

CLAIM PROCEDURE

Thank you for choosing MAXIMA, India's first 360° Health Plan. Please take a few minutes and familiarize yourself with the detailed policy as given in your MAXIMA kit on:

1. The coverage details and Claims eligibility under MAXIMA policy.
2. The exclusions under MAXIMA policy.

Claim Procedure - Outpatient Benefits [Part A]

To help us to provide you with fast and efficient outpatient claims services, you are requested to kindly note the following:

1. Always carry the appropriate Entitlement Certificate while visiting a provider.
2. Also carry your Membership card issued by us.
3. Please sign at the back of the Entitlement Certificate while submitting to the provider
4. In case of consultation at a non-network provider, please send the duly filled claim form along with the documents mentioned below.

What do I do in case of a claim or any assistance?

Assistance	How to avail cashless facility for benefits under part A [Outpatient] of the policy?	Can I avail OPD benefits in Non-network providers? (Reimbursement Procedure)	Where do I submit a claim?
<ul style="list-style-type: none"> • Please call us on our toll free number at 1800-102-0333 for any doubts/clarifications/information. • You can also log on to our website www.apollomunichinsurance.com or email us at customerservice@apollomunichinsurance.com 	<ul style="list-style-type: none"> • Please select a provider from the list provided to you for the service required by you. The updated list of providers is also available at www.apollomunichinsurance.com • Please visit the provider along with your Entitlement Certificates and Membership card. In case of non-photo ID card please carry a valid photo ID proof like driving license, PAN card etc. • Declare the type of Entitlement Certificates available with you to the administration/billing counter • Handover the required Entitlement Certificates to the concerned person at the administration/billing counter and avail the service mentioned in the entitlement certificate. Please sign at the back of the entitlement certificate before handing them over. • In case you avail of services more than the eligibility, kindly pay the difference directly to the provider. • In case any service is availed that is less than the denomination of the entitlement certificate, the difference cannot be reimbursed from Apollo Munich Health or the provider. For example, if you buy medicines worth Rs. 80 and use a Rs. 100 entitlement certificate, the difference of Rs. 20 is not reimbursable. • This Entitlement Certificate cannot be combined with any other schemes. 	<ul style="list-style-type: none"> • Reimbursement of expenses for OPD consultation would be done in cases where the member visits a non-network provider. For benefits other than OPD consultation no reimbursement is allowed. • Please return the Original entitlement certificate along with the original payment receipt, prescription and identity proof to your designated TPA on completion of Consultation along with the claim form duly filled. • Only original copies of the Entitlement Certificate shall be valid. Please submit the General consultation Entitlement Certificate in case of consultation with a General Practitioner(s), Physician, Pediatrician or a Gynecologist. For consultation with any specialist medical Practitioner(s), kindly submit the Specialist Consultation Entitlement Certificate. • The Entitlement Certificate may be used by the Insured Person(s) named above only. • You will be reimbursed the fixed amount as per policy or actual payment made, whichever is lower. 	<ul style="list-style-type: none"> • Please submit all claims to the local office of the TPA whose addresses are given in your MAXIMA card.

Claim Procedure for Inpatient Benefits [Part B]

For hassle free inpatient claims process, please remember to:

1. Keep copies of all documents submitted to the TPA or Apollo Munich Health.
2. Quote your member ID/policy number in all your correspondences.

What do I do in case of a claim or any assistance?

Intimation & Assistance	Procedure for Reimbursement of Medical Expenses	Procedure to avail Cashless facility
<p>Please contact our designated TPA atleast 7 days prior to an event which might give rise to a claim.</p> <p>For any emergency situations, kindly contact our TPA within 24 hours of the event. Our TPA can be contacted through -</p> <ul style="list-style-type: none"> - 24 x 7 Toll free line at : 1-800-425-4033 - E-mail at : info@fhpl.net - Fax at : 040-23541400 - Post/ Courier to : Claims Department Family Health Plan Ltd Plot No. 25 MCH No. 8-2-334 Road No.-3, Azam Colony Banjara Hills Hyderabad-500034 <p>Please use the Claim Intimation Form for intimation of a claim.</p>	<ul style="list-style-type: none"> • Our TPA must be informed no later than 7 days of completion of such treatment, consultation or procedure using the Claim Intimation Form. • Please send the duly signed claim form and all the information/documents mentioned* therein to your designated TPA within 15 days of the occurrence of the Incident. <p>* Please refer to claim form for complete documentation.</p> <ul style="list-style-type: none"> • If there is any deficiency in the documents/ information submitted by you, the TPA will send the deficiency letter within 7 days of receipt of the claim documents. • On receipt of the complete set of claim documents, your designated TPA will send the cheque for the admissible amount, along with a settlement statement within 15 days. • The cheque will be sent in the name of the proposer. <p>Note: Payment will only be made for items covered under your policy and upto the limits therein.</p>	<ul style="list-style-type: none"> • For any emergency Hospitalisation, your designated TPA must be informed no later than 24 hours after hospitalization. • For any planned hospitalization, kindly seek cashless authorization from your designated TPA atleast 48 hours prior to the hospitalization. • TPA will check your coverage as per the eligibility and send an authorization letter to the provider. In case there is any deficiency in the documents sent, the same shall be communicated to the hospital within 6 hours of receipt of documents. • Please pay the non-medical and expenses not covered to the hospital prior to the discharge. • In case the ailment /treatment is not covered under the policy a rejection letter would be sent to the provider within 6 hours. <p>Note:</p> <ul style="list-style-type: none"> • Insured person is entitled for cashless coverage only in our empanelled hospitals. • Please refer to the list of empanelled hospitals on our website or the list provided in the enclosed CD or call us on our toll free number at 1800-102-0333. • Rejection of cashless facility in no way indicates rejection of the claim.

For any doubt or clarifications and/or information, call our Toll Free Line at 1800-102-0333 or log on to our website www.apollomunichinsurance.com or email us at customerservice@apollomunichinsurance.com