



हैल्थ इन्श्योरेंस टीपीए ऑफ इन्डिया लिमिटेड
HEALTH INSURANCE TPA OF INDIA LTD.

GUIDE BOOK

&

NETWORK HOSPITAL

LIST



नेशनल इन्श्योरेंस कम्पनी लिमिटेड
(भारत सरकार का एक उपक्रम)
'National Insurance Company Limited'
(A Govt. Of India undertaking)



Leadership and beyond
न्यू इन्डिया एश्योरेंस
NEW INDIA ASSURANCE



Oriental
insurance
Prthvi, Agni, Jai, Akash, Siddhi Vinayaka, Mahaveer, Jyoti



युनाइटेड इन्डिया इश्योरेंस कं. लिमिटेड
UNITED INDIA INSURANCE CO. LTD
At United India, it's always U before I

Customer Care (Toll Free) :-

1800 102 3600

1800 180 3600

Head Office:-

**Health Insurance TPA of India Ltd.
3rd Floor, A-wing IFCI Tower, 61,
Nehru Place, New Delhi - 110019.**

Website:- www.hitpa.co.in

CIN - U85100DL2013PLC256581

IRDA Licence No. 036

Dear Member,

We take this opportunity to welcome you as a privileged member of Health Insurance TPA of India.

This guide book shall help you familiarize with some of the key processes, formats and services. We hope you shall find the content helpful and shall look forward to your feedback to improve further.

Please note that guidebook is for generic purpose. The terms and conditions of your insurance policy shall prevail in case of any difference and IRDA Regulations as applicable from time to time are to be held supreme.

Should you require any assistance kindly call us at on **1800 102 3600 / 1800 180 3600** toll free. Our customer services team shall be happy to assist you on 24*7*365 basis.

Thanking you

Health Insurance TPA of India Ltd.

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IMPORTANT NOTICE

For the latest updated information of all India Network hospitals, please visit our

website www.hitpa.co.in

< Home < Network Hospital

Key Definitions:-

(1) Hospital/Nursing Home

A Hospital means any institution established for Inpatient Care and Day Care Treatment of Illness and/or injuries and which has been registered as a Hospital with the local authorities under the Clinical Establishment (Registration and Regulation) Act, 2010 or under the enactments specified under the schedule of Section 56(1) of the said act OR complies with all minimum criteria as under:

- has at least 10 inpatient beds, in those towns having a population of less than 10, 00,000 and 15 inpatient beds in all other places;
- has qualified nursing staff under its employment round the clock;
- has qualified Medical Practitioner (s) in charge round the clock;
- has a fully equipped operation theatre of its own where Surgeries are carried out
- maintains daily records of patients and will make these accessible to the Insurance company's authorized personnel.

(2) Day Care Centre

A Day Care Centre means any institution established for day care treatment of Illness and/or Injury or a medical setup within a Hospital and which has been registered with the local authorities, wherever applicable, and is under supervision of a registered and qualified Medical Practitioner AND must comply with all minimum criteria as under:

- has qualified nursing staff under its employment;

- has qualified Medical Practitioner/s in charge;
- Has a fully equipped operation theatre of its own where Surgeries are carried out;
- Maintains daily record of patients and will make these accessible to the insurance company's authorized personnel

(3) Network Hospital:-

"Network Provider" Means hospitals or health care providers enlisted by an insurer or by a TPA and insurer together to provide medical services to an insured by a cashless facility.

"Preferred Provider Network" (PPN) means a Network Hospital, Day Care Center, Nursing Home, in select cities which have agreed to package rates and schedule of charges (SOC). for defined procedures for Insured Persons. It is recommended to log on to our website <http://www.hitpa.co.in> or call us at:- 1800 102 3600 / 1800 180 3600 for the updated list of network hospitals as the same undergoes changes from time to time.

(4) Cashless Service:-

Cashless hospitalization is a facility provided by the Insurance Company / TPA wherein the Policy Holder can get admitted and undergo the required treatment without paying directly for the medical expenditure. The eligible medical expense, thus incurred, shall be settled by the Insurance Company directly with the

This is to reduce the direct financial burden on insured individual at the time of hospitalization. Therefore, whatever bill is raised by the healthcare provider, Insurance Company settles it directly through Third Party Administrator (TPA), Subject to policy terms and conditions.

Process for cashless

- To avail the cashless facility one needs to approach the hospital which is under the network of Insurance Company / TPA. The Insurance Companies / TPA have tie-up with various hospitals and to avail the cashless facility you have to get admitted in one of these hospitals.
- To avail this facility you need to fill a Pre Authorization form while getting admitted to the Network hospital. The completed form is sent to the TPA by the hospital. Depending upon the terms of the policy, the TPA, will issue an authorization or a denial letter to the hospital.
- Once this is done the hospital will start treatment and all expenses up to the admissible limits under the terms & conditions of the policy will be processed by the TPA in coordination with the Insurance Company as need be.
- Please carry your member ID card issued by HITPA and a valid Photo ID (issued by govt. authority) Proof with you and submit the photo copy of the same to the hospital. KYC (Know You Customer) details are mandatory for all claims of Rs.1lac and above (please refer to KYC Documents listed in the end for details)

- PI note that if authorization for “Cashless Service” from HI TPA has been received then at the time of discharge, complete the following steps:-
 - Verify the bills and counter sign all the bills.
 - Pay for those items that are not reimbursable under the health insurance policy.
 - Leave the original discharge summary, Bills and other investigations reports with the hospital.
 - Retain a photocopy for your records.

- If the authorization for “Cashless Service” is not received from HI TPA or if “Cashless Service” denied by HI TPA then at the time of discharge, complete the following steps:-
 - Settle the hospital bills in full and collect all the bills, discharge summary, Investigation reports and other documents, in original.
 - Confirm from hospital that bill is raised as per rates and terms agreed with HITPA
 - Lodge your claim papers with HI TPA for Reimbursement processing within 7 days of discharge.

“Cashless Service” may be denied in some of the situations as listed below.

- The ailment/condition etc. not being covered under the policy.
- The insured amount not being sufficient to cover the hospitalization expenses.
- If the request for preauthorization is not received by HI TPA in time i.e. within 24 hours in case of emergency hospitalization or 72 hours in advance for planned hospitalization.
- If the information sent to HI TPA is insufficient to confirm coverage.

- Where the reported symptoms /available medical inputs are inadequate /incomplete to determine the liability of insurer.
- Where the admission is primarily for investigation purpose unless specifically exempted in the policy.
- Where the admission is less than 24 hours duration except for the specifically exempted conditions / procedure in the policy.
- In case personal information, policy and the coverage description differs with records registered with HI TPA.
- Where the hospital has been removed from the Network.

This is only an indicative list of reasons but not exhaustive.

Please note that denial of “Cashless Service” is not denial of treatment. You can continue with the treatment, pay for the services to the hospital, and later send the claim to HI TPA for reimbursement processing.

Process for Reimbursement Claim

In a reimbursement claim, the member has to pay upfront for the services of the Healthcare provider and seek reimbursement from the insurer after submitting the relevant documents including hospital bills to TPA. Following steps should be taken by member.

- Intimate claim to HI TPA within 24hrs. Of admission for emergency hospitalization and at least 72hrs. prior to admission for planned hospitalization.
- At the time of discharge, settle the hospital bills in full and collect all the bills, documents and reports in original.
- Lodge your claim with HI TPA for processing within 7days of discharge from hospital.

When lodging your claim with HI TPA for cashless denied cases or for Pre-Post Hospitalization expenses in case of Cashless Approved case, please make sure that all the documents listed below are sent.

- (1) Claim form duly filled & signed by the insured.
- (2) Copy of your Member ID card duly signed.
- (3) Copy of your insurance policy.
- (4) Discharge summary / Discharge card In Original (Photocopy only in case of pre/post hospitalization claims).
- (5) Hospital bills (Original). For all consolidated amounts, the detailed breakup of the billed amount is required from the hospital.
- (6) For medicines purchased from outside pharmacy, the bills should be accompanied by a prescription from the doctor (Original).
- (7) All investigation reports.
- (8) In case of hospitalization due to accident, medico legal certificate (MLC) from police.
- (9) All previous treatment papers related to Ailment.
- (10) Cancelled Cheque (with pre- printed name) and duly filled NEFT Form stating Branch MICR Code, Branch IFSC Code, Account type, Complete Account Number etc.(Refer our website for Form).
- (11) If hospital is not a network provider attach copy of Registration Certificate of the hospital or a certificate from the hospital giving infrastructure details i.e. Number of Beds, Availability of Doctor's & Nurse's round the clock, Operation theatre.
- (12) Summary of claim made with details of Bill No, Date and amount.

Do's

- (a) Pre - authorization format should be obtained from the hospital TPA helpdesk 72 hrs prior to the admission for planned hospitalization.
- (b) The treating doctor should sign Pre - authorization form and also the member needs to sign it.
- (c) Cashless treatment at the hospital can be availed only after receipt of written authorization from HI TPA.
- (d) In case of cashless treatment, all the original documents and signed claim form, bills etc. should be left with the hospital for submission to the HI TPA by the hospital.
- (e) In case any clarifications are required, HI TPA office can be contacted on the toll free number any time 24 * 7 * 365.
- (f) Payment to the hospital for the expenses over and above the TPA- approved limit, or for treatments/items not covered under the package/policy, must be made by the member at his own cost and receipt obtained.

Dont's

- (a) Do not insist on admission on cashless basis at the Hospital without obtaining pre - authorization approval from HI TPA.
- (b) Don't carry any original documents at the time of discharge from the hospital, if HI TPA has approved your cashless claim. Always retain photocopies with you for future reference. Original medical reports may be requested from HI TPA once claim is settled.

Know your customer (KYC) Documents:-

As per "AML/CFT (**Anti-Money Laundering & Counter Financing of Terrorism**) guidelines for General insurance companies" issued by IRDA, beneficiary need to submit KYC (Know your customer) documents where the amount payable is equal to or more then Rs.1 lac, hospital will collect the required documents from insured at the time of cashless. KYC documents are listed on next page.

Kindly note that no further documentation is necessary for proof of residence where identity proof submitted also gives address proof.



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HEALTH INSURANCE TPA OF INDIA LTD.

KYC (Know your customer) Form

Name of Proposer (Payee)

Name of Patient

Address of Proposer

City

State

Pin code

Mobile No.

E-Mail ID



Proposer's Recent Photograph

Kindly note that no further documentation is necessary for proof of residence where identity proof submitted also gives address proof.
 (Please Provide the copy of self attested document from the list below)

Proof of Identity (any one)	Proof of Residential Address (any one)
Passport <input type="checkbox"/>	Telephone Bill (Land Line/Mobile) <input type="checkbox"/>
Aadhar Card <input type="checkbox"/>	Current Passbook (Updated up to Previous Month) <input type="checkbox"/>
PAN Card <input type="checkbox"/>	Bank Account Statement <input type="checkbox"/>
Voter's Identity Card <input type="checkbox"/>	Letter from a recognized Public Authority <input type="checkbox"/>
Driving License <input type="checkbox"/>	Electricity Bill (Latest) <input type="checkbox"/>
Letter from a recognized Public Authority (With Photo) <input type="checkbox"/>	Ration Card <input type="checkbox"/>
Insurance Policyholder Identity card/Certificate From Insurer (With Photo) <input type="checkbox"/>	Valid lease agreement with rent receipt (Not more than 3 Months old) <input type="checkbox"/>
	Employer's Certificate <input type="checkbox"/>
Bank Letter Confirming identification & proof of residence	

Date :

Place :

Signature of Proposer

Health Insurance TPA of India Ltd,
 3rd Floor, A Wing, IFCI Tower, 61, Nehru Place, New Delhi – 110019

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:

b) 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 Codes	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/IHPE 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

We hereby declare 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:

List of Preferred Provider Network (PNN) Hospitals:-

IMPORTANT NOTICE

For the latest updated information of and all India Network hospitals, please visit our website **www.hitpa.co.in** < Home <
Network Hospital



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