

FAQs on Cashless Hospitalisation

What is cashless hospitalization facility?

The customer would be able to avail the cashless facility if he undergoes hospitalization and or surgery at any of the TPA empanelled medical centers of his choice.

This means, in the event of hospitalization and or surgery in any of the network hospitals, the customer doesn't have to pay for the treatment in cash. The TPA on behalf of the Insurer shall pay the approved eligible amount of Daily Hospitalization Benefit & Surgical Benefit as per the plan directly to the hospital, as settlement of the customer's dues, if the policy provides for a higher amount on the covered illness and treatment; the TPA would pay the customer the difference amount.

In case of admission in a non-network hospital, the TPA shall directly pay the customer, the approved eligible amount of Daily Hospitalisation Benefit and Surgical Benefit as per the policy provisions.

Which Tata AIA products are offered under Cashless Hospitalisation?

Currently Cashless Hospitalisation is available under Tata AIA Life InvestAssure Health, Tata AIA Life Health First and Tata AIA Life Hospi CashBack. (Pls specify UIN number)

What is a Third Party Administrator (TPA)?

A THIRD PARTY ADMINISTRATOR (TPA) means any Company who has obtained license from IRDA to practice as a third party administrator and is appointed by the Insurance Company for the purpose of servicing claims on their health insurance policies.

What are the facilities offered by a TPA?

- A 24 X 7 facility for Claims assistance to all the Health policy holders through toll free number of the TPA
- Online assistance during hospitalization and filing of claim documents
- Cash Less facility and Claims processing at network hospitals up to limit as per the Health Insurance Plan
- Claims Processing for non-network hospitals

What do you mean by Network / Non-network Hospitalization?

A Hospital empanelled by the TPA, which has an agreement with TPA for providing Cashless treatment, is referred to as a 'Network Hospital'. List of network hospital is available in user guide / TPA website. (pls specify the website address) Cashless facility is provided ONLY at the network hospitals. Non-network hospitals are those who are not empanelled by the TPA and any policyholder seeking treatment in these hospitals will have to pay for the treatment and later claim the same from TPA(Raksha) on submission of the mandatory documents and subject to the company policies and eligibility – For complete details please refer to your policy document.

Can I get Cash less facility / Reimbursement within 30 days of policy commencement?

All Health policies have a waiting period of 90 days and any hospitalization during this period would not be payable as per the policy terms and conditions and hence not payable.

What is a Health Card?

Health card means the card issued to the Insured Person by the TPA to avail Cashless facility in the Network Hospital. It is mandatory for the insured to carry a Health card along with a valid Photo ID for the purpose of admission into the hospital.

What is the benefit of carrying a health card?

- The Health Card is needed for identification of the insured by the network hospital for requesting the cashless facility. This means you can walk into any of the network hospitals across the country and get treated without having to pay for your bills first and then claim from the TPA.
- Also in the event of any unforeseen accident a third party can identify your Insurance Company and your family can be intimidated.
- The Health card carries unique member number which helps track the status of any claim by the TPA faster.

How does Cashless access work?

Each person covered under the Policy will be issued a Health card. In case of planned hospitalization, the policyholder should obtain an Authorization Letter from TPA by faxing the pre-authorization request. The pre-authorization form would be available with the Network Hospital/website/TPA offices. It should be filled up with all the relevant details (policy no. /telephone no. /bank account no. /past history, etc) authenticated by the treating physician. The authorization letter issued by the TPA post scrutiny of the pre-authorization request; will indicate the name of the insured/patient, the name of the hospital where treatment is required, the nature of illness / disease for which treatment is required and the monetary limit above which the insured / patient will have to pay. The policyholder will have to submit this authorization letter along with the identity card given by TPA to the admission counter in the hospital.

In case of Emergency Hospitalization, the Hospital would fax the pre-authorization request to the TPA as above

How do I get a list of network hospitals of TPA?

Along with your Health card, you will get a kit comprising of a Guide Book and List of Network Hospitals on enrolment with the TPA. You can also download the list from the respective TPA's website. The details of the nearest hospital can also be sought by calling the toll free number of the TPA.

How does one obtain the Authorization letter?

In a planned Hospitalization, The policyholder is required to fill the request for pre- authorization form along with the details of the illness and proposed treatment and expenses, certified by the treating doctor of the network Hospital and send through fax/other means to the nearest TPA office mentioned in the user Guide or TPA web site along with the 'health card' details. In an Emergency, the policy holder is advised to get hospitalized first for the treatment in the nearest network Hospital and the hospital would float the same 'pre-authorization form' to the TPA as mentioned above. Hence, it is advised to the policy holder that they need to carry the issued 'health card' with them all the time. TPA will scrutinize the request for authorization letter and send an authorization letter or regret letter The 'Pre-authorization form' is issued to the policy holder in the welcome kit or can be obtained from the TPA website/ Network Hospital.

Can the cashless authorized amount be different from the actual expenses?

Yes. The cashless authorized amount would depend upon the proposed number of days of Hospitalization, and whether the surgery is covered under the policy and the plan of the Insurance bought by the policy holder. This could be different from the actual expenses as this depends upon the the hospital charges for each day, number of days of Hospitalization, nursing, consultation and other charges, etc.

How is the claim paid; if the cashless authorized amount is different from the actual expenses?

The final payment on a claim would be done by the TPA only after the receipt of all the necessary documents post discharge form the Hospital.

If the authorized amount is less than the actual expenses; the policyholder needs to settle the difference amount to the Hospital at the time of discharge and the authorized amount would be paid to the Hospital by the TPA

If the authorized amount is equal to the actual expense or is higher than the same, the policyholder need not pay any amount to the Hospital at discharge. The actual expense would be paid by the TPA to the hospital and the difference (if any) to the policyholder.

Can a request for Authorization for cashless be declined?

Yes, a request for authorization for cash less access may be declined if,

- Inadequate / vague / wrong information is provided and the TPA is unable to get access to additional information.
- The ailment / disease for which hospitalization/ surgery is required is not covered by the insurance policy.
- The disease suffered for which hospitalization is claimed falls under policy exclusions clause. The policy holder is advised to check the contract for the coverage and the exclusions before claiming for the same.
- The person does not have adequate insured amount in the policy left to cover the hospitalization costs.
- The person gets admitted in the non-network Hospital*.

*(This only means that cashless access is declined, AND IS IN NO WAY TO BE CONSTRUED AS DENIAL OF TREATMENT. The policyholder must obtain the treatment as per his/ her treating doctor's advice.)

The denial of pre-authorization letter shall not be construed to mean that the policyholder cannot claim under the terms, exclusions and conditions of the policy. In such cases you are advised to settle all the Hospital Bills at the time of discharge; fill the claim form and submit it to the TPA along with all the mandatory documents and TPA will settle the claim as per your policy terms and conditions.

During the course of my treatment, can I change the hospitals?

Yes it is possible to shift to another hospital for reasons of requirement of better medical procedure. In such a scenario, a fresh cashless request needs to be floated to the TPA as per the process for the 2nd admission. As there would be change in the treatment plan and differences in the proposed estimates, the 1st Hospital needs to check with the TPA about the payable claim amount (as per the availed hospitalization days and surgical treatment, if any) and recover any difference in expenses from the policy holder, at the time of discharge, The payable claim amount to the 1st hospital may be vary from the authorized amount in such a scenario.

A fresh authorization letter for the cashless hospitalization would be issued by the TPA for the 2nd Hospitalization. Any discrepancy found in the information supplied in the 'pre-authorization form' in any of the hospitalization may render the cashless facility null and the policy holder needs to settle all the bills during discharge. However, he can claim to the TPA by submitting the mandatory documents. Which will be evaluated by the TPA on the merits of the case and as per policy terms and conditions.

How does hospitalization for Planned Hospitalization work?

- The request for Authorization for planned treatment can be made by filling up the 'Pre-authorization form'. This form has to be filled up by the policy holder and the Doctor recommending Hospitalization. The form must be filled fully in Block letters indicating the Doctors Name, Registration Number and Telephone Phone number. Should TPA Medical Officer need any clarification he may contact your doctor before he approves the request.
- This request must reach TPA office at least 3 days in advance before the actual hospitalization
- Any change in the date of hospitalization, Hospital, nature of illness or surgeon who is going to perform the procedure will make the authorization invalid. A fresh authorization will have to be taken.
- The authorization is valid only for Network Hospitals.
- The authorization will be addressed to the hospital and sent to the patients address or faxed to the hospital as desired by the policyholder.
- At the time of discharge, the policy holder needs to settle the difference amount(difference in the actual expense and the authorized amount,), if any
- He needs to check and sign on all the original medical bills from the Hospital, and the claim form along with DV, before discharge.
- The hospital would then submit all the mandatory claim documents for the claim to the TPA
- The TPA would scrutinize the submitted documents and pay the authorized amount to the Hospital and the difference to the policy holder, if any as per the policy provisions.

What are the points one must note while getting hospitalized under the cashless access service?

In order to avail a hassle-free cashless hospitalization; the policyholder is advised to:

- Obtain pre – authorization form from Insurance Helpdesk 3 – 4 days prior to the
- Admission for planned hospitalization. Show your TPA identity card and the Authorization letter given by TPA. The hospital will check the ID card and authorization letter.
- All the details in the 'Pre – authorization form' should be correct and to be filled in by treating doctor.
- Check about the pre – authorization approval at the Insurance helpdesk within next 24hrs.
- You can avail cashless treatment at the hospital after receipt of written authorization from TPA for the covered.
- Some network Hospitals may charge you registration fees / admission fees etc. These will have to be paid by the policyholder as these are not covered under the policy.
- Leave back all the original documents and signed claim form with the hospital at the time
- Of discharge.
- Contact local TPA office in case of any query.
- Make payment to the hospital for the expenditure over and above the TPA approved limit
- And for the treatment not covered under the package.

- In case the amount authorized by the TPA is less than the hospital estimate amount, you need to get hospitalized and submit final bill to TPA from hospital for enhancement of the authorization amount. Further TPA will discuss with Hospital.

Don'ts:

- Don't insist upon admission at the hospital merely for investigation, evaluation or Health check – up as these are not approved by TPAs.
- Don't insist on admission on cashless basis at the Hospital without obtaining the pre – authorization approval from TPA.
- Don't carry back any original documents at the time of discharge from the hospital, if your cashless is approved by the TPA.
Don't forget to sign the claim form.

How does Emergency Hospitalization under cashless access scheme work?

In an 'Emergency scenario' the policyholder is advised to get hospitalized in the nearest network hospital.

- This happens typically, in case of medical emergencies such as a road traffic accident/ acute illness (Heart attack/stroke, etc) there is no planning involved in the hospitalization. In such situations, the [Health ID Card](#) can be shown at the network hospital to avail cashless admission facility. The preauthorization request can be sent to the TPA within four hours after admission.
- It is therefore prudent that every insured individual should carry their Health ID card with them at all times as the emergencies are unpredictable.
- In a scenario where the Health Card cannot be produced at the network Hospital; minimum of Policy number/ID number and a photo ID should be produced by the customer at the Hospital for the pre-authorization and the Health ID card can be produced later during Hospitalization.
- An 'Emergency certificate' certified by the CMO (casualty medical officer) needs to be submitted along with the pre-authorization form to the TPA justifying the emergency nature of admission.
- It should be noted that denial of a preauthorization request is in no way to be construed as denial of treatment or denial of coverage. The customer can go ahead with the treatment, settle the hospital bills and submit the claim for a possible Claim processing at a later stage to the TPA.

Can I get outpatient treatment using my TPA Card?

No. The TPA Card is issued to you against your Health policy which only covers hospitalization and surgical expenses. The outpatient / domiciliary expenses are not covered and hence not payable.

What do you mean by Inpatient hospitalization and Daycare hospitalization?

Inpatient hospitalization is the event of hospitalization for treatment where patient stay in the hospital for minimum 24 hrs. Daycare hospitalization is the event of hospitalization for treatment where patient stay is less than 24 hrs.

Note: Policy will not cover the hospitalization of less than 24 hrs, except for daycare diseases as mentioned in policy daycare list

Can I get Cash less facility in the case of pre-existing diseases?

Pre-Existing diseases are excluded in Health Insurance Policy. (Except Hospi cash back which covers pre-existing condition after a period of 2 years from issuance) TPA's doctor panel will verify / check the inception of disease based on your medical records and in case the disease has an origin before the inception of the policy, then your claim is not payable, as per the policy. Incase the pre-existing illness found on the medical papers at Claim stage is significant and it was discovered that the information was not submitted to the Insurance company at the time of application/re-instatement, the policy can be rendered null and void by the Insurance company for material misrepresentation of facts.

What documents should one obtain before discharge from the hospital in case of cash less facility availed?

All bills in original and a discharge certificate are to be left with the hospital providing cashless treatment. The patient has to countersign all bills and fill the claim form and also leave the same with the hospital at the time of discharge. A copy of the bills & Discharge Summary can be carried by the patient for his records.

How does one get covered in case of treatment in non- network hospitals?

Cashless Hospitalization is available only in Network Hospitals. While it's recommended that you choose a network hospital you are at liberty to choose a non-network hospital also.

In case you are hospitalized in a non-network hospital, the cashless facility cant be provided and the policyholder is advised to settle all the bills in the normal course. However, he can claim for the same by submitting all the mandatory claim documents to the TPA. The TPA would settle the claim to the Policyholder as per the policy provisions.

What documents are needed for processing claims if the treatment has been done in a non-network hospital or in a network hospital where cash less facility was not granted / availed?

The customer would need to settle the bills at the hospital and submit the following documentation in attestation within 30 days from the date of discharge at the TPA address

- Claim form duly signed (The Claim form can be downloaded from Raksha /TALIC website/nearest TALIC branch directly) along with the signed Advanced DV.
- Detailed Discharge summary (Copies duly attested by the Hospital authorities and the Insured)
- All Payment receipt(s) (signed by the competent Hospital authorities as well as customer)
- Copy of Health card and supporting Photo ID (wherever applicable)
- Copies (duly attested by the Hospital authorities and the Insured) of hospital bill(s) with break up—Interim bills and Final Bill
- Package break-up (if applicable)
- Copies (duly attested by the Hospital authorities and the Insured) of investigation reports and Bills
- Consultation Papers with Treatment details
- Indoor Case Sheet (wherever asked for)
- MLC/Police records in case of Accidental Claims(If required)