

Procedure of availing Cashless benefit from a network hospital:-

- Step 1:-** Insured or Patient needs to confirm whether the hospital in which he/she is seeking treatment is on Raksha Health Insurance TPA network either by logging on to our website www.rakshatpa.com and navigating to the tab “Network Hospital” or calling on our 24X7 Call Centre.
- Step 2:-** If hospital is on network then patient/insured needs to carry his/her physical or E-card along with a government photo id proof (preferably Aadhaar Card), Pan Card as per KYC & AML norms along with treatment related documents like first OPD prescription, medication papers, investigation reports (if any) or any other medical documents related to treatment.
- Step 3:-** Insured/Patient needs to declare at hospital details of insurance cover he/she has with insurance co. along with TPA details, post which the Hospital TPA Support Desk would provide a pre-authorization form in which personal details need to be filled by insured/patient and rest of details need to be filled by treating doctor and hospital staff. Insured/Patient needs to opt for room as per their policy eligibility only. A declaration form also needs to be signed by insured/patient. Insured/Patient needs to submit treatment related documents (OPD prescription, medication documents or investigation reports) at the Hospital TPA Helpdesk. Preauthorization form needs to be signed by the patient or his family member.
- Step 4:-** Hospital would fax/email the duly completed, signed (by insured and treating doctor) and stamped (having diagnosis details, estimated cost, room rent opted) along with declaration form, past medical records (if any), Raksha card copy and govt. identity card copy (duly stamped) for consideration. Insured/Patient can take approval 7 days prior to hospitalization in case of planned hospitalization and within 24 hours of hospitalization in case of emergency hospitalization.
- Step 5:-** After receiving fax/email, a validation of coverage through policy no./Raksha Member ID on card, the request will be registered and unique cashless claim no. would be generated.
- Step 6:-** The claim documents will be reviewed by claim processor/s and admissibility will be governed by the policy terms and conditions along and on basis of medication protocol, hospital agreed tariff.
- Step 7:-** After review, if claim is admissible an Authorization Letter (A/L) would be issued to respective network hospital confirming the interim authorized amount. Insured/Patient should note that this A/L is not final confirmation on admissibility of claim which can only be concluded once discharge summary having detailed treatment given along with hospital final bill is shared.
- Step 7 (i):-** In case of any deficiency, Raksha will raise query to hospital. The query should be resolved within 24 hours. Once reply is received, the claim will be re-assessed based on merits and as per your policy terms and conditions and claim processing guidelines of your insurance company.

Step 7 (ii):- If admissibility of the claim cannot be established based upon the documents provided at the time of cashless request, the cashless facility shall be denied. However please note that denial of authorization for cashless benefit does not mean denial of claim or denial of treatment and does not in any way prevent you from seeking necessary medical attention or hospitalization. The insured/patient can submit the claim documents for reconsideration in reimbursement along with duly completed claim form within 7 days from date of discharge from the hospital.

Step 8:- At time of discharge, hospital would send all hospitalization related documents along with discharge summary, final bill, reports, medicine details etc. & claim would be processed as per step 7 with consideration of hospital tariff, package or schedule of charges, mutually agreed upon with either Raksha/GIPSA or Private Insurance Companies, whichever is applicable as per policy. Insured should note that the policy may contain certain exclusions &/or restrictions which will be applied at the time of initial & final authorization. Non-medical expenses (NME) are not payable and will be deducted.

Procedure of claiming a reimbursement claim:-

Step 1:- Reimbursement claim can be submitted to Raksha Health Insurance (P) Ltd. through courier, post or hand delivered at any of our branch offices or at our helpdesk in case of corporate clients.

Step 2:- Claim intimation with patient details, employee code/member id, date of hospitalization, diagnosis, treatment details & estimated cost to be intimated to us via email or by calling on our call center within 24 hours of admission.

Step 3:- Claim Documents (in original) along with duly filled and signed claim form to be submitted within 7 working days from date of discharge to Raksha Health Insurance TPA (P) Ltd. office.

Step 3 (i):- Documents submitted should be as per enclosed checklist.

Step 4:- On receipt of claim documents at Raksha office, claim would be scrutinized as per terms and conditions of your health insurance policy. Please note non-medical expenses or expenses not admissible as per policy terms and conditions will not be payable.

Step 5:- On scrutiny of your claim if there are any further requirements of documents for compliance or ascertaining admissibility, we may request for further additional information. This additional information needs to be submitted to us within stipulated time period.

Step 6:- On receipt of complete documents, an appropriate claim decision will be recommended to your insurance company.

Step 7:- On approval of admissible claim amount, insurance company will directly credit your bank account with the net payable amount thru NEFT.

Step 8:- Upon rejection of claim, Repudiation Letter quoting the reason for rejection will be sent to you by your insurance company.