



Circular No.066-2017-BC-PD-13-SWD

Date: 13-02-2017

PERMANENT UTILITY

GUIDELINES FOR SUBMISSION OF DOMICILIARY TREATMENT CLAIMS FOR EMPLOYEES UNDER IBA GROUP MEDICLAIM INSURANCE POLICY, 2016-2017

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Kind attention is drawn to our Circular No.461-2015-BC dated 11-11-2015 and 307-2016-BC dated 04.08.2016 regarding guidelines for submission of Domiciliary Treatment claims for employees under IBA Group Mediclaim Insurance Policy. Now we have been informed by UIICO Ltd. the Insurers as follows:

1. Claims Form for Hospitalization is to be used for Domiciliary Treatment claims also.
2. **Prescription:** All domiciliary claims are to be supported with original prescriptions. Original prescriptions and Doctor's Certificate are to be submitted wherever and whenever it is possible. However, if the employee requires the original prescriptions/ Doctor's Certificate for valid reasons photo copies shall be accepted subject to the following:
 - a) In the photocopy of the prescription/Doctor's Certificate, the employee has to declare the reason for his retention and to sign.
 - b) It is to be attested as true copy by Branch Head/Department Head where the staff is working with proper Name, Designation and Office seal.
 - c) **The prescriptions must specify the name of the disease/diagnosis. If it is not mentioned on the prescriptions, a separate certificate or letter from the Doctor is required.**
3. **The validity of the prescriptions where time limits are not stated is 90 days from the date of issuance of prescription.**
4. In case of prescriptions where the time limit is more than twelve months or for lifelong medicines, a revalidation shall be made on or before 12 months from the date of its issue.
5. In Domiciliary Claim Form & ECS Mandate please mention "Valid ID card number" for fresh claims. **Quoting of Vidal claim number is mandatory in case the documents are for claim query reply.**
6. For Domiciliary Treatment claims the Claims are to be submitted in the Claim Format as mentioned above strictly complying all the Check List requirements.

VIDAL Contact details:

IBA dedicated Toll Free No. - 18004259510
Toll Free Call Centre No. - 18004258885 & 18004257878
Call Centre No. - 080-40125600
Claim Intimation - intimation@vidalhealthtpa.com
General Queries, Claim status enquiry - blrcs@vidalhealthtpa.com

Grievance Matrix:

	Name of the contact person	Designation/ Grade	Email ID	Contact No.
Escalation 1	Customer Care Officers	Account Managers- Syndicate IBA	syndicateIBA@vidalhealthtpa.com	9148580121/ 9148580124

Escalation 2	Customer Care Officers	Officer – IBA Customer Service	syndicateIBA@vidalhealthtpa.com	7337776002
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Before contacting the VIDAL contact numbers please check the claim status, shortfall and view documents (scanned copies of documents submitted) in the VIDAL website as per procedure given in Cir. No. 489-2016-BC dated 25-11-2016. In case of necessity the contact calls/ Escalation is to be done in the order given above. Claim procedure for Pre/Post Hospitalisation claims including Cashless facility is the same as given in our earlier Circular No. 461-2015-BC. Soft copies of Claim Formats with new Policy Number noted have been placed in SYND LIBRARY URL under the head HO: SWD IBA HEALTH INSURANCE.

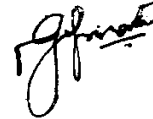
VIDAL HEALTH TPA- Head Office Address:

VIDAL HEALTH TPA PRIVATE LTD.
1st Floor, Tower 2, SJR 1 Park, EPIP
Whitefield, Bengaluru – 560066

CLAIM DOCUMENTS CHECKLIST for Domiciliary/Cashless/Hospitalization and Pre/Post Hospitalization Expenses Claims is attached. This will definitely help the employees to submit the required documents with the Claim Form for immediate settlement of claims and to reduce the number of claims going to query status.

The soft copy of the TAILORMADE GROUP MEDICLAIM POLICY issued by UIICO Ltd.- Policy No. 5001002816P109977904 (EMPLOYEES) - Period of Insurance cover from 01-10-2016 to 30-09-2017 is placed in SYND LIBRARY URL under the head HO: SWD IBA HEALTH INSURANCE.

Clarification required, if any, on this circular may be sought from **STAFF WELFARE DIVISION, PERSONNEL DEPARTMENT** at Head Office, Manipal, through respective RO, as per extant guidelines.



(GOPINATH T IYER)
GENERAL MANAGER (P)

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LIST OF DOCUMENTS REQUIRED FOR SETTLEMENT OF CLAIMS

i	<u>FOR CLAIMING HOSPITALISATION EXPENSES</u>
1	Claim form – Part A: duly filled & signed by the claimant - original
2	Claim form – Part B: duly filled & signed by the hospital authorities with seal- original
3	TPA id card – photo copy
4	Any other id proofs like: PAN Card/voter id/ DL/ passport etc - photo copy- (Mandatory if the claim value is Rs.1Lakh & above)
5	Address proof - photo copy - (Mandatory if the claim value is Rs.1Lakh & above)
6	Referral letter (if any) to the hospital – certified copy
7	Detailed discharge summary- original
8	Death summary (instead of discharge summary) if patient has passed away during the hospitalization - original
9	Hospital main bill - original
10	Break-up bill for the hospital main bill - original
11	Receipt for the amount collected from the patient - original
12	Investigation reports, images for investigations done during the hospitalization - original
13	Histopathology report, if any, - original
14	Operation Theatre (OT) notes – where surgery is performed - Certified copy (Based on case to case)
15	MLC report/ FIR for accident cases – certified copy
16	Pre & post x ray reports & films in case if done. - original (X-rays are mandatory document if the claim is towards fracture)
17	Sticker for the implants used, IOL sticker in case of cataract - original
18	Prescriptions for medicines purchased during hospitalization - Original
19	Pharmacy bills for medicines purchased during hospitalization- original
20	List of bills submitted with the amount under each bill
21	Documents for National Electronic Fund Transfer (NEFT)
	A. ECS form giving details of bank account for transferring the claim amount (if the NEFT details not provided in claim form)
	B. Bank pass book page containing a/c number, IFSC & MICR code & name/ address of a/c holder - photo copy or
	C. A cancelled cheque leaf containing a/c holder name, a/c number, IFSC & MICR code in to which claim amount has to be transferred or
	D. A letter from the bank confirming the account holder name, a/c no. IFSC , MICR code.
22	Any other document that the claim processing team/ TPA requests
	NOTE: Please note the claim documents should be submitted to VIDAL Health TPA with in 30days from the Date of Discharge. If there is a delay in submission, in addition to the above documents a letter justifying the reason for delay needs to be given. Please retain a copy of all documents submitted to TPA for future reference.

ii	<u>FOR CLAIMING PRE-POST HOSPITALISATION EXPENCES</u>
A	Claim form Part A: duly filled & signed by the claimant - original (On the Top of claim form please mention as "Pre-Post Expenses claim")
B	TPA id card – photo copy
E	OPD consultation paper, if any – original
F	consultation bills/ cash receipts, if any
G	prescription for medicines purchased prior to hospitalization
H	pharmacy cash bills for medicines purchased prior to & Post hospitalization-Original
I	Investigation reports -for investigations done prior to admission & after discharge, if any -Original
J	Cash bills for the investigations done prior to hospitalization & post discharge - Original
K	Reference letter for investigation conducted prior to hospitalization
L	Documents for National Electronic Fund Transfer (NEFT) as in item i - '21' above
M	Any other document that the claim processing team/ TPA requests
	Note: The Pre-post claim need to be submitted to us within 7 days from the date of expiry of Pre-post period. If there is a delay in submission, in addition to the above documents a letter justifying the reason for delay needs to be given.

iii	<u>FOR CLAIMING DOMICILIARY EXPENCES</u>
1	Claim form part A, IBA Domiciliary claim form & ECS form: duly filled & signed by the claimant - original (On the Top of claim form please mention as "Domiciliary Expenses claim")
2	TPA id card – photo copy
3	Lab Bills & Pharmacy bills - Original
4	Prescriptions - Original
5	The validity of the prescriptions where time limits are not stated is 90 days from the date of issuance of prescription.
6	In case of prescriptions where the time limit is more than twelve months and for lifelong medicines, a re-validation shall be made on or before 12 months from the date of its issue
7	Self attested photo copies of prescriptions shall be accepted provided original is already submitted and stands within the above mentioned time limit. When photocopies are submitted, please mention in the claim form having the original already submitted (with month in which it was submitted) may be made for smooth processing.
8	Documents for National Electronic Fund Transfer (NEFT) as in item i - '21' above
9	Any other document that the claim processing team/ TPA requests
	Please Note: Claims under Domiciliary treatment shall be on Monthly basis and for a particular month the same should be submitted to TPA on or before 15th of the succeeding month with complete documents. If there is a delay in claim submission then a letter justifying reason for delay need to be given.

Key information:-

For all communication with VIDAL mentioning the VIDAL ID number is mandatory. Since it's a unique identification provided by TPA & it identifies you only through Vidal id.

Cashless:

- Cashless will be provided only in TPA Network hospitals for Hospitalization cases.
- While filling the cashless request form at Hospital please mention the active mobile number so that all progress of the case will be kept informed to you by VIDAL through SMS.
- Always Quote VIDAL id number card / unique cashless authorization number for all communication with us for each hospitalization.
- In any circumstances, for hospitalization if the Vidal id number is not available with you, Need not to get panic, one can still utilize the cashless by mentioning the employee number & Corporate name as IBA policy : Syndicate bank (Retirees / Employees) in the cashless request form and you need to inform the hospital to send the cashless request to Vidal Health TPA.
- If the hospitalization is advised based on the test reports done prior to admission, then please provide those reports to Vidal through hospital.
- Any photo id Proof of the patient is mandatory along with cashless request.
- Once the request is received at VIDAL the allowed Turn Around Time (TAT) is 3hrs.
- If the details shared to VIDAL by hospital are incomplete, VIDAL may ask for additional details to hospital.
- The cashless amount approval will happen stage by stage:-
 - Initial approval (against admission), interim enhancement & Final approval once the patient is ready for discharge.

Reimbursement claims:-

- Please provide correct & complete details while submitting claim as per checklist for documents.
- Please mention your contact number & e mail id in claim form.
- For each claim received & registered at VIDAL, unique claim no. will be generated, please quote that claim number for all relevant communication with VIDAL until settlement that claim.
- All test reports & films are very essential to process the claim, like x ray films, MRI film, CT Scan image, Angiogram & angioplasty images / CD's.
- If the hospitalization is advised based on the test reports which were done before admission:-Then please share the same to us.
- Implant invoice & stickers are mandatory for the cases where the implants are used. Like IOL sticker for Cataract, stent sticker etc..
- FIR / MLC Copy are mandatory in case the hospitalization is due to the result of an accident.
- Claim amount settlement will be done only to employee account or Retiree account (as per policy you have covered) through NEFT, hence share Bank details of employee / retiree only.
- For claim process & settlement allowed Turn around Time is 14 working days if all documents are in order to process claim.
- If claim is pending for additional documents until those documents are provided to VIDAL the claim will be kept on hold.
- While providing additional documents against query, please quote the claim number & mention as query reply documents for the claim number :"
- Downloading of Vidal e cards, Live status of Claims, cashless requests can be tracked directly through VIDAL's Mobile App. "VIDAL VIRE", which can be easily downloaded from google play store.