UNITED INDIA INSURANCE COMPANY LIMITED

FAMILY HEALTH PLAN (TPA) LIMITED

CLAIM FORM - WBSEDCL

UHID.NO._____

Name of the Patient : _____Relationship_____

Name of the Proposer : _____

Treatment : _____

Confinment in Hospital : From _____ To _____

Name of the Hospital : _____

SCHEDULE OF EXPENSES INCURRED BY THE CLAIMANT :

Details of Expenses Claimed	Claimed Amount
Room Rent @ x days (Incl.Nursing Charges) Consultation Charges a) Surgeon Fees b) Anes. Fees c) Cons. Doctor Fees d) Asst Doct Fee e) Medicines Supplied by Hospital f) Medicines from Shop g) Investigations h) Operation Theatre Charges, Blood, Oxygen. OT Com j) Others	
TOTAL AMOUNT	

I hereby confirm the truth of the above particulars in every respect and I agree that if I have made or shall make any false or untrue statement suppression or concealment my right to claim reimbursement of the said expenses shall be absolutely forfeited. I further declare that in respect of the above treatment no benefits are admissible under any other Medical Scheme of insurance. I consent and authorize the insurers/TPA to seek medical information from any Hospital/Medical Practitioner who has at any time attended concerning the claim.

Date: _____

Place: _____ SIGNATURE OF THE INSURED

FHPL Contact Details

Emergency- Help line with Escalation Matrix

Level 1 and Emergency Support:

Mr. Ayan Gupta ayan.gupta@fhpl.net 9230101116 (24 X 7)

Level 2: Mr. Arnab Roy, Dy. Manager email: arnabray@fhpl.net

Cashless Help line: 09231001004 (24 X 7) email id: preauthkol@fhpl.net Fax: 033-24659377

Claims help line Contact Details:

- Mrs. Satadrita Bose, email: satadrita.bose@fhpl.net Phone: 033-65503901

Family Health Plan (TPA) Ltd
16/2, Lakeview Road,
Kolkata-700029
Phone: 033-65503901
Fax: 033-24659377
Website: www.fhpl.net
Toll Free: 18004254033 (24 X 7)

N.B.: In case of any assistance until cards are issued or even after issuance of the cards the member can contact on the above nos for any cashless assistance

STEPS FOR ACCESSING THE E- CARDS

Web link: https://www.fhpl.net/FhplLogins/Ecard/

Provide corporate id **1922**

Provide individual Log in id in User Name, - **PPO No**

Provide password - **PPO No**

You will find members detail ---> click members you will get the e-cards/claim status/claim form/check list.

Process Flow-Cashless and Reimbursement with Escalation Matrix

CASHLESS HOSPITALISATIONS IN NETWORK HOSPITALS

PLANNED ADMISSION

Member intimates FHPL by approaching the hospital insurance/TPA desk 7 - 10 days prior to admission. The Pre authorization request sent by the hospital can be considered as intimation.

EMERGENCY ADMISSION

Member to approach the hospital insurance/TPA desk within 24 hours of admission and intimate for availing cashless service.

Network hospital sends Admission request note/Preauthorization request form to FHPL for processing. FHPL reverts back depending on the case (approval/query/denial) within 30 minutes of receipt of complete information and other formalities.

Member gets treatment and gets discharged and signs the final bill paying the balance amount under inadmissible head ***(the entire amount in case of any denial).***

Network hospital sends final hospitalization bill to FHPL office for settlement.

Mandatory documents to be submitted by the member to the hospital while applying for cashless.
FHPL Card /COMPANY ID CARD till the time FHPL card is issued
Photo Id proof (any)
Doctor's advice for admission (planned cases)
Emergency Note (emergency admission)
All investigation reports related to the ailment for which hospitalization is required.
Any other additional information if required

RE-IMBURSEMENT CLAIMS

Member intimates FHPL about the hospitalization

Prior to admission (if planned)
Within 48 hrs of admission in case of emergency

Mode of Intimation:

- **Mail (In the specific format provided) –**

  To: intimation@fhpl.net
  Cc: ayan.gupta@fhpl.net
  Cc: arnabray@fhpl.net
  Cc: satadrita.bose@fhpl.net

- **Toll-free: 1800 425 40 33**
- **Website: www.fhpl.net/intimation**
- **SMS: 09230101116**
- **Fax: 033-24659377**
- **Landline No: 033-65503901 (Mon-Sat 9.30 am to 1.30 pm and 2pm to 5 pm)**

Member takes necessary treatment at the hospital and pays the entire bill before discharge from the hospital.

Member submits the pre-hospitalization and hospitalization claim **within 30 days from the date of discharge** along with a claim form **to the TPA office.**

In case of any query the reply must be complied within 3 reminders, being sent in an interval of 15 days or the claim will be closed on the 7th day from the final reminder.

Member submits **post hospitalization bills** at designated FHPL helpdesk within **30 days** of expiry of the post hospitalization period/fitness whichever is earlier.

Rejection letter, if any, will be sent post confirmation by the insurer.

Member gets reimbursement of the post hospitalization bill amount, post verification as per policy conditions.

N.B.:

Member can check the claim status from the Ecard option.

Checklist for submission of Claim

FAMILY HEALTH PLAN (TPA) LIMITED
Srinilaya - Cyber Spazio, Ground Floor, Road No. 2,
Banjara Hills, Hyderabad - 500 034
Phone: 040 – 23556464; Fax: 040 – 23556262; Website: www.fhpl.net

CHECK LIST OF ENCLOSURES FOR SUBMISSION OF CLAIMS

[Please tick (P) the appropriate box]

Name of the Claimant: _____
UHID Number: _____ Policy Number: _____
Insurance Company: _____ No. of Enclosures: _____

- ☐ Duly filled in Claim Form
- ☐ Photocopy of ID card

For Fresh Joinee:

Endorsement letter from the Manager-HR regarding date of joining of the member / employee / dependent

General:

- ☐ Original copy of consolidated bill on pre-printed stationery with serial number and IP number of hospital, with breakup
- ☐ Original copy of the receipt of payment
  All original prescriptions for the bills attached
- ☐ All the Original Investigation Reports
- ☐ Original Discharge summary in pre-printed stationery of hospital, duly signed by the treating doctor, with hospital seal and registration number
- ☐ Original invoice for Implants (viz. Stent / PHS mesh / IOL etc.)
- ☐ First consultation letter for the presenting complaints
- ☐ Original copies of doctor's consultation prescription / notes Treating Doctor's certificate regarding presenting complaints its etiology, past history of presenting complaints along with duration
- ☐ Pre-hospitalization prescriptions
- ☐ Original prescription / doctor notes of previous treatment for the presenting complaint
- ☐ Date of previous operation (if any) alon g with copy of discharge summary

For Death Cases:

- ☐ Attested copy of death summary in pre -printed stationery of hospital signed by the treating doctor with hospital seal and registration number
- ☐ Attested copy of death certificate from competent authority
- ☐ Legal heir certificate / Letter from the underwriting office directing FHPL to settle the claim in the name of the nominee / dependent(s)

For Maternity Cases:

- ☐ Original copy of treating doctor certificate regarding obstetric history (Gravida, Para, Living children, Abortions, Death)

For RTA:

- ☐ Attested copy of MLC report
- ☐ Attested copy of FIR
- ☐ Original copy of treating doctor's certificate with circumstances and injuries sustained due to RTA
- ☐ Original copy of treating doctor's certificate for any evidence of influence of alcohol / other narcotics substance during the accident

Do you have any other Health Insurance Policy? Yes / No
Sum Insured:

If yes, please specify policy number:
Insurance Company:

Undertaking:

I / we hereby confirm that the above -mentioned documents in support of the **claimed amount** have been submitted in full and final. No other documents would be submitted on a later date, that will alter / enhance the claimed value.

Date:
Place: Signature
Full Name: _____
Address: _____
_____
City: _____ Pin: _____
Contact Number: (Res)
(Mobile)
Email: _____

Disclaimer:

We acknowledge receipt of your claim and confirm that it has been registered with us on the basis of the above -mentioned documents. However, the above acknowledgement does not guarantee settlement / payment of the claimed amount. This claim will be subjected to pass through medical and commercial scrutiny, which may call for additional documents that needs to be submitted within the stipulated time frame on intimation.

Date: Signature Signature
Place: Claimant For FHPL