



Human Resources Wing Industrial Relations Section Head Office, Bengaluru	IG No. : IC/50/2024 Date : 25/01/2024 Index : Staff Sub Index : IR
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SUBJECT - IBA GROUP MEDICAL INSURANCE SCHEME FOR RETIRED EMPLOYEES - RENEWAL OF THE POLICY FOR THE YEAR 2023-24.

As a part of the 10th Bipartite Settlement/Joint Note dated 25th May, 2015, a Medical Insurance Scheme for the Retirees/Spouses of the deceased employees has been introduced to cover the hospitalization expenses of the retirees / spouses of the deceased employees which has been renewed every year up to 2022-23.

Now, the IBA Group Medical Insurance Policy for the retired employees has been renewed for the year 2023-2024, M/s. National Insurance Company Limited and M/s. Raksha Health Insurance TPA Pvt Ltd are continued as the lead insurer and Third Party Administrator (TPA) for the year 2023-24.

The retirees who had opted and paid the premium on or before the due date i.e. on or before 31.10.2023 have been covered in the Policy and the same has been renewed for the period from 01.11.2023 to 31.10.2024. For such of those retirees who opted for renewal as per HO Cir 813/2023 dated 06.11.2023 i.e. during the extended period for submission of option, the coverage under the Policy is as under:

Those retirees who could not join in the renewal policy on time for obvious reasons but willing to join were given option for joining w.e.f. 01.12.2023. Accordingly, they are covered under the Policy from **01.12.2023 to 31.10.2024.**

The present year policy is uploaded in Canara Bank website under the path:
www.canarabank.com>[Quick access](#) >[Ex-Employees](#)>**IBA Group Medical Insurance policy for Retirees**

The details of the Policy are as under:

Insurer : National Insurance Company Limited,

S.NO.	Policy name	Policy number
1	Base with Domiciliary	251100502310000288
2	Base_with out Domiciliary	251100502310000291
3	Combo_Base_With_ Domiciliary	251100502310000292
4	Combo_Base_Without_ Domiciliary	251100502310000293
5	TOPUP_ Domiciliary	251100502310000294
6	Topup Without_ Domiciliary	251100502310000295

Policy Schedule : Group Medclaim – Tailormade.

Policy Period : Effective from 00:00 hours, on **01/11/2023 to midnight of 31/10/2024.**

Policy Issuing Office Address:

National Insurance Company Limited
Mumbai Division XI
IInd Floor, National Insurance Building,
14, Jamshedji Tata Road,
Churchgate, Mumbai – 400020.

M/s National Insurance Company Ltd. has advised the premium payable for the renewal of the policy. Under this scheme, the sum insured under the Base policy would be Rs.2 lakhs. Further, M/s National Insurance Company Ltd. has also informed that Top up options varying from Rs.1 lakh to Rs.10 lakhs is made available as an option on paying additional premium.

The retirees and spouses of deceased employees/ retirees who are renewing the policy may avail the benefit of the same, if they desire so. Also those retirees who had not opted earlier for Top up policy with/without domiciliary cover may opt for the same, by paying the additional top up premium.

It may also be noted that Family Floater & Single Person Policy introduced in 2020-21, 2021-2022, and 2022-23 is continued for this year also with following terms and conditions:

1.Family Floater: If both employee and spouse are alive, Family Floater policy ought to be opted and family floater premium to be paid.

2.Single person: Following cases are eligible to opt under Single person policy:

- (i) where Retiree does not have surviving spouse.
- (ii) where Retiree is survived by the spouse (Retiree has passed away).
- (iii) where Retiree does not require the insurance cover for the spouse.

The details of renewal Base premium as communicated by M/s National Insurance Company Ltd., is as under: -

Base Rates for 2023-24 for Retired employees (Without Domiciliary)

(Amount in Rupees)

Retirees Base Sum Insured	Premium Family (without domiciliary)	GST (18%)	Total Premium Family (without domiciliary)	Premium Single (without domiciliary)	GST (18%)	Total Premium Single (without domiciliary)
2,00,000	22,419	4035	26,454	15,133	2724	17,857

Base Rates for 2023-24 for Retired employees (With Domiciliary)

(Amount in Rupees)

Retirees Base Sum Insured	Premium Family (with domiciliary)	GST (18%)	Total Premium Family (with domiciliary)	Premium Single (with domiciliary)	GST (18%)	Total Premium Single (with domiciliary)
2,00,000	41,530	7475	49,005	28,033	5046	33,079

The details of Top up premium as communicated by M/s National Insurance Company Ltd., is as under:

Top up rates for 2023-24 for Retired employees (Without Domiciliary)

(Amount in Rupees)

Retirees Base Sum Insured	Top up Premium Family (without	GST (18%)	Total Top up Premium Family	Top up Premium single (without	GST (18%)	Total Top up Premium Single (without

	domiciliary)		(without domiciliary)	domiciliary)		domiciliary)
1,00,000	23,016	4143	27,159	15,536	2796	18,332
2,00,000	43,152	7767	50,919	29,128	5243	34,371
3,00,000	49,164	8850	58,014	33,186	5973	39,159
4,00,000	51,576	9284	60,860	34,814	6267	41,081
5,00,000	59,388	10,690	70,078	40,087	7216	47,303
6,00,000	65,364	11,766	77,130	44,121	7942	52,063
7,00,000	68,376	12,308	80,684	46,154	8308	54,462
8,00,000	73,788	13,282	87,070	49,807	8965	58,772
9,00,000	79,200	14,256	93,456	53,460	9623	63,083
10,00,000	86,412	15,554	1,01,966	58,329	10,499	68,828

Top up rates for 2023-24 for Retired employees (With Domiciliary)

(Amount in Rupees)

Retirees Base Sum Insured	Top up Premium Family (with domiciliary)	GST (18%)	Total Top up Premium Family (with domiciliary)	Top up Premium single (with domiciliary)	GST (18%)	Total Top up Premium Single (with domiciliary)
1,00,000	29,921	5386	35,307	20,197	3635	23,832
2,00,000	56,098	10,098	66,196	37,867	6816	44,683
3,00,000	63,913	11,504	75,417	43,142	7,766	50,908
4,00,000	67,049	12,069	79,118	45,259	8,147	53,406
5,00,000	77,204	13,897	91,101	52,113	9,380	61,493
6,00,000	84,973	15,295	1,00,268	57,357	10,324	67,681
7,00,000	88,889	16,000	1,04,889	60,001	10,800	70,801
8,00,000	95,924	17,266	1,13,190	64,749	11,655	76,404
9,00,000	1,02,960	18,533	1,21,493	69,498	12,510	82,008
10,00,000	1,12,336	20,220	1,32,556	75,827	13,649	89,476

Top up policy and Super Top up policy are same for the purpose of this policy.

Top up policy 'with domiciliary' does not cover domiciliary expenses.

Domiciliary treatment is not covered under Top up policy.

For Retiree's Base policy with domiciliary, the limit of **domiciliary expenses is limited to 10% Base policy sum insured i.e., Rs. 20,000/- only** that too subject to T&C of the policy and availability of Base policy sum insured. Domiciliary treatment will remain 10% of Base policy sum insured opted even for those who opted Single person rate. **Retiree's Top up policy with domiciliary does not cover domiciliary expenses.**

The caps fixed under Base Policy as provided by M/s National Insurance Company Ltd. is as follows:

1. Bed charge/ Room rent/ Boarding expenses per day:

Metro/ Urban centres	Rs.3000
Other centres	Rs.2500

2. ICU Charges per day:

Metro/Urban centres	Rs.6000
Other centres	Rs.5000

3.Standalone Ceiling/cap on treatments:

Treatment	Max. reimbursement
High fever, typhoid, jaundice, other ailments, etc. requiring hospitalisation	Rs. 40,000 max,
Coronary Angiogram	Rs. 16,000
Angioplasty	Rs. 1,00,000
CABG — bypass surgery	Rs.2,00,000
Open heart surgery for valve replacement	Rs.2,00,000
Cataract	Rs.30,000
Cost of intra-ocular lens	Rs. 10,000
Knee Replacement	Rs. 1,00,000
Lithotripsy -multi sitting-kidney stone removal	Rs.35,000
Hip replacement	Rs. 1,00,000
Lasik surgery package per eye	Rs. 15,000
Hernia	Rs.40,000
Hydrocele	Rs.20,000
Piles/hemorrhoidectomy	Rs.30,000
Appendicectomy	Rs.30,000
Cholecystectomy	Rs.40,000
Prostatectomy	Rs.40,000
FESS	Rs.30,000
Dialysis	Rs.2,000
Female Diseases/Surgery	
Hysterectomy	Rs.40,000
Mastectomy	Rs.40,000
Cost of implants	Max.
Temporary Pacemaker implantation	Rs.30,000
Permanent Pacemaker Implantation	Rs.40,000
Cost of Stent	Rs.30,000

In case the patient is to be moved to a hospital / nursing home outside the urban agglomeration / municipal limits, then the expenses incurred on conveyance may be reimbursed at the following rates:

Ambulance Category	Ceiling
Non-Cardiac	Rs.2,500/-
Cardiac	Rs.5,000/-

Other Charges:

Ventilator or respiratory charges	Rs.5.000/- per day + oxygen charges
Oxygen charges	Rs. 100/- per hour (Max.Rs. 1,000/- per day)

Physician Consultation Charges per visit:

Registration charges	Rs.200/-
Consultation / routine visit	Rs.400/-
Night visit / emergency visit	Rs.600/-

Specialist Consultation charges per visit:

Consultation / Routine day visit	Rs.500/-
Consultation with ECG / Night visit / Emergency visit	Rs.700/-
Physiotherapy charges	Rs.300/- (per day)

Charges for Operations (Maximum):

Type	Surgeons Fee	Anesthesia	Theatre Charges
Minor operation under LA	Rs.5,000/-		
Minor operation under GA	Rs. 5500/-	Rs. 2500/-	Rs. 3,000/- (fixed)
Minor operations	Rs. 17,000/-	Rs. 7,000/-	Rs. 7,000/- (fixed)
Supra Major Operations	Rs. 26,000/-	Rs. 9,000/-	Rs. 10,000/- (per hour)

Once the Top up variant is opted by the Retiree, the entire policy i.e., Base Policy + Top up will not have the caps mentioned above.

For the better functioning and utilization of the scheme, the following details are reiterated:

- The coverage under The Top Up policy will trigger only after the main policy sum insured has exhausted.
- Domiciliary treatment expenses incurred in case of the 66 listed diseases as per 3.1 of the Policy shall be reimbursed.
- For hassle free settlement, it is better to opt for cashless facility at any one of the network hospitals. Even otherwise, claim intimation is Mandatory to the TPA i.e. M/s Raksha Health Insurance TPA Pvt. Ltd., for all the claims. As such all the Retirees shall notify the TPA in writing a letter, e-mail, fax, providing all the relevant information relating to claim including plan of treatment, policy no, etc., within the prescribed time limit as under:

Notification of claim in case of cashless facility	TPA must be informed
In the event of planned hospitalization.	At least 72 hours prior to the insured person's admission to network provider/PPN hospital.
In the event of emergency hospitalization.	Within 24 hours of the insured person's admission to network provider/PPN hospital.

Notification of claim in case of Reimbursement	TPA must be informed
In the event of planned hospitalization.	Within 48 hours of the insured person's admission to net-work provider/non network/PPN hospital.
In the event of emergency hospitalization.	Within 48 hours of the insured person's admission to network provider/non net-work/

4. PROCEDURE OF CLAIM:

Domiciliary:

Certificate from the attending medical practitioner is required for the purpose. The cost of medicines, investigations, consultations etc., in respect of domiciliary treatment shall be reimbursed as follows:

Original Prescription:

- a) IRDA Prescribed Claim Form duly filled & signed (Provided in the Annexure);
- b) The prescriptions shall be valid till the period if any specifically mentioned by the specialist or the attending doctor.
- c) If no period stated, the prescription for the purpose of reimbursement shall be valid for a period not exceeding 90 days.

Period within which Domiciliary Claims to be submitted:

Bills for Domiciliary Treatment shall be submitted in a bunch for a particular month **on or before 10th of the succeeding month.**

Planned Hospitalization:

Procedure for cashless claims:

Cashless facility for treatment shall be available to insured in network hospitals only.

Treatment may be taken in a network provider/PPN and is subject to pre authorization by the TPA.

5. The process of reimbursement of hospitalized treatment availed at a Non-Network Hospital is as under:

Check whether the hospital is registered and complies with the IRDAI guidelines and willing to give a copy of the registration at the time of discharge.

In terms of the policy, definition of Hospital/ Nursing Home is as under:

Hospital/ Nursing Home 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 and complies with all minimum criteria as under:

- a) Has at least 10 inpatient beds, in those towns having a population of less than 10,00,000 and at least 15 inpatient beds in all other places;
- b) Has qualified nursing staff under its employment round the clock;
- c) Has qualified Medical practitioner (s) in charge round the clock;
- d) Has a fully equipped operation theatre of its own where surgical procedures are carried out.
- e) Maintains daily records of patients and will make these accessible to the insurance company's

authorized personnel.

6.Submission of Claim Documents:

In non-network hospitals payment must be made upfront and for reimbursement of claims the insured person may submit the necessary documents to TPA, within the prescribed time limit.

Time limit for submission of documents:

Type of claim	Time limit for submission of documents to company/TPA
Where cashless Facility has been authorized	Immediately after discharge
Reimbursement of hospitalization and pre hospitalization expenses (limited to 30 days)	Within 30 (Thirty) days of date of discharge from hospital
Reimbursement of post hospitalization expenses (limited to 90 days)	Within 30(thirty) days from completion of post hospitalization treatment

Retirees can submit the documents at the following Offices of M/S Raksha Health Insurance TPA Pvt. Ltd or in the alternative, the documents can be personally delivered to any of the offices of TPA mentioned in the annexure, if it is convenient.

Bengaluru Address:

RAKSHA HEALTH INSURANCE TPA PVT. LTD.
IBC Knowledge Park, Tower D, 4th Floor, 4/1, Bannerghatta Main Rd,
Bengaluru, Karnataka 560029 Tel 040-68178537
web: www.rakshatpa.com.

7. Check List for Reimbursement Claim Submission:

In case of hospitalization reimbursement, the following documents are required to be submitted:

- i)IRDA Prescribed Claim Form duly filled & signed (Provided in the Annexure);
- ii)Photo ID and Age proof;
- iii)Health Card, Photo ID, KYC documents;
- iv)Attending medical practitioner’s/surgeon’s certificate regarding diagnosis/nature of operation performed, along along with date of diagnosis, investigation test reports etc. supported by the prescription from attending medical practitioner;
- v)Original discharge card/day care summary/transfer summary;
- vi)Original final pre numbered Hospital bill with all original deposit and final payment receipt;
- vii)Complete break-up of the hospital bill;
- viii)Original invoice with payment receipt and implant stickers for all implants used during Surgeries i.e. lens sticker and invoice in cataract surgery, stent invoice and sticker in Angioplasty Surgery.
- ix)All previous consultation papers indicating history and treatment details for current ailment;

- x) All original diagnostic reports (including imaging and laboratory) along with Medical Practitioner's prescription and invoice/bill with receipt from diagnostic centre;
- xi) All original medicine/pharmacy bills along with the Medical Practitioner's prescription;
- xii) MLC/FIR copy-in Accident cases only;
- xiii) Copy of death summary and copy of death certificate (in death claims only);
- xiv) Pre and post-operative imaging reports-in Accident cases only;
- xv) Copy of indoor case papers with nursing sheet detailing medical history of the Insured Person, treatment details and the Insured person's progress.

**** The above list of documents is indicative. In case of any other document requirement as specified by the Insurance Company the Documents Team of TPA will contact the Retiree, on receipt of the claim documents.**

The other details are available in the policy document uploaded on the ex-employees' page in Bank's Website.

8. The details of the Third Party Administrator [TPA] i.e., Raksha Health Insurance TPA Pvt Ltd. The details are as under:

Name of the TPA	Raksha Health Insurance TPA Pvt Ltd
Dedicated Toll Free for Customer Service	040-68178537
Customer Care email ID	iba@rakshatpa.com
Cashless Toll Free	040-68178537
Email for Cashless:	cashless@rakshatpa.com
Reimbursement Toll Free	040-68178537
Raksha Website -	https://member.rakshatpa.com/HomeTPA.aspx

Raksha TPA Reach Outs:

Claim Intimation	https://member.rakshatpa.com/HomeTPA.aspx
Network Hospitals	https://www.rakshatpa.com/WebPortal/Login/search PPN
Chat Bot	https://play.google.com/store/apps/details?id=in.mediassist.malite
E-Cards/Desktop Application	Cards can be downloaded by logging on to https://member.rakshatpa.com/HomeTPA.aspx

Quick Links for claim form, check list, network hospitals & mobile App

Quick links	
IRDAI Claim Form:	https://www.rakshatpa.com/WebPortal/document/Annexure01(Part%20A).pdf
Check List:	https://www.rakshatpa.com/WebPortal/document/CheckList.pdf
Network Hospitals:	https://www.rakshatpa.com/WebPortal/Login/search PPN
Mobile App:	https://play.google.com/store/apps/details?id=in.mediassist.malite (User id: Empid@canara.com)



(Ex-123456@canara.com)

(default password: Date of Birth (Ex:01012024).

9.Fraudulent claims:

If any claim made by the insured person is in any respect fraudulent or if any false statement or declaration is made or used in support thereof, or if any fraudulent means or devices are used by the insured person or any one acting on his/ her behalf to obtain any benefit under this policy, all benefits under this policy and the premium paid shall be forfeited. Any amount already paid against claims made under this policy but which are found fraudulent later, shall be repaid by all recipient (s)/ policy holder (s) who has made that particular claim who shall be jointly and severally liable for such repayment to the company. For the purpose of this clause, the expression "Fraud" means any of the following acts committed by the Insured Person or by his/her agent or the Hospital/ Doctor/ any other party action behalf of the insured person with intent to deceive the company or to induce the company to issue an insurance policy:

- i)The suggestion as a fact of that which is not true and which the insured person does not believe to be true.
- ii)The active concealment of a fact by the insured person having knowledge or belief of the fact;
- iii)Any other act fitted to deceive; and
- iv)Any such act or omission as the law specially declares to be fraudulent. The company shall not repudiate the claim and/or forfeit the policy benefits on the ground of fraud, if the insured person/ beneficiary can prove that mis-statement was true to the best of his/her knowledge and was not deliberate intention to suppress the fact or that such mis-statement of or suppression of material fact or within the knowledge of the company.

10.Territorial Limit:

All medical treatment for the purpose of this policy will have to be taken in India only.

11.Policy Details:

The policy guidelines provided hereinabove are only illustrative and not exhaustive. **The IBA Medical Insurance Policy issued by M/s National Insurance Company Limited is placed in Bank's website www.canarabank.com>Quick access >Ex-Employees>IBA Group medical Insurance policy for Retirees page and the retirees may directly take up with TPA/ Insurance Company in case of any disputes/ clarifications.**

The retired employees / spouses of the deceased employees who are enrolled under the policy are advised to go through the details of the Insurance Policy placed in Bank's Web site.

All the Branches/Offices are requested to bring the contents of this Circular to the notice of the Retirees and display the guidelines prominently on the notice Board.

D SURENDRAN
CHIEF GENERAL MANAGER

TO: ALL BRANCHES/OFFICES OF THE BANK

Internal

Annexure - Details of Raksha TPA Offices for submission claims

Sr. No.	Location	TPA Representative Name	Email ID	Contact	Address
		Call Centre Number	iba@rakshatpa.com	040-68178537	
1	Agra	Mr.Ritesh Kumar	Ritesh.kumar@rakshatpa.com	9411404100	Raksha Health Insurance TPA Pvt. Ltd, 807,cyber height,Vibhuti khand gomti Nagar,Lucknow - 226010
		Mr.Amar Narawat	amar@rakshatpa.com	7838151523	
2	Ahmedabad	Mr.Dcosta Premalkumar	premal@rakshatpa.com	7227906704	Raksha Health Insurance TPA Pvt. Ltd, Space House 32, Third floor Near Mithakhali Circle, Opp. Shree Krishna Centre, Navrangpura, Ahmedabad, Gujarat, 380009.
		Mr.Rupam	rupam.kumar@rakshatpa.com	9898007388	
3	Bengaluru	Mrs.Prakuthi M	prakruthi@rakshatpa.com	8618479315	Raksha Health Insurance TPA Pvt. Ltd, 4Th Floor,D Block IBC Knowledge Park, Bhavaninagar,S.G. Palya,Bannerghatta,Main Road,Bengaluru,Karnataka- 560029
		Mrs.Rashmi	rashmi.tv@rakshatpa.com	7349069658	
4	Bhopal	Mr.Kapil Banwari	kapil@rakshatpa.com	9109972903	Raksha Health Insurance TPA Pvt. Ltd, 502 – 5th Floor Commerce House Building, Bhopal-462023.
		Mr.Upendra Singh Chouhan	upendra@rakshatpa.com	9303247002	
5	Bhubaneshwar	Mr.Pradumn Kumar Pradhan	pradumn@rakshatpa.com	9040831020	Raksha Health Insurance TPA Pvt Ltd, Plot No-656,2nd floor, saheed Nagar, Bhubaneshwar- 751007.
		Mr.Sanjeev Kr Mitra	sanjeev.mitra@rakshatpa.com	9147044664	

6	Chandigarh	Mr.Ravi Adiwai	ravi.adiwal@rakshatpa.com	9115403760	Raksha Health Insurance TPA Pvt. Ltd, SCO 39, 1st Floor, Sector 26, Madhya Marg, Above Barbeque Nation, Chandigarh – 160019
		Mr.Suneet Chopra	suneetchopra@rakshatpa.com	7743008062	
7	Chennai	Mr. Suresh K	suresh.k@rakshatpa.com	9940425838	Raksha Health Insurance TPA Pvt Ltd,2nd Floor, RWD Atlantis Building,No.24, Nelson Manikam Road,Metha nagar, Aminjikarai, Chennai -600029 Ph: 044-2835 0536 / 37 / 38
		Mr. Nirmal Kumar	nirmal.g@rakshatpa.com	9940644114	
8	Delhi	Mr. Hitesh Sharma	hitesh.sharma@rakshatpa.com	9355950395	Raksha Health Insurance TPA Pvt. Ltd, PLOT NO 42, 1ND & 2RD FLOOR SEC-20A, FARIDABAD, HARYANA-121002.
		Mr. Gautam Bhardwaj	gautam.bhardwaj@rakshatpa.com	7838151514	
9	Guwahati	Angkan Thakuria	angkan@rakshatpa.com	7896519837	Raksha Health Insurance TPA Pvt Ltd,Fort complex, 6th floor, Kachari basti, Guwahati,781007
		Hira Shrestha	hira.shrestha@rakshatpa.com	9678750175	
10	Hubballi	Mr.Naveen Hariwan	naveenh@rakshatpa.com	8088900211	Raksha Health Insurance TPA Ltd, Varsha Complex, second floor, Behind Bhawani Arcade, opposite Basva vana, Hubballi-580029
		Mr.Harish	harish@rakshatpa.com	9739998767	
11	Hyderabad	Mr.Ravi Kumar	ravikumar.k@rakshatpa.com	7013050469	Raksha Health Insurance TPA Pvt Ltd, #6-3-1192/1/1, 3rd Block,2nd Floor,WhiteHouse,Kundanbagh,B egumpet,Hyderabad-500016.
		Mr.Ajay Thakur	ajaythakur@rakshatpa.com	9391972064	
12	Jaipur	Mr Rakesh kumar Sharma	contactjaipur@rakshatpa.com	7230039990	Raksha Health Insurance TPA Pvt.

		Mr Manoj Gothwal	manoj.gothwal@rakshatpa.com	7230039013	Ltd, 303-306 IIIrd Floor City Corporate Building, Malviya Marg , C- Scheme Near Agrasen Circle, Jaipur 302001.
13	Karnal	Mr.Shubham	shubham@rakshatpa.com	9115403770	Raksha Health Insurance TPA Pvt. Ltd, SCO 39, 1st Floor, Sector 26, Madhya Marg, Above Barbeque Nation, Chandigarh – 160019.
		Mr.Suneet Chopra	suneetchopra@rakshatpa.com	7743008062	
14	Kolkata	Mr.Koushik Ghosh	koushik.ghosh@rakshatpa.co	9038125111	Raksha Health Insurance TPA Pvt Ltd, Usha Martin Building , 2nd floor,2A, Shakespeare Sarani, Ward No. 63,Kolkata-700071.
		Mr.Sanjeev Kr Mitra	sanjeev.mitra@rakshatpa.com	9147044664	
15	Lucknow	Mr. Sathya Prakash	satyaprakash@rakshatpa.com	9129944412	Raksha Health Insurance TPA Pvt. Ltd, 807, Cyber height,Vibhuti khand gomti Nagar,Lucknow - 226010
		Mr. Hari Om Sharma	sksby@rakshatpa.com	9129944420	
16	Madurai	Mr.Vignesh	vignesh.j@rakshatpa.com	7824022334	Raksha Health Insurance TPA Pvt Ltd,2nd Floor, RWD Atlantis Building,No.24, Nelson Manikam Road,Metha nagar, Aminjikai, Chennai -600029
		Ms Kavitha	kavitha.kangaraj@rakshatpa.com	9840748487	
17	Mangaluru	Mr.Somashekhar.K	somshekar@rakshatpa.com	9740543727	Raksha Health Insurance TPA Pvt Ltd,NO 15-12-703/20, First Floor, Shivabgh Hotel Commercial Complex, Mallikatte-Kadri, Near Abharana Jewellery Post- Kankanady Mangalore- 575002. Karnataka Contact No-
		Mr.Harish	harish@rakshatpa.com	9739998767	
18	Manipal	Mr.Laveen Vishwanath poojary	laveen@rakshatpa.com	9481959955	Raksha Health Insurance TPA Pvt Ltd,NO 15-12-703/20, First

		Mr.Harish	harish@rakshatpa.com	9739998767	Floor, Shivabagh Hotel Commercial Complex, Mallikatte-Kadri, Near Abharana Jewellery Post- Kankanady Mangalore-575002, Karnataka Contact No-
19	Mumbai	Ms. Neelam Sawant	neelam.sawant@rakshatpa.com	9619498844	Raksha Health Insurance TPA Pvt Ltd,4th Floor, AARPEE Chambers, Shagbaug, Off Andheri Kurla Road, Next to Times Square, Marol, Andheri East, Mumbai 400059.
		Ms. Swati Malusare	swatim@rakshatpa.com	9833448694	
20	Patna	Mr.Shri Kant Kumar	srikant.kumar@rakshatpa.com	9473340558	Raksha Health Insurance TPA Pvt Ltd, 102 , O. P. Complex ,1st Floor, Oppo-HDFC Bank , Near Loyla School, Kurji Patna-800010.
		Mr.Hiran Kumar	hiran@rakshatpa.com	9304630302	
21	Pune	Mr.Jitendra Shinde	jitendra.shinde@rakshatpa.com	9175967484	Raksha Health Insurance TPA Pvt Ltd,1st Floor, C Wing, Manikchand ICON Building, Dhole Patil Road, Pune - 411 001.
		Mr.Subhash Bhalerao	subahshbhalerao@rakshatpa.com	9823302441	
22	Ranchi	Mr.Abinash Shankar	abinash.shankar@rakshatpa.com	9430816708	Raksha Health Insurance TPA Pvt Ltd,4th floor, sethi corporate building, P. P. Compound, Near sujata chowk,main road, Ranchi-834001.
		Mr.Sanjeev Kr Mitra	hiran@rakshatpa.com	9147044664	
23	Trivandrum	Mr.Sharath	sarathr@rakshatpa.com	8138994555	Raksha Health Insurance TPA Pvt Ltd,61/595, Sabu & Cyprian Building, Ravipuram, R Madhvan Nair Road, Ernakulam, Cochin - 682016.
		Ms.Aruna	arunar@rakshatpa.com	9840096191	

24	Vijayawada	Mr.Anil	anil.k@rakshatpa.com	7799888353	Raksha Health Insurance TPA Pvt Ltd, 11-157, Tulasi Nagar, 1ST FLOOR, Behind Time hospital, Pantakaluva Road, Vijaywada-520007.
		Mr.Chandraiah.A	chandriah@rakshatpa.com	8179864207	
25	Bengaluru_ HO	Mr.Prashanth R	prashanth.r@rakshatpa.com	9538899829	Raksha Health Insurance TPA Pvt Ltd,4Th Floor,D Block IBC Knowledge Park,Bhavaninagar,S.G. Palya,Bannerghatta,Main Road,Bengaluru,Karnataka-560029
		Mrs.Rashmi	rashmi.tv@rakshatpa.com	7349069658	



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.	Licence 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 Mediciam / Health Insurance?	Indicate whether currently covered by another Mediciam / 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 Mediciam / Health Insurance?	Indicate whether previously covered by another mediciam / 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
l) 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 Medicene	Enter the system of medicine followed in treating the patient	Open Text
SECTION E - DETAILS OF CLAIM		
a) Details of Treatment Expences	Enter the amount claimed as treatment expences	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 benifit 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:

SECTION A

SECTION B

SECTION C

SECTION D

SECTION E

SECTION F

GUIDANCE FOR FILLING CLAIM FORM - PART B (To be filled in by the hospital)		
DATA ELEMENT	DESCRIPTION	FORMAT
SECTION A - DETAILS OF HOSPITAL		
a) Name of the hospital:	Enter the name of hospital	Name of the hospital in full
b) Hospital ID	Enter ID number of hospital	As allocated by the TPA
c) Type of Hospital	Indicate whether in network or non network hospital	Tick the right option
c) Name of treating doctor	Enter the name of the treating doctor	Name of doctor in full
e) Qualification	Enter the qualification of the treating doctor	Abbreviations of educational qualifications
f) Registration No. with State Code	Enter the registration number of the doctor along with the state code	As allocated by the Medical Council of India
g) Phone No.	Enter the phone number of doctor	Include STD code with telephone number
SECTION B - DETAILS OF THE PATIENT ADMITTED		
a) Name of Patient	Enter the name of patient	Name of patient in full
b) IP registration Number	Enter insurance provider registration number	As allotted by the insurance provider
c) Gender	Indicate Gender of the patient	Tick Male or Female
d) Age	Enter age of the patient	Number of years and months
e) Date of Birth	Enter date of birth	Use dd-mm-yy format
f) Date of Admission	Enter date of admission	Use dd-mm-yy format
g) Time	Enter Time of admission	Use hh:mm format
h) Date of Discharge	Enter date of Discharge	Use dd-mm-yy format
i) Time	Enter time of Discharge	Use hh:mm format
j) Type of Admission	Indicate type of admission of patient	Tick the right option
k) If Maternity		
i. Date of Delivery	Enter Date of Delivery if maternity	Use dd-mm-yy format
ii. Gravida Status	Enter Gravida status if maternity	Use standard format
l) Status at time of discharge	Indicate status of patient at time of discharge	Tick the right option
M) Total claimed amount	Indicate the total claimed amount	In rupees (Do not enter paise values)
SECTION C - DETAILS OF AILMENT DIAGNOSED (PRIMARY)		
a) ICD 10 Code		
Primary Diagnosis	Enter the ICD 10 Code and description of the primary diagnosis	Standard Format and Open text
Additional Diagnosis	Enter the ICD 10 Code and description of the additional diagnosis	Standard Format and Open text
Co-morbidities	Enter the ICD 10 Code and description of the Co-morbidities	Standard Format and Open text
b) ICD 10 PCS		
Procedure 1	Enter the ICD 10 Code and description of the first procedure	Standard Format and Open text
Procedure 2	Enter the ICD 10 Code and description of the second procedure	Standard Format and Open text
Procedure 3	Enter the ICD 10 Code and description of the third procedure	Standard Format and Open text
Details of Procedure	Enter the details of the procedure	Open text
c) Pre-authorization obtained	Indicate whether pre-authorization obtained	Tick Yes or No
d) Pre-authorization Number	Enter pre-authorization number	As allotted by TPA
e) If authorization by network hospital not obtained, give reason	Enter reason for not obtaining pre-authorization number	Open text
f) Hospitalization due to injury	Indicate if hospitalization is due to injury	Tick Yes or No
Cause	Indicate cause of injury	Tick the right option
If injury due to substance abuse/alcohol consumption test conducted to establish this	Indicate whether test conducted	Tick Yes or No
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
FIR No.	Enter first information report number	As issued by police authorities
If not reported to police, give reason	Enter reason for not reporting to police	Open text
SECTION D - CLAIM DOCUMENTS SUBMITTED-CHECK LIST		
Indicate which supporting documents are submitted		
SECTION E - DETAILS IN CASE OF NON NETWORK HOSPITAL		
a) Address	Enter the full postal address	Include Street, City and Pin Code
b) Phone No.	Enter the phone number of hospital	Include STD code with telephone number
c) Registration No. with State Code	Enter the registration number of the Hospital obtained from local body like City Corporation / Municipality	As allocated by the City Corporation / Municipality
d) Hospital PAN	Enter the permanent account number	As allocated by the Income Tax Department
e) Number of Inpatient beds	Enter the number of inpatient beds	Digits
f) Facilities available in the hospital	Indicate facilities available in the hospital	Tick the right option. If others, please specify
SECTION F - DECLARATION BY THE HOSPITAL		
Read declaration carefully and mention date (in dd:mm:yy format), place (open text) and sign. and stamp		