneous tissues
- 317. Simple restoration of surface continuity of the skin and subcutaneous tissues
- 318. Free skin transplantation, donor site
- 319. Free skin transplantation, recipient site
- 320. Revision of skin plasty
- 321. Other restoration and reconstruction of the skin and subcutaneous tissues.
- 322. Chemosurgery to the skin.
- 323. Destruction of diseased tissue in the skin and subcutaneous tissues
- 324. Reconstruction of deformity/defect in nail bed
- 325. Excision of bursitis
- 326. Tennis elbow release

K. Operations on the tongue:

- 327. Incision, excision and destruction of diseased tissue of the tongue
- 328. Partial glossectomy
- 329. Glossectomy
- 330. Reconstruction of the tongue
- 331. Other operations on the tongue

L. Ophthalmology related:

- 332. Surgery for cataract
- 333. Incision of tear glands
- 334. Other operations on the tear ducts
- 335. Incision of diseased eyelids
- 336. Excision and destruction of diseased tissue of the eyelid
- 337. Operations on the canthus and epicanthus
- 338. Corrective surgery for entropion and ectropion
- 339. Corrective surgery for blepharoptosis
- 340. Removal of a foreign body from the conjunctiva
- 341. Removal of a foreign body from the cornea
- 342. Incision of the cornea
- 343. Operations for pterygium
- 344. Other operations on the cornea
- 345. Removal of a foreign body from the lens of the eye
- 346. Removal of a foreign body from the posterior chamber of the eye
- 347. Removal of a foreign body from the orbit and eyeball
- 348. Correction of eyelid ptosis by levator palpebrae superioris resection (bilateral)
- 349. Correction of eyelid ptosis by fascia lata graft (bilateral)
- 350. Diathermy/cryotherapy to treat retinal tear
- 351. Anterior chamber paracentesis / cyclodiathermy / cyclocryotherapy / goniotomy trabeculotomy and filtering and allied operations to treat glaucoma
- 352. Enucleation of eye without implant
- 353. Dacryocystorhinostomy for various lesions of lacrimal gland
- 354. Laser photocoagulation to treat retinal tear
- 355. Biopsy of tear gland
- 356. Treatment of retinal lesion
- 357. Curettage/cryotherapy of lesion of eyelid

M. Orthopedics related:

- 358. Surgery for meniscus tear
- 359. Incision on bone, septic and aseptic
- 360. Closed reduction on

- fracture, luxation or epiphyseolysis with osteosynthesis
- 361. Suture and other operations on tendons and tendon sheath
- 362. Reduction of dislocation under GA
- 363. Arthroscopic knee aspiration
- 364. Surgery for ligament tear
- 365. Surgery for haemarthrosis/pyoarthrosis
- 366. Removal of fracture pins/nails
- 367. Removal of metal wire
- 368. Closed reduction on fracture, luxation
- 369. Reduction of dislocation under GA
- 370. Epiphyseolysis with osteosynthesis
- 371. Excision of various lesions in coccyx
- 372. Arthroscopic repair of ACL tear knee
- 373. Closed reduction of minor fractures
- 374. Arthroscopic repair of PCL tear knee
- 375. Tendon shortening
- 376. Arthroscopic meniscectomy - knee
- 377. Treatment of clavicle dislocation
- 378. Haemarthrosis knee- lavage
- 379. Abscess knee joint drainage
- 380. Carpal tunnel release
- 381. Closed reduction of minor dislocation
- 382. Repair of knee cap tendon
- 383. ORIF with k wire fixation- small bones
- 384. Release of midfoot joint
- 385. ORIF with plating- small long bones
- 386. Implant removal minor
- 387. K wire removal
- 388. Closed reduction and external fixation
- 389. Arthrotomy hip joint
- 390. Syme's amputation
- 391. Arthroplasty
- 392. Partial removal of rib
- 393. Treatment of sesamoid bone fracture
- 394. Shoulder arthroscopy / surgery
- 395. Elbow arthroscopy
- 396. Amputation of metacarpal bone
- 397. Release of thumb contracture
- 398. Incision of foot fascia

- 399. Partial removal of metatarsal
- 400. Repair / graft of foot tendon
- 401. Revision/removal of knee cap
- 402. Amputation follow-up surgery
- 403. Exploration of ankle joint
- 404. Remove/graft leg bone lesion
- 405. Repair/graft achilles tendon
- 406. Remove of tissue expander
- 407. Biopsy elbow joint lining
- 408. Removal of wrist prosthesis
- 409. Biopsy finger joint lining
- 410. Tendon lengthening
- 411. Treatment of shoulder dislocation
- 412. Lengthening of hand tendon
- 413. Removal of elbow bursa
- 414. Fixation of knee joint
- 415. Treatment of foot dislocation
- 416. Surgery of bunion
- 417. Tendon transfer procedure
- 418. Removal of knee cap bursa
- 419. Treatment of fracture of ulna
- 420. Treatment of scapula fracture
- 421. Removal of tumor of arm/ elbow under RA/GA
- 422. Repair of ruptured tendon
- 423. Decompress forearm space
- 424. Revision of neck muscle (torticollis release)
- 425. Lengthening of thigh tendons
- 426. Treatment fracture of radius & ulna
- 427. Repair of knee joint

N. Other operations on the mouth & face:

- 428. External incision and drainage in the region of the mouth, jaw and face
- 429. Incision of the hard and soft palate
- 430. Excision and destruction of diseased hard and soft palate
- 431. Incision, excision and destruction in the mouth
- 432. Other operations in the mouth
- 433. Operations on uvula

O. Pediatric surgery related:

- 434. Excision of fistula-in-ANO
- 435. Excision juvenile polyyps rectum

- 436. Vaginoplasty
- 437. Dilatation of accidental caustic stricture oesophageal
- 438. Presacral teratomas excision
- 439. Removal of vesical stone
- 440. Excision sigmoid polyp
- 441. Sternomastoid tenotomy
- 442. Infantile hypertrophic pyloric stenosis pyloromyotomy
- 443. Excision of soft tissue rhabdomyosarcoma
- 444. Mediastinal lymph node biopsy
- 445. High orchidectomy for testis tumours
- 446. Excision of cervical teratoma
- 447. Rectal-myomectomy
- 448. Rectal prolapse (delorme's procedure)
- 449. Detorsion of torsion testis
- 450. Eua & biopsy multiple fistula in ANO

P. Plastic surgery related:

- 451. Constriction skin pedicle flap
- 452. Gluteal pressure ulcer-excision
- 453. Muscle-skin graft, leg
- 454. Removal of bone for graft
- 455. Muscle-skin graft duct fistula
- 456. Removal cartilage graft
- 457. Myocutaneous flap
- 458. Fibro myocutaneous flap
- 459. Breast reconstruction surgery after mastectomy
- 460. Sling operation for facial palsy
- 461. Split skin grafting under RA
- 462. Wolfe skin graft
- 463. Plastic surgery to the floor of the mouth under GA

Q. Thoracic surgery related:

- 464. Thoracoscopy and lung biopsy
- 465. Excision of cervical sympathetic chain thoracoscopic
- 466. Laser ablation of barrett's oesophagus
- 467. Pleurodesis
- 468. Thoracoscopy and pleural biopsy
- 469. Ebus & biopsy
- 470. Thoracoscopy ligation thoracic duct

- 471. Thoracoscopy assisted empyaema drainage
- 472. Operations for drainage of pleural cavity

R. Urology related:

- 473. Haemodialysis
- 474. Lithotripsy/nephrolithotomy for renal calculus
- 475. Excision of renal cyst
- 476. Drainage of pyonephrosis/perinephric abscess
- 477. Incision of the prostate
- 478. Transurethral excision and destruction of prostate tissue
- 479. Transurethral and percutaneous destruction of prostate tissue
- 480. Open surgical excision and destruction of prostate tissue
- 481. Radical prostatovesiculectomy
- 482. Other excision and destruction of prostate tissue
- 483. Operations on the seminal vesicles
- 484. Incision and excision of periprostatic tissue
- 485. Other operations on the prostate
- 486. Incision of the scrotum and tunica vaginalis testis
- 487. Operation on a testicular hydrocele
- 488. Excision and destruction of diseased scrotal tissue
- 489. Other operations on the scrotum and tunica vaginalis testis
- 490. Incision of the testes
- 491. Excision and destruction of diseased tissue of the testes
- 492. Unilateral orchidectomy
- 493. Bilateral orchidectomy
- 494. Surgical repositioning of an abdominal testis
- 495. Reconstruction of the testis
- 496. Implantation, exchange and removal of a testicular prosthesis
- 497. Other operations on the testis
- 498. Excision in the area of the epididymis
- 499. Operations on the foreskin
- 500. Local excision and destruction of diseased

- tissue of the penis
- 501. Amputation of the penis
- 502. Other operations on the penis
- 503. Cystoscopical removal of stones
- 504. Lithotripsy
- 505. Biopsy of temporal artery for various lesions
- 506. External arterio-venous shunt
- 507. AV fistula - wrist
- 508. URSL with stenting
- 509. URSL with lithotripsy
- 510. Cystoscopiclitholapaxy
- 511. ESWL
- 512. Bladder neck incision
- 513. Cystoscopy & biopsy
- 514. Cystoscopy and removal of polyp
- 515. Suprapubic cystostomy
- 516. Percutaneous nephrostomy
- 517. Cystoscopy and "sling" procedure.
- 518. Tuna- prostate
- 519. Excision of urethral diverticulum
- 520. Removal of urethral stone
- 521. Excision of urethral prolapse
- 522. Mega-ureter reconstruction
- 523. Kidney renoscopy and biopsy
- 524. Ureter endoscopy and treatment
- 525. Vesico ureteric reflux correction
- 526. Surgery for pelvi ureteric junction obstruction
- 527. Anderson hynes operation
- 528. Kidney endoscopy and biopsy
- 529. Paraphimosis surgery
- 530. Injury prepuce- circumcision
- 531. Frenular tear repair
- 532. Meatotomy for meatal stenosis
- 533. Surgery for fournier's gangrene scrotum
- 534. Surgery filarial scrotum
- 535. Surgery for watering can perineum
- 536. Repair of penile torsion
- 537. Drainage of prostate abscess
- 538. Orchiectomy
- 539. Cystoscopy and removal of FB
- 540. Endoscopic anti-reflux procedure (and bilateral)
- 541. Excision of urethral caruncle
- 542. Dilatation of urethra (including cystoscopy)

List of Non-Medical Items (IPD)

(The list is not exhaustive but illustrative due to advancement of medical science)

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 Freshners	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 the 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

SN	List of Expenses Excluded (Non-Medical)	Suggestions
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/Payable by the patient
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.	FlexiMask	Not Payable
53.	Gauze Soft	Not Payable
54.	Gauze	Not Payable
55.	Hand holder	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 from 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

SN	List of Expenses Excluded (Non-Medical)	Suggestions
		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, GynaecBundle	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 are 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.	IMIV Injection Charges	Part of Nursing charges, 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

SN	List of Expenses Excluded (Non-Medical)	Suggestions
109.	Blood Reservation Charges and Ante-Natal Booking Charges	Not Payable
110.	Certificate Charges	Not Payable
111.	Courier Charges	Not Payable
112.	Convenyance 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 upto 24hrs, 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.	Pulse oximeter 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.	Arm sling	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

SN	List of Expenses Excluded (Non-Medical)	Suggestions
153.	Ambulance Equipment	Not Payable
154.	Microshield	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 hospitalization 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 is not payable/Post Bite Vaccination is Payable
Part of Hospital's charges are to be borne by the beneficiary and is not payable		
173.	AHD	Not Payable-Part of Hospital's internal Cost
174.	Alcohol Swabs	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, Orthokit, Recovery Kit, etc)	Not Payable
181.	Examination Costs	Not Payable
182.	Kidney Tray	Not Payable
183.	Mask	Not Payable

SN	List of Expenses Excluded (Non-Medical)	Suggestions
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.

IPD Checklist

Please submit the following documents in original for claim reimbursement:

1. Duly filled, signed, and stamped Claim Form—Part A (by the Insured) & Part B (by the Hospital concerned).
2. Photocopy of the Mediclaim/E-card of the patient.
3. Original copy of Advice letter for admission/consultation notes/Emergency note (in case of emergency admission).
4. Original Discharge Summary/day care summary to be duly signed & stamped by Hospital.
5. Original final bill with detailed break-up to be duly signed & stamped by hospital.
6. All money receipts pertaining to the final bill, bearing the receipt number and duly signed and stamped by the hospital.
7. Original medicine/pharmacy bills along with Doctor's original prescriptions. (Please make sure patient's name is mentioned on every bill/document submitted with Batch number and Expiry date).
8. Original investigation and test reports along with original bills and receipts, supported by the doctor's original prescription for the same.
9. Self-attested copies of indoor case papers containing admission notes, daily doctor's notes, surgery notes, treatment sheets, nurse notes and TRP chart, OT note etc.
10. Attested copy of Death summary duly signed & stamped by the hospital.
11. Legal heir certificate along with a No Objection Certificate (NOC) from all other legal heirs, duly notarized, is required in the event of the death of the primary insured.
12. In case of a cataract claim, submission of the Biometry Report or scanned report, ECG report, implant sticker, implant invoice, and supporting money receipt is mandatory.
13. Cancelled cheque of the ex-employee with the name printed on it.
14. KYC documents of the employee and the patient, including self-attested copies of Aadhaar Card and PAN Card, are to be enclosed.

Remark 1:

- In case of implantation: Original invoices/bills for implants (such as stent, PHS mesh, IOL, etc.) along with original payment receipts and the implant sticker are required.
- In case of maternity: Submission of the USG report and GPLA status (Gravida, Para, Living children, Abortions, and Deaths) is mandatory.
- In case of accident: A self-declaration and/or FIR/Medico-Legal Case (MLC) report, original X-ray report with plate, and a certificate from the treating doctor detailing the nature of injuries, including how, when, and where the injury was sustained, and whether the claimant was under the influence of any intoxicating substance, must be submitted.

Remark 2:

The above list is indicative and not exhaustive. Additional documents may be sought based on the assessment of the patient's case. Beneficiaries are advised to retain photocopies of all documents submitted, with the serial number clearly mentioned on each page.

Remark 3: Time limit for submission of documents to the Insurance Company

- Hospitalization (Pre-hospitalization and Hospitalization claims): All claim documents must be submitted within 7 days from the date of discharge.
- Post-hospitalization expenses: Claim documents must be submitted within 7 days of completion of treatment or within 60 days, whichever is earlier.

DECLARATION BY THE INSURED:

I hereby declare that the information furnished in the claim form is true & correct to the best of my knowledge and belief. If I have made any false or untrue statement, suppression or concealment of any material fact with respect to questions asked in relation to this claim, my right to claim reimbursement shall be forfeited, I also consent & authorize TPA / Insurance Company, to seek necessary medical information / documents from any hospital / Medical Practitioner who has attended on the person against whom this claim is made. I hereby declare that I have included all the bills / receipts for the purpose of this claim & that I will not be making any supplementary claim except the pre/post-hospitalization claim, if any.

Date Place: Signature of the Insured **GUIDANCE FOR FILLING CLAIM FORM - PART A (To be filled in by the insured)**

DATA ELEMENT	DESCRIPTION	FORMAT
SECTION A - DETAILS OF PRIMARY INSURED		
a) Policy No.	Enter the policy number	As allotted by the Insurance Company
b) Sl. No/ Certificate No.	Enter the social Insurance number or the certificate number of social health insurance scheme	As allotted by the organization
c) Company TPA ID No.	Enter the TPA ID No.	License number as allotted by IRDA and printed in TPA documents.
d) Name	Enter the full name of the policyholder	Surname, First name, Middle name
e) Address	Enter the full postal address	Include Street, City and Pin code
SECTION B -DETAILS OF INSURANCE HISTORY		
a) Currently covered by any other Medicaclaim / Health Insurance?	Indicate whether currently covered by another Medicaclaim / Health Insurance	Tick Yes or No
b) Date of commencement of first Insurance without break	Enter the date of commencement of first Insurance	Use dd-mm-yy-format
c) Company Name	Enter the full name of the Insurance Company	Name of the organization in full
Policy No.	Enter the policy number	As allotted by the Insurance Company
Sum insured	Enter the total sum insured as per the policy	In rupees
d) Have you been Hospitalized in the last four years since Inception of the contract?	Indicate whether hospitalized in the last four years	Tick Yes or No
Date	Enter the date of Hospitalization	Use mm-yy format
Diagnosis	Enter the diagnosis details	Open Text
e) Previously covered by any other Medicaclaim / Health Insurance?	Indicate whether previously covered by another medicaid / Health Insurance	Tick Yes or No
f) Company Name	Enter the full name of the Insurance Company	Name of the organization in full
SECTION C -DETAILS OF INSURED PERSON HOSPITALIZED		
a) Name	Enter the full name of the patient	Surname, First name, Middle name
b) Gender	Indicate Gender of the patient	Tick Male or Female
c) Age	Enter age of the patient	Number of years and months
d) Date of Birth	Enter Date of Birth of patient	Use dd-mm-yy format
e) Relationship to primary Insured	Indicate relationship of patient with policyholder	Tick the right option, if others, please specify
f) Occupation	Indicate occupation of patient	Tick the right option. If others, please specify.
g) Address	Enter the full postal address	Include Street, City and Pin code
h) Phone No	Enter the phone number of patient	Include STD code with telephone number
i) E-mail ID	Enter e-mail address of patient	Complete e-mail address
SECTION D - DETAILS OF HOSPITALIZATION		
a) Name of Hospital where admitted	Enter the name of hospital	Name of hospital in full
b) Room category occupied	Indicate the room category occupied	Tick the right option
c) Hospitalization due to	Indicate reason of hospitalization	Tick the right option
d) Date of injury/Date Disease first detected / Date of Delivery	Enter the relevant date	Use dd-mm-yy format
e) Date of admission	Enter date of admission	Use dd-mm-yy format
f) Time	Enter time of admission	Use hh-mm- format
g) Date of discharge	Enter date of discharge	Use dd-mm-yy format
h) Time	Enter time of discharge	Use hh-mm- format
i) If injury give cause	Indicate cause of injury	Tick the right option
If Medico legal	Indicate whether injury is medico legal	Tick Yes or No
Reported to Police	Indicate whether police report was filed	Tick Yes or No
MLC Report & Police FIR attached	Indicate whether MLC report and Police FIR attached	Tick Yes or No
j) System of Medicine	Enter the system of medicine followed in treating the patient	Open Text
SECTION E - DETAILS OF CLAIM		
a) Details of Treatment Expenses	Enter the amount claimed as treatment expenses	In rupees (Do not enter paise values)
b) Claim for Domiciliary Hospitalization	Indicate whether claim is for domiciliary hospitalization	Tick Yes or No
c) Details of Lump sum/ Cash benefit claimed	Enter the amount claimed as lump sum / cash benefit	In rupees (Do not enter paise values)
d) Claim documents Submitted-Check List	Indicate which supporting documents are submitted	Tick the right option
SECTION F - DETAILS OF BILLS ENCLOSED		
Indicate which bills are enclosed with the amount in rupees		
SECTION G - DETAILS OF PRIMARY INSURED'S BANK ACCOUNT		
a) PAN	Enter the permanent account number	As allotted by the Income Tax Department
b) Account Number	Enter the Bank account number	As allotted by the Bank
c) Bank Name and Branch	Enter the Bank name along with the branch	Name of the Bank in full
c) Cheque/ DD payable details	Enter the name of the beneficiary the cheque / DD should be made out to	Name of the individual / organization in full
c) IFSC Code	Enter the IFSC code of the Bank branch	IFSC code of the Bank branch in full
SECTION H - DECLARATION BY THE INSURED		
Read declaration carefully and mention date (in dd:mm:yy format), place (open text) and sign.		

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:

b) IP Registration Number: c) Gender: Male Female d) Age: Years Months e) Date of birth:

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) Hospital 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:

DECLARATION BY THE INSURED:

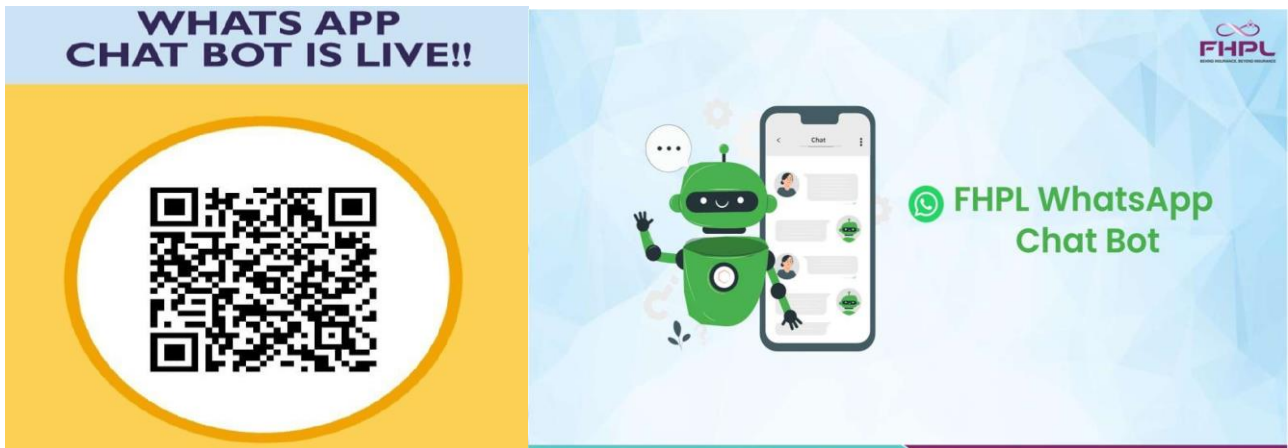
I hereby declare that the information furnished in the claim form is true & correct to the best of my knowledge and belief. If I have made any false or untrue statement, suppression or concealment of any material fact with respect to questions asked in relation to this claim, my right to claim reimbursement shall be forfeited. I also consent & authorize TPA / Insurance Company, to seek necessary medical information / documents from any hospital / Medical Practitioner who has attended on the person against whom this claim is made. I hereby declare that I have included all the bills / receipts for the purpose of this claim & that I will not be making any supplementary claim except the pre/post-hospitalization claim, if any.

Date Place: Signature of the Insured

GUIDANCE FOR FILLING CLAIM FORM - PART A (To be filled in by the insured)		
DATA ELEMENT	DESCRIPTION	FORMAT
SECTION A - DETAILS OF PRIMARY INSURED		
a) Policy No.	Enter the policy number	As allotted by the Insurance Company
b) Sl. No/ Certificate No.	Enter the social Insurance number or the certificate number of social health insurance scheme	As allotted by the organization
c) Company TPA ID No.	Enter the TPA ID No.	License number as allotted by IRDA and printed in TPA documents.
d) Name	Enter the full name of the policyholder	Surname, First name, Middle name
e) Address	Enter the full postal address	Include Street, City and Pin code
SECTION B - DETAILS OF INSURANCE HISTORY		
a) Currently covered by any other Mediclaim / Health Insurance?	Indicate whether currently covered by another Mediclaim / Health Insurance	Tick Yes or No
b) Date of commencement of first Insurance without break	Enter the date of commencement of first Insurance	Use dd-mm-yy format
c) Company Name	Enter the full name of the Insurance Company	Name of the organization in full
Policy No.	Enter the policy number	As allotted by the Insurance Company
Sum insured	Enter the total sum insured as per the policy	In rupees
d) Have you been Hospitalized in the last four years since Inception of the contract?	Indicate whether hospitalized in the last four years	Tick Yes or No
Date	Enter the date of Hospitalization	Use mm-yy format
Diagnosis	Enter the diagnosis details	Open Text
e) Previously covered by any other Mediclaim / Health Insurance?	Indicate whether previously covered by another mediclaim / Health Insurance	Tick Yes or No
f) Company Name	Enter the full name of the Insurance Company	Name of the organization in full
SECTION C - DETAILS OF INSURED PERSON HOSPITALIZED		
a) Name	Enter the full name of the patient	Surname, First name, Middle name
b) Gender	Indicate Gender of the patient	Tick Male or Female
c) Age	Enter age of the patient	Number of years and months
d) Date of Birth	Enter Date of Birth of patient	Use dd-mm-yy format
e) Relationship to primary Insured	Indicate relationship of patient with policyholder	Tick the right option, if others, please specify
f) Occupation	Indicate occupation of patient	Tick the right option. If others, please specify.
g) Address	Enter the full postal address	Include Street, City and Pin code
h) Phone No	Enter the phone number of patient	Include STD code with telephone number
1) E-mail ID	Enter e-mail address of patient	Complete e-mail address
SECTION D - DETAILS OF HOSPITALIZATION		
a) Name of Hospital where admitted	Enter the name of hospital	Name of hospital in full
b) Room category occupied	Indicate the room category occupied	Tick the right option
c) Hospitalization due to	Indicate reason of hospitalization	Tick the right option
d) Date of injury/Date Disease first detected / Date of Delivery	Enter the relevant date	Use dd-mm-yy format
e) Date of admission	Enter date of admission	Use dd-mm-yy format
f) Time	Enter time of admission	Use hh-mm- format
g) Date of discharge	Enter date of discharge	Use dd-mm-yy format
h) Time	Enter time of discharge	Use hh-mm- format
i) If injury give cause	Indicate cause of injury	Tick the right option
If Medico legal	Indicate whether injury is medico legal	Tick Yes or No
Reported to Police	Indicate whether police report was filed	Tick Yes or No
MLC Report & Police FIR attached	Indicate whether MLC report and Police FIR attached	Tick Yes or No
j) System of Medicine	Enter the system of medicine followed in treating the patient	Open Text
SECTION E - DETAILS OF CLAIM		
a) Details of Treatment Expenses	Enter the amount claimed as treatment expenses	In rupees (Do not enter paise values)
b) Claim for Domiciliary Hospitalization	Indicate whether claim is for domiciliary hospitalization	Tick Yes or No
c) Details of Lump sum/ Cash benefit claimed	Enter the amount claimed as lump sum / cash benefit	In rupees (Do not enter paise values)
d) Claim documents Submitted-Check List	Indicate which supporting documents are submitted	Tick the right option
SECTION F - DETAILS OF BILLS ENCLOSED		
Indicate which bills are enclosed with the amount in rupees		
SECTION G - DETAILS OF PRIMARY INSURED'S BANK ACCOUNT		
a) PAN	Enter the permanent account number	As allotted by the Income Tax Department
b) Account Number	Enter the Bank account number	As allotted by the Bank
c) Bank Name and Branch	Enter the Bank name along with the branch	Name of the Bank in full
c) Cheque/ DD payable details	Enter the name of the beneficiary the cheque / DD should be made out to	Name of the individual / organization in full
c) IFSC Code	Enter the IFSC code of the Bank branch	IFSC code of the Bank branch in full
SECTION H - DECLARATION BY THE INSURED		
Read declaration carefully and mention date (in dd.mm.yy format), place (open text) and sign.		

FHPL WhatsApp Chatbot for HCL Beneficiaries

With a view to enhancing convenience and ensuring seamless access to services, FHPL has introduced a WhatsApp chatbot for the first time for the beneficiaries of HCL. This user-friendly WhatsApp facility enables beneficiaries to easily access the features outlined below, and they are advised to follow the step-by-step illustrations in the accompanying images for effective use of the chatbot services.



WHATSAPP CHAT – EASE AND CONVENIENCE

Everything you need to know about your Policy and Claims is just a chat away!

WhatsApp Chatbot gives you all the listed details with ease and at just a chat away:

- Claim Status
- Download E-Card
- Network Hospitals
- Claim Form
- Claim Intimation
- Claim Submission
- Check List
- Escalation Matrix
- Policy Document
- FAQ
- Contact Info

To Start a conversation type "Hi" to "9154039276" and select the required details from the menu displayed – follow simple steps by providing necessary authentication details and get your information, right there!!

Other Services

- Network Hospitals
- Find network hospitals near you
- Claim Form
- Download the necessary claim forms
- Claim Intimation
- Notify us about a new claim
- Claim Submission
- Submit your claim documents
- Check List
- Checklist for Reimbursement Claims Filing
- Escalation Matrix
- Check for Escalation matrix
- Policy Documents
- Check for Policy Documents
- FAQs
- Check for FAQs
- Contact Info
- Check for Contact Information

CLAIM STATUS

When a user clicks on "Claim Status," they will be prompted to provide the following details:

☛ For Registered Mobile Numbers:

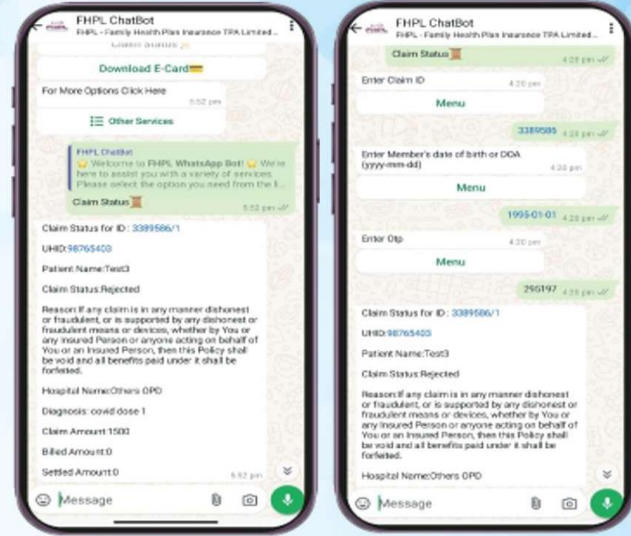
Users with a registered mobile number can view the status of their last 5 claims directly, without needing additional authentication steps.

☛ For Non-Registered Mobile Numbers:

Users with non-registered mobile numbers will need to select one of the following options for further assistance:

- Enter Claim ID
- Enter Member Date of Birth (DOB)

- Once both details are entered and validated, an OTP will be sent to the registered mobile number.
- After the OTP is validated, the claim status will be displayed.



DOWNLOAD E-CARD

When a user clicks on "Download E-Card" they will be prompted to provide the following details:

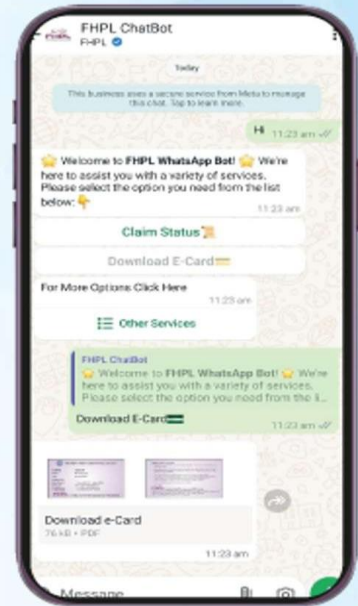
☛ For Registered Mobile Numbers:

Users with a registered mobile number family E-card will directly download without needing additional authentication steps.

☛ For Non-Registered Mobile Numbers:

Users with non-registered mobile numbers will need to select one of the following options for further assistance to download E-card:

- UHID & Date of Birth (followed by OTP validation)
- Employee ID & Mobile Number/Email ID (followed by OTP validation)
- Policy Number & Date of Birth (followed by OTP validation)



DOWNLOAD E-CARD



Option 1: UHID & Date of Birth (DOB):

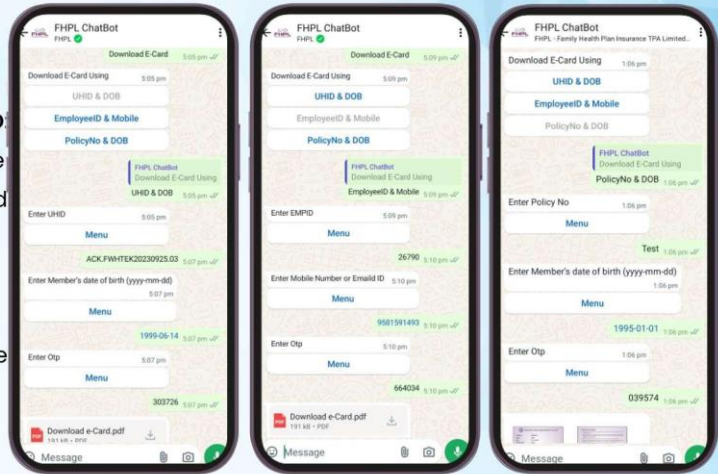
- If the user provides their UHID and Date of Birth, OTP validation will be required.
- Once the OTP is successfully validated, the E-card will be directly sent to the member.

Option 2: Employee ID & Mobile Number or Email ID

- If the user provides their Employee ID and Mobile Number or Mail ID, OTP validation will be required.
- Once the OTP is successfully validated, the E-card will be directly sent to the member.

Option 3: Policy Number & Date of Birth (DOB):

- If the user provides their Policy Number and Date of Birth, OTP validation will be required.
- Once the OTP is successfully validated, the E-card will be directly sent to the member.

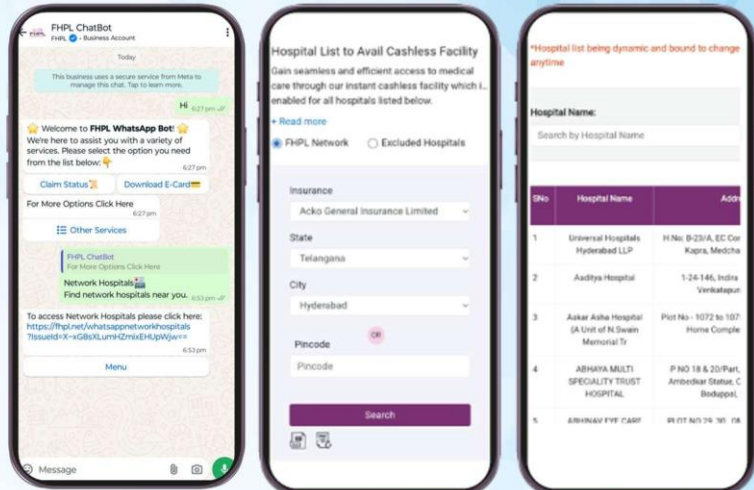


ACCESS NETWORK HOSPITALS



Network Hospitals:

- Clicking on "Network Hospitals" will prompt the user to provide specific details.
- A link will be shared; clicking this link will navigate the user to a web browser.
- The user will then select the State and City.
- Once the state and city are selected, the web page will display a list of network hospitals within the chosen location.
- For Unregistered Users can also search for hospitals by insurance company and Pincode.

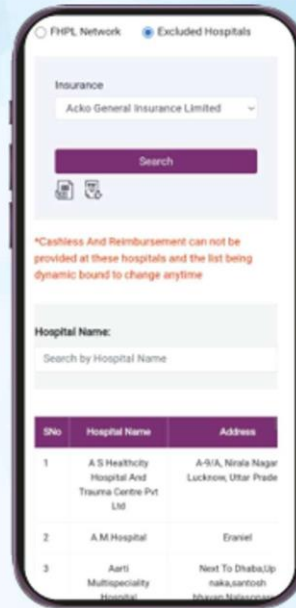


ACCESS NETWORK HOSPITALS



Excluded Hospitals:

We provide a list of excluded hospitals based on the default insurer associated with the registered number. This list includes hospitals where users are not permitted to be admitted, and claims cannot be processed, as they are blacklisted by the insurer.



CLAIM FORM



When a user clicks on "Claim Form," they will be prompted to provide the following details:

For Registered Mobile Numbers:

Users with a registered mobile number Claim Form will directly download without needing additional authentication steps.

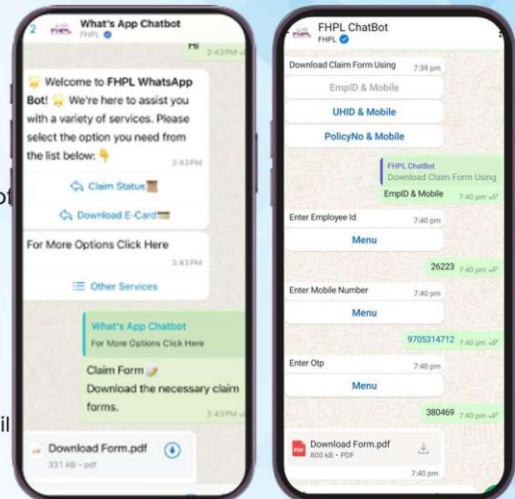
For Non-Registered Mobile Numbers:

Users with non-registered mobile numbers will need to select one of the following options for further assistance to Claim Form:

- Employee ID & Mobile Number or Mail ID
- UHID & Mobile Number or Mail ID
- Policy Number & Mobile Number or Mail ID

Option 1: Employee ID & Mobile Number or Email ID:

- If the member provides their Employee ID and Mobile Number or Mail ID, OTP validation will be required.
- Once the OTP is validated, the claim form will be directly sent.
- The claim form will be based on the registered mobile number under the insurer, and the specific insurer's claim form will be downloaded.



CLAIM FORM

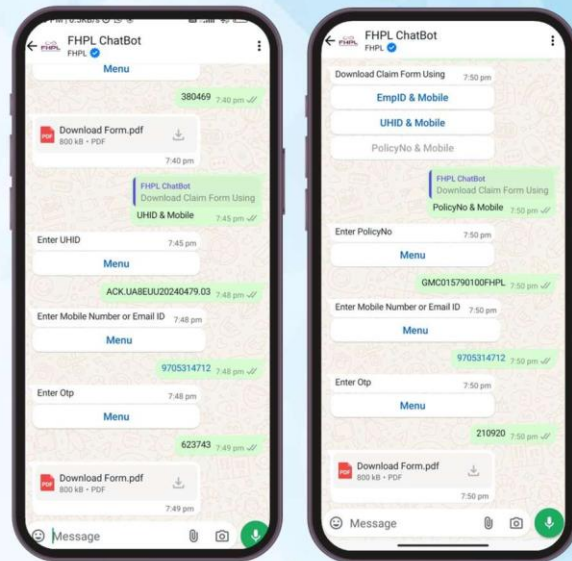


Option 2: UHID & Mobile Number or Email ID

- If the user provides their UHID and either Mobile Number or Email ID, OTP validation will be required.
- Once the OTP is successfully validated, the claim form will be directly downloaded.

Option 3: Policy Number & Mobile Number Or Email ID

- If the user provides their Policy Number and either Mobile Number or Email ID, OTP validation will be required.
- Once the OTP is successfully validated, the claim form will be directly downloaded.



CLAIM INTIMATION



When a user clicks on "Claim Intimation," they will be asked to provide specific information:

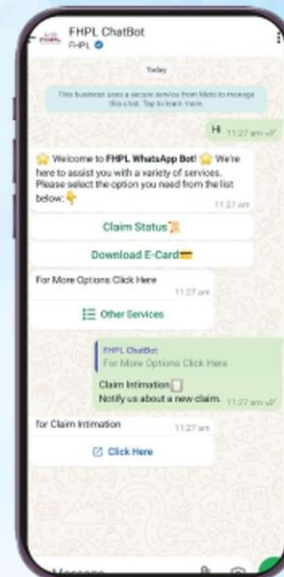
☛ For Registered Mobile Numbers:

Users with a registered mobile number who intend to notify the hospital or TPA about hospitalization can click on "Claim Intimation." This will send a link that, when clicked, will open a web browser and automatically fetch the member's contact details. The user will then need to fill in any remaining information to submit the claim intimation.

☛ For Non-Registered Mobile Numbers:

Users using non-registered mobile numbers for claim notification will also click on "Claim Intimation," which will send a link. Clicking this link will take them to a web browser where they will be prompted to provide the following details for further assistance:

- UHID & Patient's Date of Birth
- Employee ID & Mobile Number or Email ID
- Policy Number & Date of Birth



CLAIM INTIMATION



On the **Claim Intimation** page, the user will need to complete the following fields:

- **Member Details:** Select from a dropdown list of dependents.
- **Claim Type:** Choose between Reimbursement or Cashless.
- **Mobile Number:** Auto-filled.
- **Email ID:** Auto-filled.
- **State:** Select the state from the dropdown.
- **City:** Choose a city within the selected state.
- **Name of Hospital:** Based on the selected state and city, a list of network hospitals will appear in the dropdown.
- **Hospital Address:** Enter the address of the selected hospital.
- **Diagnosis:** Provide the reason for hospitalization.
- Once all details are filled in, clicking Submit will generate a Claim Intimation ID, which will be sent to the user via WhatsApp.

CLAIM INTIMATION



Option 1: UHID & Patient's DOB:

- When a user enters their UHID and Mobile Number, they will be required to complete OTP validation.
- Once validated, the 'Claim Intimation' page will display information such as member details, claim type, and state for submitting the claim request.

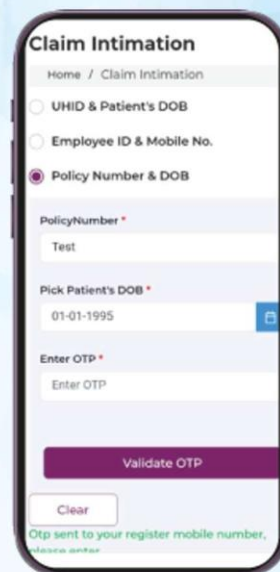
Option 2: EMPID & Mobile Number or Email ID:

- When a user enters their Employee ID and Mobile Number or Mail ID, an OTP validation is required.
- Once validated, clicking the submit button will navigate them to the 'Claim Intimation' page, where member details, claim type, state, and other information are displayed to raise a claim request.

CLAIM INTIMATION

Option 3: Policy No & DOB:

- When a user inputs their Policy Number and DOB, OTP validation is required.
- After validation, they will be redirected to the Claim Intimation page.



The screenshot shows a mobile application interface for 'Claim Intimation'. At the top, there are three radio button options: 'UHID & Patient's DOB', 'Employee ID & Mobile No.', and 'Policy Number & DOB' (which is selected). Below these are three input fields: 'PolicyNumber *' with the text 'Test', 'Pick Patient's DOB *' with the date '01-01-1995', and 'Enter OTP *' with the text 'Enter OTP'. A purple 'Validate OTP' button is at the bottom, along with a 'Clear' button. A green message at the bottom states: 'Otp sent to your register mobile number. please enter'.

CLAIM SUBMISSION

To submit a claim through WhatsApp, click on 'Claim Submission,' they will be prompted to provide the following details:

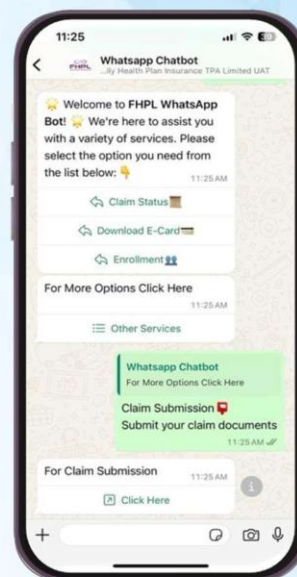
For Registered Mobile Numbers:

Users will receive a claim submission link on their registered mobile number. Upon clicking the link, it will automatically open a web browser and direct them to the **Claim Submission** page. No additional authentication is needed, and all policy members will be listed in the member details dropdown for easy selection.

For Non-Registered Mobile Numbers:

Users using non-registered mobile numbers will need to choose one of the following options for verification. Based on the selected option, User details will be verified, followed by OTP validation. Once verified, a link will be sent, which will open in a web browser and request further details:

- **Option 1: UHID & Date of Birth**
- **Option 2: Employee ID & Mobile Number or Email ID**



CLAIM SUBMISSION

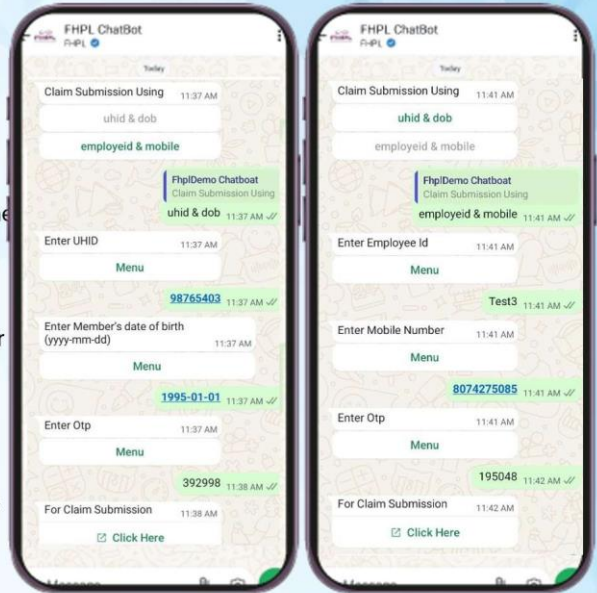


Option 1: UHID & Date of Birth:

- The user provides their UHID and Date of Birth, followed by OTP validation. Once validated, a link will be sent.
- Clicking the link will direct the member to the 'Claim Submission' page, where details like member information, claim type, state, and more are displayed for completing the claim submission process

Option 2: Employee ID & Mobile Number or Email ID:

- If the user provides their Employee ID and Mobile Number or Mail ID, OTP validation will be required. Once the OTP is successfully validated, a link will be sent.
- Clicking on the link will navigate the User to the 'Claim Submission' page, where member details, claim type, state, and other relevant information will be displayed for completing the claim submission.



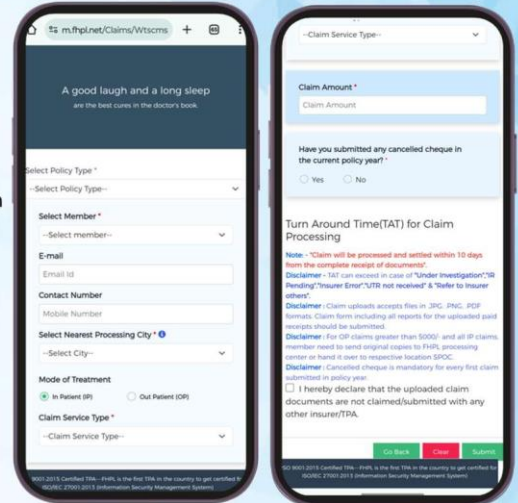
CLAIM SUBMISSION



On the **Claim Submission** page, the user needs to complete the following fields:

- **Policy Type:** Select from a dropdown list (Main Policy or Top-Up Policy).
- **Member Details:** Choose from a dropdown showing dependents.
- **Mobile Number:** Auto-filled.
- **Email ID:** Auto-filled.
- **State:** Select from available options in the dropdown.
- **Nearest Claim Processing City:** Choose the closest city from the dropdown list.
- **Mode of Treatment:** Choose either In-Patient or Out-Patient.
- **Claim Service Type:** Select either Hospitalization or Pre-Post.
- **Date of Admission (DOA), Date of Discharge (DOD), and Claim Amount.**
- **Submission of Cancelled Cheque:** Upload as a PDF.

Depending on the **Claim Service Type**, additional documents are required for submission, such as the duly completed claim form, valid government ID, discharge summary, final bills, lab reports, and paid receipts. After filling in all the necessary details and uploading the documents, clicking **Submit** will complete the process. A confirmation of successful claim submission will be sent via WhatsApp along with the claim ID.



CHECK LIST



When the user clicks on "Check List," they will be asked to choose one of the following options for further assistance:

- Inpatient
- Outpatient
- Pre & Post

Option 1: Inpatient

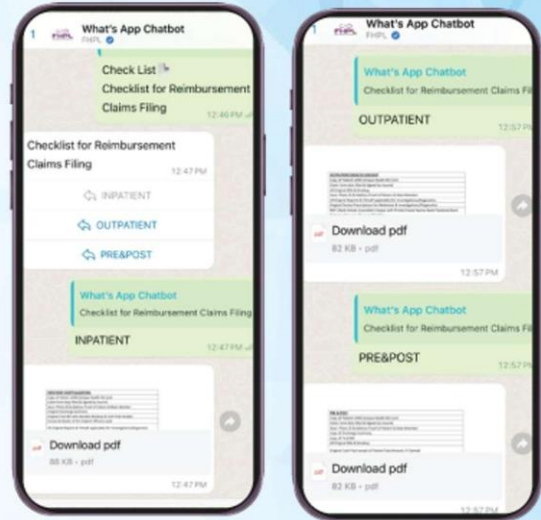
- If the user selects the **Inpatient** option, a PDF containing the list of required documents for Inpatient (hospitalization) claim submission will be downloaded. Ex: Discharge Summary, etc.

Option 2: Outpatient

- If the user selects the **Outpatient** option, a PDF with the list of required documents for Outpatient claim submission will be downloaded. Ex: Original Doctor Prescription, etc.

Option 3: Pre & Post

- If the user selects the **Pre & Post** option, a PDF with the list of required documents for Pre & Post claim submission will be downloaded. Ex: Original Final Bill, etc.



ESCALATION MATRIX:



- When the user clicks on "Escalation Matrix," they will directly access contact information for relevant personnel at both the Corporate and Insurer levels for further queries.

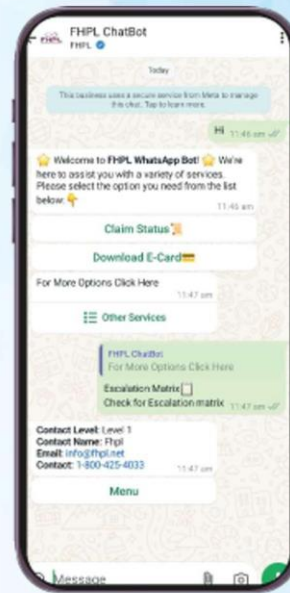
➤ For Registered Mobile Numbers:

- Users with registered mobile numbers will receive direct contact details for the concerned persons at the Corporate level.

➤ For Non-Registered Mobile Numbers:

- Users with non-registered mobile numbers will need to choose one of the following options for further assistance:

- UHID & Date of Birth (DOB)
- Employee ID & Mobile Number or Email ID
- Policy Number & Date of Birth (DOB)



ESCALATION MATRIX:

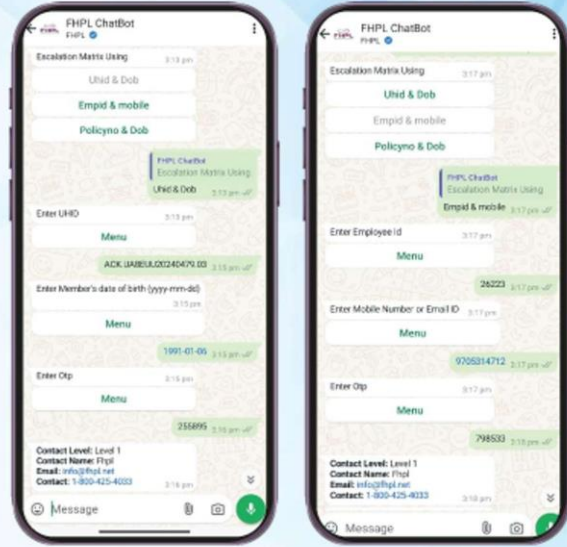


Option 1: UHID & Date of Birth (DOB)

- When a user enters their UHID and DOB, they will need to complete OTP validation.
- Upon successful OTP validation, the contact details of the concerned person will be displayed, including Contact Level, Contact Name, Email ID, and Contact Details.

Option 2: Employee ID & Mobile Number or Email ID

- When a user enters their EMP ID and Mobile Number or Mail ID, they will need to complete OTP validation.
- Upon successful OTP validation, the contact details of the concerned person will be displayed, including Contact Level, Contact Name, Email ID, and Contact Details.

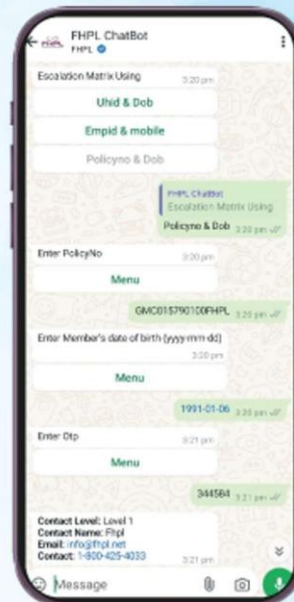


ESCALATION MATRIX:



Option 3: Policy Number & Date of Birth (DOB)

- When a user enters their EMPID and DOB, they will need to complete OTP validation.
- Upon successful OTP validation, the contact details of the concerned person will be displayed, including Contact Level, Contact Name, Email ID, and Contact Details.



Policy Document



When a user clicks on "Policy Document," they will be prompted to provide the following details:

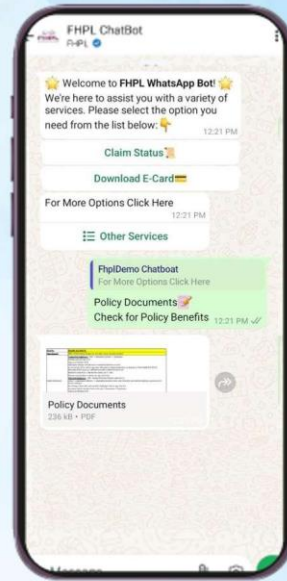
For Registered Mobile Numbers:

Users with a registered mobile number can directly download the Policy Document without additional authentication.

For Non-Registered Mobile Numbers:

Users with non-registered mobile numbers will need to select one of the following options for further assistance to download Policy Document:

- UHID & DOB
- Employee ID & Mobile Number or Email ID



Policy Document:

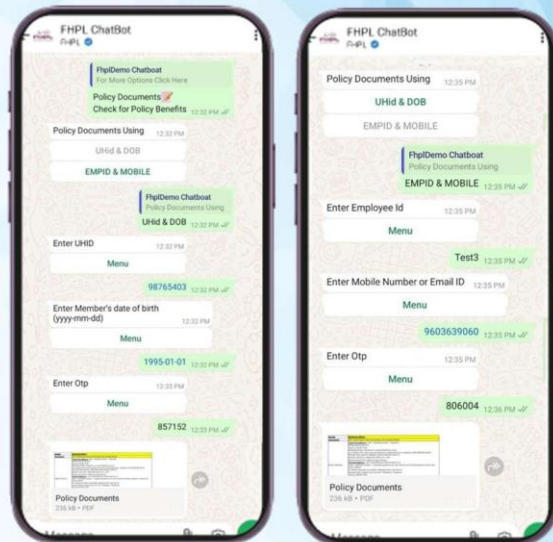


Option 1: UHID & DOB

- When a user enters their UHID and DOB Number, they will be required to complete OTP validation.
- Once validated, the 'Policy Document' will be automatically downloaded in PDF format.

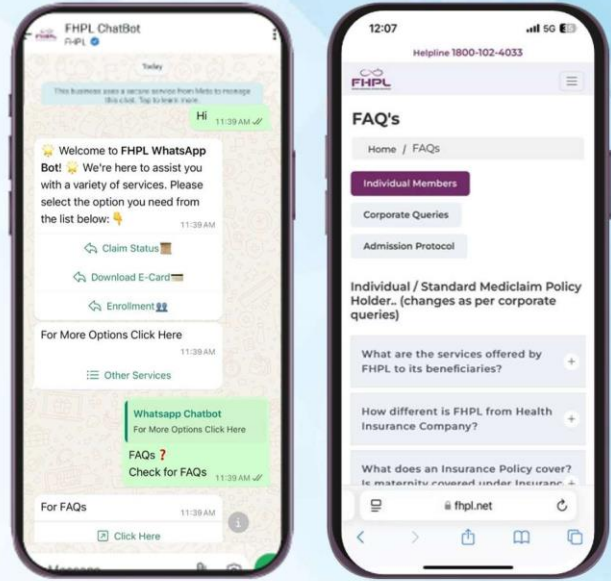
Option 2: EMPID & Mobile Number or Email ID:

- When a user enters their Employee ID and Mobile Number or Mail ID, an OTP validation is required.
- Once validated, the 'Policy Document' will be automatically downloaded in PDF format.



FAQ's

- When the user clicks on "FAQ's," they will be provided with a 'Click Here' link that redirects them to the FHPL portal's FAQ section without requiring any additional authentication.



Contact Info

- When the user clicks on "Contact Info," they will be provided with a 'Click Here' link that redirects them to the FHPL portal's Contact Info section without requiring any additional authentication.

