

#### **BIRLA INSTITUTE OF TECHNOLOGY & SCIENCE**

### <u>Group Mediclaim Policy And Group Personal Accident Policy</u> <u>Ready Reckoner</u>

Insurance Company: Liberty Videocon General Insurance Co. Ltd.

Broker: Aditya Birla Insurance Brokers Ltd.

TPA: Family Health Plan Ltd. (FHPL)

- A) COVERAGE
- **B)** CASHLESS HOSPITALIZATION PROCESS
- C) <u>CLAIM INTIMATION</u>
- D) <u>Reimbursement Claim Process</u>
- E) <u>Reimbursement Claim Documents List</u>
- F) ESCALATION MATRIX & CONTACT DETAILS

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### A)<u>Coverage:</u>

- Hospitalization Expenses due to illness/accident followed with any active line of treatment.
- Group Mediclaim policy for the coverage of only students
- 30/60 days pre and post Hospitalization expenses
- Sum Insured is 50 Thousand
- Pre-existing disease covered
- Waiver of for 1<sup>st</sup> 30 Days, 2<sup>nd</sup> year exclusion.
- Room Rent Single Standard AC Room
- Ambulance Charges of INR 1000.
- Congenital internal diseases covered
- OPD treatment covered upto INR 1000 per student for a year with overall limit of 2 Lacs in a year for the policy.

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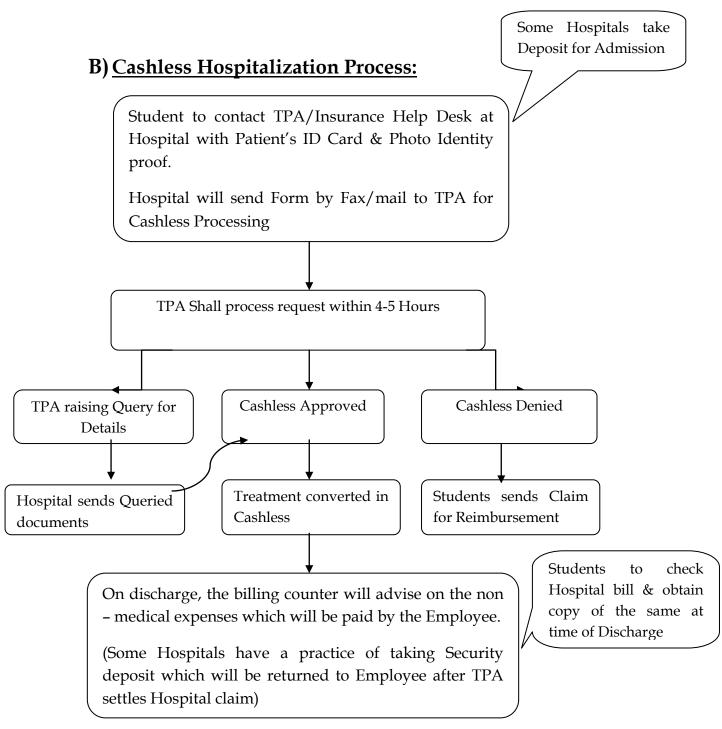
#### The policy does not cover:

- 1) Intentional self-injury (Suicide)
- 2) Cosmetic Surgery
- 3) External Congenital diseases
- 4) AIDS
- 5) Naturopathy Treatments
- 6) Domiciliary hospitalization expenses
- 7) Expenses on fitting of Prosthesis
- Any devise/Instrument / Machine / that does not become part of Human anatomy / Body but would contribute / replace the function of an organ is not covered
- 9) Treatment on trial / Experimental basis (Investigation purpose)
- 10) Lasik Treatment
- 11) Infertility and related ailment, Male sterility
- 12) Administration, registration, service charge, & Miscellaneous charges Etc.
- 13) External medical equipment used as post hospitalization care not covered
- 14) General debility, use of drugs or alcohol, intentional self injury, sterility, venereal disease not covered
- 15) Genetic Disorder, psychiatric treatment, Stemcell Therapy, Cyberknife & obesity is not covered.

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### C) <u>Claim Intimation:</u>

### <u>Claim intimation is mandatory within 24 Hrs from date of</u> <u>admission.</u>

#### Mandatory details for Intimation

- Policy No.
- Corp Name
- Student ID code
- Student Name
- Claimant Name
- Date of Admission
- Hospital Name & Address
- Diagnosis
- Estimate Claim amount

Intimation can be forwarded through mail on

To - intimation@fhpl.net

Mark cc to -

raju.r.kumar@adityabirla.com

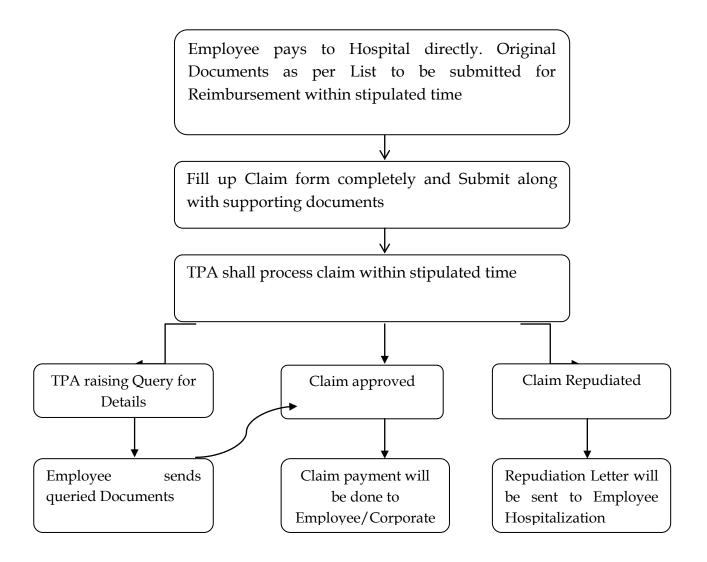
vinay.kumar.singh@adityabirla.com

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#### D)Reimbursement Claims Process:



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#### E) Reimbursement Claims Documents List:

- Claim submission should be within 15 days from the date of Discharge.
- Post claim should be submitted within 07 days from completion of post 60 days limit/completion of treatment whichever is earlier.
- $\Rightarrow$  Signed Claim Form of the Insurance Company
- $\Rightarrow$  Original Final Hospital Bill along with Payment Receipt
- $\Rightarrow$  Original Discharge Summary / Card.
- $\Rightarrow$  Death Certificate / Death Summary in case of Death
- ⇒ All Investigation Reports in original and Indoor Case Papers (attested by hospital authority)
- $\Rightarrow$  Original Bills & Receipts for investigations done outside hospital
- $\Rightarrow$  Doctors Prescription, Pre & Post Hospitalization bills (in original)
- $\Rightarrow$  Original Bills of medicines and surgical appliances if purchased
- ⇒ HOSPITAL REGISTRATION CERTIFICATE/ REGISTRATION NUMBER ON CLAIM FORM If Registration is not there then declaration from hospital stating no's of beds in the hospital, 24hrs Nursing staff, Fully Equipped Operation Theater & Qualified Doctors in the hospital

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- $\Rightarrow$  Proof of employee identity and patient identity with photo and address proof is required for all Claims.
- ⇒ (Identity proof Student id card, Passport, PAN Card, Voter's Identity Card, Driving License, Aadhar Card)
- ⇒ COPY OF SET OF ALL SUBMITTED DOCUMENTS INCLUDING BILLS SHOULD BE KEPT WITH EMPLOYEE
- Note: Claims submitted after stipulated time shall not be considered for the claim processing in any condition

### **GROUP PERSONAL ACCIDENT POLICY**

#### **COVERAGE:**

Every student is covered for accidental death for INR 2 lacs

One (only one earning parent mentioned in the insured list) is covered for accidental death for INR 3 lacs

NOTE: Personal accident does not cover natural death (death due to any disease). Accidental death is death due to any external physical visible means.

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### F) Contact details & Escalation Matrix:

First point of contact

Mr. Raju Kumar:

Email ID: <u>raju.r.kumar@adityabirla.com</u>

Mobile No.: 08510006711

**Escalation Point 1** 

Ms. Siddhi Warang:

Email ID: siddhi.warang@adityabirla.com

Mobile No.: 09975709244

Escalation Point 2

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Mr. Vinay Kumar Singh:

Email ID: vinay.kumar.singh@adityabirla.com

Mobile No.: 09718596369

**Escalation Point 3** 

Mr. Rajiv Mutneja

Email ID: rajiv.mutneja@adityabirla.com

Mobile No.: 08505865666

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