पंजाब नैशनल बैंक
punjab national bank

HUMAN RESOURCES MANAGEMENT DIVISION,
HOSPITALISATION CELL
(PHONE 011-28075345-emailid-hrdhospitalisation@pnb.co.in)
HEAD OFFICE: NEW DELHI

January 08, 2018

TO ALL OFFICES

HRMD CIRCULAR NO. 395

IBA's Group Medical Insurance Scheme for Retired Officers/Retired employees – Operational Guidelines

Details of the Medical Insurance Scheme were circulated vide Annexure/ Schedule-IV to PAD Circular No.271 dated 9.6.2015 and HRDD Circular No.694 dated 20.6.2015. However, after the change of TPA for retired employees from Raksha TPA to Health Insurance TPA of India Ltd., details of operational guidelines containing instructions for seeking reimbursement / availing benefits under the scheme for retired Officers/retired employees are being circulated herewith as Annexure.

All concerned are advised to go through the provisions of the joint note dated 25.05.2015 for complete details and bring this circular to the notice of retirees drawing pension from their branches and place a copy of this circular on the notice board.

The claim form, check list and membership form are enclosed for ready reference.

(DINESH SAXENA)
DY. GENERAL MANAGER

ANNEXURE

BRIEF DETAILS OF IBA'S GROUP MEDICAL INSURANCE POLICY FOR RETIRED EMPLOYEES

Policy Period	01.11.2017 TO 31.10.2018	
Plan Type	IBA's Group Medical Insurance Policy	
Policy Number	Without Domiciliary coverage- 5001002817P111762140 With Domiciliary coverage - 5001002817P111764657	
Beneficiary	Retired employee and Spouse only. Spouse, if retired employee has already expired or only retired employee where the spouse has expired	
Sum insured (Annual cover amount)	**Cadre at the time of retirement**	**Sum insured**
	Officers	Rs.4,00,000/-
	Clerical & Sub Staff	Rs.3,00,000/-
	Domiciliary Coverage **(if opted for)**	10% of sum insured
Coverage	All diseases are covered from day one.	
	1(i) Inpatient Hospitalisation expenses (all diseases are covered which require hospitalization except where the patient is admitted for investigations only→no claim will be payable) (ii) Pre/Post hospitalization expenses covered but subject to relevant disease only • Pre-hospitalization for 30 days • Post Hospitalization for 90 days: 2. Listed Day Care Procedures provided it is not performed as an OPD procedure.	
Room Rent charges and ICU charges	- Room Rent maximum up to Rs.5,000/- per day. - ICU charges maximum up to Rs.7,500/- per day.	
Ambulance Charges	- Ambulance charges upto Rs.2500/- per trip. - Taxi and Auto in actual maximum up to Rs. 750/- per trip. - Ambulance charges actually incurred on transfer from one center to another center due to Non availability of medical services / medical complication shall be payable in full	
Congenital internal / external diseases / defects/ anomalies	Covered in the policy.	
Alternative therapy	Alternative Treatments are forms of treatment other than treatment "Allopathy" or "modern medicine and includes Ayurveda, Unani, Siddha, Homeopathy and Naturopathy in the Indian Context, for Hospitalization only and Domiciliary for treatment only under ailments mentioned for domiciliary in a hospital registered by the Central / State authorities. For Ayurvedic, Unani, Siddha, Homeopathy and Naturopathy treatment, hospitalization expenses are admissible **only when the treatment has been undergone in a Government Hospital or in any Institute recognized by the Government and/or accredited by Quality Council of India/National Accreditation Board on Health.**	

Nursing Charges	The following charges in the scheme are payable:- Nursing Charges, Service Charges, IV Administration Charges, Nebulization Charges, RMO charges, Anesthetic, Blood, Oxygen, Operation Theatre Charges, surgical appliances, OT consumables, Medicines & Drugs, Dialysis, Chemotherapy, Radiotherapy, Cost of Artificial Limbs, cost of prosthetic devices implanted during surgical procedure like pacemaker, Defibrillator Ventilator, orthopedic implants, Cochlear Implant, any other implant, Intra-Ocular Lenses, infra cardiac valve replacements, vascular stents, any other valve replacement, laboratory/diagnostic tests, X-ray CT Scan, MRI, any other scan, scopies and such similar expenses that are medically necessary, or incurred during hospitalization as per the advice of the attending doctor.
Miscellaneous	Under the policy:- o Expenses for treatment of Congenital internal/external diseases, defects anomalities are covered. o Expenses for treatment of psychiatric and psychosomatic diseases be payable with or without hospitalization. o Treatment taken for Accidents can be payable even on OPD basis in hospital upto sum insured. o Treatment for Genetic Disorder and stem cell therapy is covered under the scheme. o Treatment for Age Related Macular Degeneration treatment such as Roptational Field Quantum magnetic Resonance, enchanced external Counter Pulsation etc are covered under the scheme, Treatment for all neurological/macular degeneration disorder shall be covered under the scheme.
Pre-existing diseases	Covered from day one.
Domiciliary Diseases	Cancer, Leukemia, Thalassemia, Tuberculosis, Paralysis, Cardiac Ailments, Pleurisy, Leprosy, Kidney Ailment, All Seizure disorders, Parkinson's diseases, Psychiatric disorder including schizophrenia and psychotherapy, Diabetes and its complications, hypertension, Hepatitis –B, Hepatitis – C, Hemophilia, Myasthenia gravis, Wilson's disease, Ulcerative Colitis, Epidermolysis bullosa, Venous Thrombosis(not caused by smoking) Aplastic Anaemia, Psoriasis, Third Degree burns, Arthritis, Hypothyroidism, Hyperthyroidism expenses incurred on radiotherapy and chemotherapy in the treatment of cancer and leukemia, Glaucoma, Tumor, Diptheria, Malaria, Non-Alcoholic Cirrhosis of Liver, Purpura, Typhoid, Accidents of Serious Nature, Cerebral Palsy, Polio, All Strokes Leading to Paralysis, Haemorrhages caused by accidents, All animal/reptile/insect bite or sting, chronic pancreatitis, Immuno suppressants, multiple sclerosis / motorneuron disease, status asthamaticus, sequalea of meningitis, osteoporosis, muscular dystrophies, sleep apnea syndrome(not related to obesity), any organ related (chronic) condition, sickle cell disease, systemic lupus erythematous (SLE), any connective tissue disorder, varicose veins, thrombo embolism venous thrombosis/venous thrombo embolism (VTE)], growth disorders, Graves' disease, Chronic obstructive Pulmonary Disease, Chronic Bronchitis, Asthma, Physiotherapy and swine flu shall be considered for reimbursement under domiciliary treatment. To claim under domiciliary treatment, The prescription submitted by the Doctor, must contain the nature of disease. If Doctor has prescribed some investigations, these will be payable only if relating to Domiciliary Diseases, other investigations will not be payable.

	The prescription must be submitted in original. In case, original prescription has already been submitted by the retiree must mention in the subsequent claims that Original prescription already submitted with the earlier claim number _____. In case prescription is required by the retiree for future use, the photo copy of prescription can be submitted provided it is duly attested by any of the Branch Manager duly affixing his Rubber stamp, name and designation must also be provided with the stamp. The cost of Medicines, Investigations, and consultations, etc. in respect of domiciliary treatment shall be reimbursed for the period stated by the specialist and / or the attending doctor and / or the bank's medical officer. In Prescription. If no period stated, the prescription for the purpose of reimbursement shall be valid for a period not exceeding 90 days. If medicines have been prescribed for a period more than 180 days, medicines will be payable for 180 days. Beyond prescribed dates, medicines will not be payable.
Not covered in the policy	• Injury / disease directly or indirectly caused by or arising from or attributable to War, invasion, Act of Foreign enemy, War like operations (whether war be declared or not). • Circumcision unless necessary for treatment of a disease not excluded hereunder or as may be necessitated due to an accident. • Vaccination or inoculation. • Change of life or cosmetic or aesthetic treatment of any description is not covered. • Plastic surgery other than as may be necessitated due to an accident or as part of any illness. • Cost of spectacles and contact lenses, hearing aids. Other than Intra-Ocular Lenses and Cochlear Implant. • Dental treatment or surgery of any kind which are done in a dental clinic and those that are cosmetic in nature. • Convalescence, rest cure, Obesity treatment and its complications including morbid obesity, treatment relating disorders, Venereal disease, intentional self-injury and use of intoxication drugs / alcohol. All expenses arising out of any condition directly or indirectly caused to or associated with Human T-Cell Lymphotropic Virus Type III (HTLB - III) or lymphadinopathy Associated Virus (LAV) or the Mutants Derivative or Variation Deficiency Syndrome or any syndrome or condition of a similar kind commonly referred to as AIDS. • Charges incurred at Hospital or Nursing Home primarily for diagnosis x-ray or Laboratory examinations or other diagnostic studies not consistent with or incidental to the diagnosis and treatment of positive existence of presence of any ailment, sickness or injury, for which confinement is required at a Hospital / Nursing Home, unless recommended by the attending doctor. • Expenses on vitamins and tonics unless forming part of treatment for injury or diseases as certified by the attending physician • Injury or Disease directly or indirectly caused by or contributed to by nuclear weapon / materials. • All non-medical expenses including convenience items for

	personal comfort such as charges for telephone, television, /barber or beauty services, died t charges, baby food, cosmetics, tissue paper, diapers, sanitary pads, toiletry items and similar incidental expenses, unless and otherwise they are necessitated during the course of treatment. • Attempted suicide, war, invasion, nuclear radiation are not covered.
Reasonable and customary charges	Retirees are advised to keep a note on the reasonable Charges of the relevant area which means the charges for services or supplies, which are the standard charges for the specific provider and consistent with the prevailing charges in the geographical area for identical or similar services, taking into account the nature of the illness/injury involved. TPA may deduct from the claim amount which are not reasonable.
General	Policy of active employees expires on 30th September of every year and the employees who retires in between the policy period remains covered up to the end of the policy period for active employees and all benefits available to active employees will be payable to him. The policy of retired employees commences on 1st November every year. The retirees, in the first policy period will have to pay the premium for 13 months and thereafter yearly. Retirees are advised to give preferably their pension account number and keep sufficient balance in their account on the date of deduction else they will not be covered in the policy. However, if an retirees opts out from the policy, due to any reason, he cannot re-opt for the policy in future. Retirees are also advised to keep Bank update for changes in their mobile number, address etc. Retirees are advised to keep a look at pnbnet.net.in wherein all the relevant guidelines for retirees are placed.

OPERATIONAL GUIDELINES

TPA CARD	i. The scheme is being operationalised by United India Insurance Company through Health Insurance TPA of India Limited (HITPA) and all the claims under the scheme are processed by HITPA. ii. Each retiree and his spouses will be issued separate TPA ID card. iii. For downloading TPA ID Card through website, the retirees are advised to follow the under noted path or website hitpa.co.in → Please go to HITPA portal for E-cards **https://portal.hitpa.co.in** (for example PF number is 12345) USER NAME:- PNBR+PF NO. (PNBR12345) PASSWORD :- PNBR+PF NO. (PNBR12345) (both are in **BOLD LETTERS** i.e. caps lock position) If you are facing some problem for password, Please rest your password, once you click on forget password option, you will get new password on registered email id. If all the details are correct, click PRINT E-CARD and save the same for future reference or you may also print e cards direct from the link provided at the website as under:- **Click download e card**
INTIMATION OF HOSPITALISATION	In case of non network hospital, the following will be the procedure:- 1. The reimbursement claims are required to be intimated to Health Insurance TPA within 24 hours of hospitalization and original documents are to be submitted within 30 days of discharge from the hospital and in case of planned hospitalization, the TPA is to be informed at least two days before hospitalization, but in any case within 24 hours of hospitalization. 2. For cashless→intimation has to be got sent along with the following particulars:- a. Member ID b. Patient's Name c. Name and address of the Hospital d. Disease / ailment and Treatment given e. Date of admission f. Requested amount 3. Intimation can be sent by the insured / relatives or through any of the following methods:- a. **Through e-mail** to any of the following email ids, customerservice@hitpa.co.in Vipin.singh@hitpa.co.in Satvik.rajput@hitpa.co.in Isha.bhairma@hitpa.co.in Karan.deep@hitpa.co.in **Through phone** by calling any of the following including toll free No./Call Center and providing above information 1. (1st escalation) Mr. Vipin Singh –

	Senior Executive Contact no. 9773981488 E-mail ID:- vipin.singh@hitpa.co.in 2. (2nd escalation) Mr. Deepak kumar Contact No. E-mail ID:- deepak.kumar2@hitpa.co.in 3. (3rd escalation) Dr. Isha Bhairma Medical Officer Contact No. 9999608386 E-mail ID:-isha.bhairma@hitpa.co.in Toll free number -18001023600 Toll free number -18001803600 →**On line Registration** by following the undernoted procedure: Visit website hitpa.co.in Enter →UHID number or Policy number →Patient name →Claim type→pre authorization or reimbursement →Customer type→retail →Relationship—Text only →Date of admission →Date of discharge →Ailment/illness →Estimated expenses →Hospital name →Address →Remarks Acknowledgement No. (i.e. your claim no.) shall be reflected, a copy of which may be retained
SUBMISSION OF REIMBURSEMENT CLAIMS	i. Claim be submitted to any Circle Office directly or through any of its branch. ii. Claim Proforma of the claim form is enclosed. iii. Claim documents can also be forwarded at the below mentioned address. Health Insurance TPA of India Ltd. Majestic Omnia Building, 2nd Floor A-110, Sector 4, Noida- UP-201301. iv. Branches/Circle Offices and HRD Division HO (Hospitalisation Cell) will submit these bills to TPA on daily basis, after keeping proper record. v. All reimbursements shall be credited in Retirees' Bank account directly by the insurance company.
TIME SCHEDULE AND SUBMISSION OF DOCUMENTS	All supporting documents in original, i.e Discharge Card, Medical Prescription, Medicine Bills, films, related Reports, X-rays, ECG strips, CT scan pictures and other documents relating to the claim must be submitted with the claim form within **30** days from the date of discharge from the hospital. In case of post-hospitalization treatment (limited to 90 days), all claim documents should be submitted within **30** days after completion of such treatment/period.
CASH LESS CLAIMS	i. The benefit of cashless hospitalisation facility is available in many hospitals on provider's network. The list of such hospitals can be accessed on Hitpa's website. ii. Retirees are advised to contact TPA counter of the hospital along with TPA ID Card and a Govt. Photo ID proof of the patient for

	seeking cashless claim. iii. On production of ID card, the TPA desk of the hospital shall inform the TPA, the requisite particulars of employee, the patient admitted, reason for hospitalization etc. and seek initial approval of the estimated hospitalization expenses. iv. Some hospitals have a policy of seeking an advance for treatment to start. The same is refundable once the cashless approval is received. v. After treatment, the hospital's TPA desk will submit the bills to the TPA and on receipt of final sanction, the patient shall be discharged. Claim amount shall be paid by Insurance Company through TPA directly to the hospital concerned. vi. Any amount not admissible under the scheme and not sanctioned by the TPA shall have to be paid by the retiree to the hospital at the time of discharge of patient. vii. In case of post-hospitalisation treatment, all claim documents should be submitted within 30 days after completion of such treatment subject to terms and conditions of the policy.
EMERGENCY HOSPITALISATION	In case of an emergency admission to a hospital which is not in PP Network, the officers / employees can approach the TPA for cashless treatment by intimating the Third Party Administrator, call centre number mentioning his ID card No. and name. The hospital authorities would fax / mail the details of hospitalisation to the Third Party Administrator, who would again revert by fax / mail a confirmation to the hospital to proceed with the claim.
IF HOSPITAL IS NOT IN THE APPROVED LIST OF TPA	Wherever the hospital is not in the approved list of Third Party Administrator, the Third Party Administrator will take necessary steps for considering addition of such hospital provided they meet the empanelment criteria.
LAST DATE FOR SUBMISSION OF CLAIMS	All claims should be submitted to TPA within 30 days of closing date of policy period/discharge from the hospital else claims may not be entertained by the TPA. However, post hospitalisation bills shall be entertained upto 90 days from the date of discharge from hospital.

ADVISORY	Efforts have been made for issuance of TPA ID cards to all the retirees alongwith their spouses. It isrequired to submit TPA id cards with Government ID proof which contains the photo of the Patient.
GRIEVANCE REDRESSAL	In the event of any grievance relating to the insurance, the insured may raise query through Nodal Officers appointed for the purpose in every circle office. He may also submit his grievance in writing to the TPA, through following email id →**Grievance@hitpa.co.in** The insured person may also submit in writing to the Policy Issuing Office or Grievance Cells at the Regional Office of the United India Insurance on **https://uiic.co.in link online complaint** The insured person may also submit in writing or at **https://irdai online complaint** The insured person may also submit in writing or at CPGRAM **online complaint** If the grievances are not redressed claims may be accelerated through any circle office.

These guidelines are informative only. For details please refer to Insurance policy document issued by the Insurance Company.

CHECK LIST FOR SUBMISSION OF CLAIM

DOMICILIARY CLAIMS		REIMBURSEMENT CLAIMS	
1	Original Claim Form duly signed	1	Original Claim Form duly signed
2	Original prescription	2	Original Main Hospital bill with Bill Number & break up
3	Original Medicine bills and Investigations bills	3	Original Discharge summary
4	Investigation reports in original.	4	Original Death summary (if applicable)
5	Govt. ID proof of the Patient.	5	Original Hospital Payment pre printed Receipt
6	Since bank is providing account number with IFS Code to Insurance Company, cancelled cheque need not to be provided while lodging claim.	6	Hospital registration number:-In case of non network hospitalization Registration no. of the hospital & Number of beds in the hospital, on hospital letter head with hospital stamp & signature of the hospital authority.
		7	Original Pharmacy and Investigation bills
		8	Original prescriptions (for pre and post claims)
		9	Investigation reports in original.
		10	Police FIR / Medico Legal Certificate (MLC) (Mandatory in case of accidents)
		11	Govt. ID proof of the Patient
		12	Since bank is providing account number with IFS Code to Insurance Company, cancelled cheque need not to be provided while lodging claim.

FREQUENTLY ASKED QUESTIONS

Q-1 Please tell me status of my insurance coverage as I am to retire during the current policy period i.e. 01.10.20XX to 30.09.20XX.

Employees retiring during the currency of the policy period are covered upto 30.09.20XX as active employees though they have retired. Also they are eligible for reimbursement from Corporate Buffer during this policy period.

Q-2 What is Corporate Buffer?

This is the amount allocated out of total premium collected by the Insurance Company and this amount is allocated to individual banks in the ratio of premium paid by the bank. Out of this amount, amount equivalent to presently twice the sum insured, is reimbursed to the employees whose claims exceed the sum insured. **This is applicable to active employees only.**

Q-3 Is Corporate Buffer available to retired employees also?

No, it is available to active employees only.

Q-4 When I shall have to become member and pay the premium.

As the active employee policy terminates on 30.09.XXXX and retiree policy starts from 01.11.XXXX, there is gap of one month i.e. October. You will have to apply for membership for which proforma is attached with this circular. It should reach Hospitalisation Cell in Head Office, HRMD, Dwarka, New Delhi well before 30.09.20XX.

Q-5 Whether I shall have to pay 13 months premium?
Yes, for October month it will be remitted to Insurance Company in September itself and for 01.11.20XX to 31.10.20XX in the month of October.

Q-6 Should I continue with this policy when I am already having other policies also?

It is a subjective question yet it is suggested that one should take this policy keeping in view wide range of coverage available, all pre-existing diseases covered and no maximum age limit bar is there. Presently no health insurance is available after 79 years of age.

Q-7 Should I opt for domiciliary coverage or not?

Again it is a subjective question. It is suggested that if one is suffering from some domiciliary disease, he should take policy with domiciliary coverage otherwise without domiciliary coverage.

A-8 Tell me about cost benefit of domiciliary coverage.

Domiciliary coverage is available up to 10% of the sum insured i.e. Rs.40,000/- for officers and Rs.30,000/- for workmen staff. Now if our claims are for amount equal to or more than Rs.20,000.00 approximately (for workmen Rs.15,000.00), then it is suggested to opt for policy with domiciliary coverage. Thus Rs.20,000/- and Rs.15,000/- is the approximate difference in premium for domiciliary and non domiciliary coverage policies.

Q-9 If I don't become member this time will I be able to join the policy later on?

No, as per United India Insurance Company Limited (UIIC), continuity must be there. UIIC has been giving special permission to the banks to allow the left out employees to become members of the policy. It should be assumed that once withdrawn from the policy, UIIC may not allow them to become member of the policy.

Q-10 Can I opt for policy with non domiciliary coverage this time and later on if needed, I can opt for policy with domiciliary coverage.

No, it has been clearly communicated by UIIC that no existing retiree, who is member of policy with non Domiciliary Coverage can opt for Domiciliary Coverage. Reverse is permitted by UIIC i.e. from Domiciliary Coverage to non Domiciliary Coverage.

Q-11 Shall I have to apply every year to continue with the policy?

No, once one has become member of the policy, bank shall automatically debit the premium amount from the account of the retiree. If one wants to discontinue the policy, he/she will have to intimate in advance i.e. before debit of premium amount, to the bank that he/she doesn't want to continue with the policy.

Q-12 Whether one is required to give one cancelled cheque while submission of claim papers to the insurance company?

No, bank has provided the account numbers and IFS Codes for the same to the insurance company and UIIC shall reimburse the claims in those accounts only. **So it is strongly advised that neither the account number given in the application form be changed nor be transferred to any other branch. Reason being when account is shifted to some other branch, its IFS Code is also changed** and when UIIC tries to remit the amount, they get the error message (due to wrong IFS Code) and it takes long time to correct details with the insurance company.

Q-13 What is the fate of policy if the employee expires during the policy period?

Under this policy, only self and spouse are covered. If the employee dies then his/her spouse is covered and the sum insured shall remain the same. If the spouse doesn't want to continue, it should be intimated to bank well before the renewal of the policy. It is advisable that account number given for renewal of the policy be opened in joint

names of self and spouse so that in the event of death of one, other will continue to maintain the same account. **In any case, it is the responsibility of the retiree to intimate the bank regarding death of retiree or spouse or both so that renewal premium is not remitted to the insurance company.**

Q-14 How much premium shall be charged if one decides to leave the policy in between the policy period?

The rates are given hereunder, provided no claim is preferred during the policy period:-

PERIOD ON RISK	**RATE OF PREMIUM TO BE CHARGED**
Upto one month	1/4 th of the annual rate
Upto three months	1/2 of the annual rate
Upto six months	3/4th of the annual rate
Exceeding six months	Full annual rate.

Inversely, if any claim has been taken during the policy period, no refund of premium shall be given by the insurance company.

Q.15 I have taken Domiciliary Coverage policy. What should be the frequency for submission of claims to the TPA?

Claims may be submitted on monthly/bi-monthly/quarterly basis. It should be ensured that all the requisite documents are submitted in one lot only. Basically following documents are required for domiciliary claims : - Prescription clearly mentioning the name of the disease and tests to be got done, all test reports/films, medicine bills, receipt for consultation charges.

Q-16 Whether every time original prescription sheet from doctor is required to be given with the claim documents?

No, if original has been provided earlier then next time photo copy of the same, duly attested by any Branch Incumbent, clearly mentioning his name and the name of the branch, can be submitted with the claim documents. Also it should be mentioned that original prescription already submitted with claim number _____ dated _____ for Rs._____.

Q-17 What is the procedure to be followed for cashless claims?

In case of planned treatment/hospitalisation, contact the TPA help desk of the network hospital. Ask them about their tie-up with Health Insurance TPA of India Limited. If they have tie-up then provide them your TPA ID number (show them TPA ID Card) and show them one original govt. Photo ID proof like Adhaar Card, Driving License, Bank's Identity Card or Passport etc. They will complete the formalities and intimate the TPA about hospitalisation and get permission for cashless claim. You are just to get the treatment from the hospital and the hospital shall take the final approval from TPA and shall discharge the patient.

In case of emergency also same procedure is required to be followed.

Q-18 Is there any check as to whether my sum insured has been judiciously used by the hospital?

Yes, rest assured, it is the duty of the TPA to ensure that charges for treatment of particular disease are reimbursed. Claims are being audited by the insurance company also.

Q-19 What if my claim goes beyond the sum insured?

Claim amount beyond the sum insured are to be paid by the employee(retiree) from his/her own resources. The amount can be claimed from Super Top up policy if Opted for it, or from the policy in case the retiree has taken up separately.

Q-20 How to proceed for reimbursement of claim if one is having IBA's Health Insurance policy and other policy also?

It is advisable to prefer the claim from IBA's Policy reason being under this policy almost every thing is payable i.e. even tonics and vitamins are also payable if required for treatment. After that the claim should be preferred from the other insurance company.

Q-22 What is the procedure for claiming from other insurance company?

Health Insurance TPA shall provide settlement voucher to the claimant which is required to submitted to the other insurance company(through their TPA) for reimbursement of the claim for remaining amount.

Q-23 What if one is member of bank's Contributory Benefit Fund scheme floated by the bank through staff welfare scheme?

If the full claim is still not satisfied by the insurance policies taken then in the last claim should be submitted to Hospitalisation Cell of HRMD Section in HO, Delhi alongwith the settlement voucher(s) given by the insurance company(ies).

Q-24 How much amount is reimbursable under Contributory Benefit Fund scheme?

Presently, it is maximum rupees one lac in a year and maximum rupees two lacs upto the age of 75 years of the member. There are certain limits under the scheme upto which the reimbursement is made under different heads like medicines, operation theatre charge, etc. etc.

Q-25 TPA is raising unnecessary query resulting delay in settlement of claims ?

Members are advised to go through the operational guidelines/check list for speedy passing of claims. As regard the claims relating to accidents, submission of FIR/MLC is must or a undertaking should be given that FIR was not lodged. Further, if the query is not responded, the claim file will be closed by TPA after 3 reminders.

Q-26 How can I change the mobile number.

Member can also send mail at hrdhospitalisation@pnb.co.in from their registered mail id.

Q-27 I am not receiving message for claim lodged with TPA?

Please check whether mobile number is updated at the site of TPA.

Q-28 The claim in not being settled by TPA despite having passed message received.

After the claim is passed by the TPA, it takes 7 to 10 days for Insurance Company to reimburse the amount through their bank.

Q-29 TPA has deducted some amount from my domiciliary claim.

Only, medicine relating to domiciliary disease are payable. Also in case of non submission of reports, amount will be deducted.

Q-30 I am hospitalised and TPA has sent only part amount.

We should not interfere in the approval given by TPA to the Hospital. It is their internal matter which is uniformly followed and it has nothing to do with the treatment of the patient.

Q-31 In case of cash less claim, patient is to be discharged but TPA is not giving final approval or the approval is delay by TPA.

Generally it is observed that in the morning, during routine visit, treating doctor intimates patient or his/her attendant that they will discharge the patient today. Actually some information is required to provided by hospital to the TPA, on the basis of which they have to provide final approval. Procedural delays on the part of hospital take time for final approval by the TPA.

Q-32 Whether I will have to renew the policy every year?

Once the employee has become member of the policy, it is presumed that it is to be renewed annually unless and otherwise withdrawn by the insured. Inversely, insured shall have to intimate to the bank that he/she does not want to continue the policy.

Q-33 How can I keep update in the policy?

Keep a regular look at pnbnet.net.in (click on Circular/Schemes) wherein all the relevant guidelines/circulars are regularly placed by HO.

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Revised Annexure – I

Date : ___________

The Dy General Manager
Human Resource Development
Division Punjab National Bank
Head Office, New Delhi

Photograph Self	Photograph Spouse

Re. : IBA's Group Medical Insurance Scheme for Retired Employees/ Spouse of Retired Employees.

I submit my consent to join Medical Insurance Scheme. My details are as under :

01	PF No.									
02	Name									
03	Date of Birth									
04	Gender	MALE			FEMALE					
05	Date of Retirement									
06	Cadre	OFFICER		CLERK		SUB STAFF				
07	Designation									
08	Last Place of Posting									
09	Separation Reason									
10	**WANTS DOMICILIARY COVERAGE**	**YES/NO**								

Details of my spouse :

01	Name					
02	Date of Birth					
03	Gender	MALE		FEMALE		

My contact details :

01	Mobile/Phone No.	
02	E–mail Address	
03	Correspondence Address	
		PIN

I agree as under :

1) I irrecoverably authorize the Bank to debit premium amount to my below mentioned account during current year and also in coming years.

2) I shall maintain sufficient balance in the aforesaid account.
3) In case I intend to withdraw from the scheme, I shall inform the Bank before its due date for not deducting Premium from my account. Once I opt out of the scheme I will not be allowed to rejoin.
4) The insurance cover shall start from the date of receiving the insurance premium by the Insurance Company.
5) I shall inform the Bank in case of any changes in my details such as contact information, account details, etc.
6) The Bank is acting as intermediary in providing the information to the Insurance Company. The claims shall be scrutinized/settled by the Insurance Company and the Bank will not be involved in such process.

Yours faithfully

(Signature)

ACKNOWLEDGEMENT

Received consent form to join the Medial Insurance Scheme as per Circular No.______, Dt. __________ From Sh/Smt______________________________PF No.___________. The information received shall be entered in HRMS.

(Signature of Bank Official with Stamp) BO/CO_____________________

हैल्थ इन्श्योरेंस टीपीए ऑफ इन्डिया लिमिटेड
HEALTH INSURANCE TPA OF INDIA LTD.

CLAIM FORM - PART A' to '
CLAIM FORM FOR HEALTH INSURANCE POLICIES OTHER THAN TRAVEL AND PERSONAL ACCIDENT - PART A
TO BE FILLED BY THE INSURED

The issue of this Form is not to be taken as an admission of liability

(To be Filled in block letters)

SECTION A

DETAILS OF PRIMARY INSURED:

a) Policy No.: b) Sl. No./Certificate No.

c) Company/TPA ID No.:

d) Name: SURNAME FIRST NAME

e) Address:

City: State:

Pin Code: Phone No.: Email ID:

SECTION B

DETAILS OF INSURANCE HISTORY:

a) Currently covered by any other Mediclaim / Health Insurance: Yes No b) Date of commencement of first Insurance without break: D D M M Y Y Y Y

c) If yes, company name: Policy No.

Sum Insured (Rs.) d) Have you been hospitalized in the last four years since inception of the contract? Yes No Date: M M Y Y

Diagnosis: e) Previously covered by any other Mediclaim/Health insurance: Yes No

e) If yes, company name:

SECTION C

DETAILS OF INSURED PERSON HOSPITALIZED::

a) Name: SURNAME FIRST NAME

b) Gender Male Female c) Age years Y Y Months M M d) Date of Birth D D M M Y Y Y Y

e) Relationship to primary Insured: Self Spouse Child Father Mother Other (Please Specify)

f) Occupation Service Self Employed Home Maker Student Retired Other (Please Specify)

g) Address (if diffrent from above) :

City: State:

Pin Code Phone No.: Email ID:

SECTION D

DETAILS OF HOSPITALIZATION::

a) Name of Hospital where Admited:

b) Room Category occupied: Day care Single occupancy Twin sharing 3 or more beds per room

c) Hospitalization due to: Injury Illness Maternity d) Date of injury / Date Disease first detected /Date of Delivery: D D M M Y Y Y Y

e) Date of admission: D D M M Y Y f) Time: H H M H g) Date of Discharge: D D M M Y Y h) Time: H H M H

I) If injury give cause: Self inflicted Road Traffic Accident Substance Abuse / Alcohol Consumption I) If medical legal Yes No

ii) Reported to Police Yes No iii) MLC Report & Police FIR attached Yes No j) System of Medicine:

SECTION E

DETAILS OF CLAIM:

a) Details of the Treatment expenses claimed

I. Pre-hospitalization expenses Rs.

ii. Hospitalization expenses Rs.

iii) Post-hospitalization expenses Rs.

iv. Health-Check up cost: Rs.

v. Ambulance Charges: Rs.

vi. Others (code): Rs.

Total Rs.

vii. Pre-hospitalization period: days

viii. Post-hospitalization period: days

b) Claim for Domiciliary Hospitalization: Yes No (if yes, provide details in annexure)

c) Details of Lump sum / cash benefit claimed:

I. Hospital Daily cash: Rs.

ii. Surgical Cash: Rs.

iii. Critical Illness benefit: Rs.

iv. Convalescence: Rs.

v. Pre/Post hospitalization Lump sum benefit: Rs.

vi. Others: Rs.

Total Rs.

Claim Documents Submitted - Check List:

- Claim form duly signed
- Copy of the claim intimation, if any
- Hospital Main Bill
- Hospital Break-up Bill
- Hospital Bill Payment Receipt
- Hospital Discharge Summary
- Pharmacy Bill
- Operation Theater Notes
- ECG
- Doctor's request for investigation
- Investigation Reports (Including CT / MRI / USG / HPE)
- Doctor's Prescription
- Others

SECTION F

DETAILS OF BILLS ENCLOSED:

Sl. No.	Bill No.	Date	Issued by	Towards	Amount (Rs)
1.		D D M M Y Y		Hospital mail Bill	
2.		D D M M Y Y		Pre-hospitalization Bills: Nos	
3.		D D M M Y Y		Post-hospitalization Bills: Nos	
4.		D D M M Y Y		Pharmacy Bills	
5.		D D M M Y Y			
6.		D D M M Y Y			
7.		D D M M Y Y			
8.		D D M M Y Y			
9.		D D M M Y Y			
10.		D D M M Y Y			

SECTION G

DETAILS OF PRIMARY INSURED'S BANK ACCOUNT::

a) Pan: b) Account Number:

c) Bank Name and Branch:

d) Cheque / DD Payable details: e) IFSC Code:

(IMPORTANT: PLEASE TURN OVER)

DELARATION 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 concealent of any material fact with respect to questions asked in relation to this claim, my right to claim reimbrusement 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

SECTION H

Date D D M M Y Y Y Y **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 oraganization
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 policy holder	Surname, First name, Middle name
e)	Address	Enter the full postal addresse	Include Street, City and Pin code
	SECTION B -DETAILS OF INSURANCE HISTORY		
a)	Currently covered by any other Mediclaim / Health Insurance?	Indicate whether currently covered by another Mediclaim / 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-forrmat
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 Mediclaim / Health Insurance?	Indicate whether previously covered by another mediclaim / Health Insurance	Tick Yes or Noe
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
I)	E-mail ID	Enter e-mail address of patient	Complete e-mail address
	SECTION D - DETAILS OF HOSPITALIZATION		
a)	Name of Hospital where admited	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
I)	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.		

हैल्थ इन्श्योरेंस टीपीए ऑफ इन्डिया लिमिटेड
HEALTH INSURANCE TPA OF INDIA LTD.

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)

SECTION A

DETAILS OF HOSPITAL

a) Name of the hospital:

b) Hospital ID: c) Type of Hospital: Network: ☐ Non Network: ☐ (if non Network fill section E)

c) Name of the treating doctor: SURNAME FIRST NAME MIDDLE NAME

e) Qualification: f) Registration No. with State Code: g) Phone No.

SECTION B

DETAILS OF THE PATIENT ADMITTED

a) Name of the Patient: SURNAME FIRST NAME MIDDLE NAME

b) IP Registration Number: c) Gender: Male ☐ Female ☐ d) Age: Years: YY Months: MM e) Date of birth: DD MM YY

f) Date of Admission: DD MM YY g) Time: HH MM h) Date of Discharge: DD MM YY I) Time: HH MM

j) Type of Admission: Emergency ☐ Planned ☐ Day Care ☐ Maternity ☐ k) If Maternity i)Date of Delivery: DD MM YY ii) Gravida Status:

l) Status at time of discharge: Discharge to home ☐ Discharge to another hospital ☐ Deceased ☐ m) Total claimed amount

SECTION C

DETAILS OF AILMENT DIAGNOSED (PRIMARY)

a)	ICD 10 Codes	Description	b)	ICD 10 Codes	Description
I. Primary Diagnosis			I. Procedure 1:		
ii. Additional Diagnosis:			ii. Procedure 2:		
iii. Co-morbidities			iii. Procedure 3:		
iv. Co-morbidities			iv. Details of procedure:		

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:

SECTION D

CLAIM DOCUMENTS SUBMITTED - CHECK LIST

- ☐ Claim Form duty signed
- ☐ Original Pre-authorization request
- ☐ Copy of the Pre-authorization approval letter
- ☐ Copy of Photo ID Card of patient Verified by hospital
- ☐ Hospital Discharge summary
- ☐ Operation Theatre Notes
- ☐ Hospital main bill
- ☐ Hospital break-up bill
- ☐ Investigation reports
- ☐ CT/MR/USG/HPE investigation reports
- ☐ Doctor's reference slip for investigation
- ☐ ECG
- ☐ Pharmacy bills
- ☐ MLC reports & Police FIR
- ☐ Original death summary from hospital where applicable
- ☐ 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 impatient beds f) Facilities available in the hospital I. OT ☐ Yes ☐ No ii. ICU ☐ Yes ☐ No

iii. Others:

SECTION F

DECLARATION BY THE HOSPITAL

We hereby declare 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: DD MM YY

Place:

Signature and Seal of the Hospital Authority:

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		
Date of Delivery	Enter Date of Delivery if maternity	Use dd-mm-yy format
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 authrities
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 Cod	Enter the registration number of the Hospital obtained from local	As allocated by the City Corporation / Municipality
	body like 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		