



# **FEDERAL BANK RETIRED OFFICERS' FORUM (FBROF)**

Registered under the Travancore-Cochin Literary, Scientific and Charitable Societies Registration Act 1955 (1) No. ER. 702/2009  
(An Organizational Wing of Federal Bank Officers' Association)  
(Affiliated to All India Bank Pensioners and Retirees Confederation - AIBPARC)

## **THE MEDICAL / HEALTH INSURANCE FOR RETIREES**

### **A FEW USEFUL TIPS FOR FACILITATING CLAIM & SETTLEMENT**

**Regd Office: FBOA Centre, FBOA Road, Aluva - 683101**

Email: [fbrofmail@gmail.com](mailto:fbrofmail@gmail.com), Website: [www.fbrof.com](http://www.fbrof.com)

Ph: 0484- 4600562, Mobile: President: 9447661680 General Secretary: 9447359232

# PREFACE

Medical insurance, nowadays, has become an essential need of our life. Our age factor, lifestyle diseases and the ongoing pandemic has increased the essentiality and importance of Medical Insurance.

The feedback from our Area Meetings and the clarifications being sought by our members & family from the Central Office almost everyday, prompted us to come up with this booklet to help our members on some practical issues. We hope these tips will help sort out some of the major hassles, if not all, faced by our members and may ease the handling of many difficult situations faced by the insured and their families.

Even though the Insurance Companies and/or the TPA (Third Party Administrator) may change periodically, there are some basic factors, cautions & precautions we have to follow as the Insured. Availability of cashless facility at the hospital where we get admitted for treatment makes a lot of difference and convenience while the patient is admitted / discharged. Advance information to the TPA/Insurance Desk@Our Bank, submission of necessary information & Documents, etc. will help resolving issues faced by members in settlement of claims. Basic formalities to be complied with, usual process & procedures to be followed, minimum care to be ensured, all such matters associated with the smooth process for submission of claims and settlement of the medical bills under Medical Insurance are tried to be clarified in this booklet. Rejection of a Claim by the Insurance Company need not necessarily mean that the insured is not eligible for that claim. Lack

of certain formalities/ documents, etc. can also be the reason for such rejections which can be rectified subsequently also. Similarly, there are avenues available for redressal of grievances at various levels including the Ombudsman. In a few cases, our members were able to get claims of lakhs of rupees under the guidance of our organisation, through the award of the Ombudsman. All these experiences prompted us to bring out this booklet for the reference of our members.

We heartily acknowledge the contribution made by each and every Office Bearer of our Organisation to get this compiled which finally got organised into a booklet with the collective commitment of all the Office Bearers.

We do not claim this to be an exhaustive or a comprehensive reference book on Medical Insurance as such. But this is only a humble effort to make our members and their family members better equipped with some tips and guidelines to lessen their difficulties and to ensure claim settlements in an easier way.

Hope the contents will be of much help for our members.

Regards,

Sd/-

Tom Thomas  
President

Sd/-

K T Thomachan  
General Secretary

15<sup>th</sup> March, 2022

Aluva

## THE MEDICAL / HEALTH INSURANCE FOR RETIREES

### Medical Insurance - Tips in Brief

- Keep the **TPA ID Card** easily accessible.
- Keep a **Soft Copy of the ID Card** in the Mobiles of Self & Close Relatives.
- Ensure availability of **Cashless facility** at the Hospital.
- Prior Approval shall be obtained for **Ayurvedic Treatment**. No Cashless Facility.
- **Follow up** of Pre-Approval of Claims for Cashless, Submission / Approval of Final Bills.
- Approach **Insurance Help Desk** at the Hospital/Help Desk at Bank at the time of admission/hospitalisation (Advance intimation for pre approval for cashless facility).
- Mostly, **24 hours / Overnight Admission** required for Claims (**Exemptions** for Angio, Cataract, Chemo and Dialysis etc. **Available**).
- **Inter Hospital Transfer** for Better/Advanced Treatment – Prefer Hospital with Cashless Approval, when required.
- Send mail to [medicare@federalbank.co.in](mailto:medicare@federalbank.co.in), [federalbank.heritage@bajoria.in](mailto:federalbank.heritage@bajoria.in) & [heritagecochin@bajoria.in](mailto:heritagecochin@bajoria.in) (for present TPA).
- Along with **TPA ID Card**, carry other **Photo ID Cards like Aadhaar**.
- **No Discharges on Holiday/Sunday**.
- **Submit Claims** for reimbursement/supplementary claims within **30 days of Discharge**.
- Get all Bills/Prescriptions/Discharge Summary **attested by the Doctor/ Hospital** with seal and signature.
- Contact for assistance - 0484-2634017, 2634138 or 9895113134 (Bank's Insurance Desk Officer - presently).
- The Contact Details will change with Change in Insurer/TPA
- **For further details / clarifications see the Detailed Booklet.**

## THE MEDICAL / HEALTH INSURANCE FOR RETIREES

### A FEW USEFUL TIPS FOR FACILITATING CLAIM & SETTLEMENT

Medical or Health Insurance is a means of protection from a contingent financial spend for a medical purpose. It is a form of risk management, primarily an assurance and a hedge against risk of a contingency. Most of us, if not all, having subscribed to the Indian Banks Association's (IBA) Medical/Health Insurance Scheme for Retired Bank Employees, are covered by the Insurance Scheme. Those who are not covered or opted not to, are and/or may be beneficiaries of similar or other medical / health policies subscribed by their Spouses or Children and might have decided not to pay more premium unnecessarily or might have opted out since the premium was/is not affordable.

In the recently concluded first schedule of our Zonal / Area Meetings post the 26<sup>th</sup> Annual General Conference on 28<sup>th</sup> November 2021, the Insurance Claim and Settlement was an important issue that was discussed and sought to be clarified. Hence it is considered appropriate to clarify some practical issues that are to be taken care of at the time of Hospitalisation/ Preferring Claims.

- ❖ **TPA-Third Party Administrator:** The Link/ Intermediary between the Insurer and the Insured.
- ❖ **Identity Card:** Issued by the TPA to the Insured on commencement / renewal of the Policy. The ID Card contains the Name & Logo of the Insurer & the TPA, Name of the Organisation of the Insured, Card Number, Employee Number, Valid from... (Period), The Names

of the Insured (Member & Spouse), their Age, Gender, whether opted for Super Top Up, etc., on the Front Side of the Card and Instructions, Address & Contact Nos. of the TPA on the reverse. On receipt of the Card, the correctness of the details such as the names of the insured, their other particulars etc. shall be ensured. The Card is to be produced in the Hospital at the time of hospitalisation (in advance, before hospitalisation, for availing of Cashless services).

- **Non-Receipt of the ID Card:** If the ID Card is not received within a reasonable period after commencement / renewal of the Policy, the Insured can contact the Insurance Help Desk of our Bank / the TPA for issuance/reissuance of the Card or for a Duplicate Card. The Card is issued in the address registered with the Bank at the time of retirement. Any **change in address** shall be updated in the records of the Bank so that the Card will not be missed. The Insured may also ascertain / ensure that the Card has not reached the registered address.
- **Soft Copy of the Card (E-Card):** Soft Copy of the Card can be downloaded from the site of the TPA, **Heritage** (presently). A print out of the **E-Card** will be sufficient for records.
  - (Link to **download E-Card** (Ctrl+Click): [Home Page - Welcome to Heritage](#)) –**The site/link will change when the TPA is changed.**
  - The **Process** for generating **E-Card** in the case of **present TPA, Heritage**, is given below.
  - The Link is –  
<http://223.31.103.204/HeritageHealthTPA/HOME/EcardDownload.aspx>

- Open in **Chrome Browser**, if not able to open in other browsers.
  - Select: **Insurance Co** - Indian Bank Association [In National Insurance Company]; **Corporate Name** - Federal Bank; **Policy Year** - 2021 - 2022 (current year) **Emp ID** - PF Number
  - **Generate the Card** which can be Printed / Saved in Soft Form.
- **Easy Access to the ID Card in Case of an Emergency:**  
The ID Card shall be kept safely but easily accessible to close family members. It is better to keep the **Soft Copy** of the ID Card in the personal Mobile / Mobile of the Spouse / Children to enable them to produce it to the Hospital Authorities in an **Emergency**.
- ❖ **Cashless Facility:** If a Hospital / Nursing Home, where the treatment is planned, is approved by the Insurer/TPA for Cashless Facility, there will be no need for any advance payment to the Hospital once the preapproval is obtained and the settlement of the final bill will be taken care of by the Insurer/TPA (except for the inadmissible/non admitted claims, if any). The Insured need only pay the difference of the Claim approved and the Final Bill.
- **Approval of a Hospital / an Institution for Cashless Facility:** The Insurance Company (Insurer)/the TPA approves Hospital/Nursing Homes for Cashless facility. The List of such Approved Hospitals/Nursing Homes updated from time to time are available on the TPA (presently Heritage) Website. Hence it is always advisable to ensure availability of Cashless Facility at the Hospital proposed for Treatment. FBROF also

updates this information periodically and publishes the same in the Area Communications Groups and the details are published in our Website too.

- **If Not Approved:** In case a hospital is not approved / accepted for Cashless facility, the Insured / their Organisation can take it up with the Insurer/TPA for inclusion. In certain cases, the Hospital Management may be reluctant to include certain TPA's for Cashless facility and in such cases the Hospital Authorities are also to be contacted and persuaded.
- **Ayurveda Treatment:** Cashless Treatment Facility is not available for Ayurvedic Treatment. However, reimbursement of treatment expenses is considered if the hospital is registered with the Local Body/other registering authority etc. and prior authorisation should compulsorily be obtained from the TPA for Ayurvedic Treatment.
- **Hospitalisation for 24 Hours:** In all cases of settlement of hospitalisation claims, overnight admission is necessary.

- **Exemptions:**

However, in the case of some treatments like **Angiogram / Angioplasty, Dialysis, Chemo** etc., overnight admission (24 hours) is not insisted by the Insurer / TPA.

- For **Cataract Surgery** also hospitalisation is not required. Cashless claim is admitted if prior approval is obtained. Reimbursement is subject to certain Package Limits.
- Hospitalisation is normally not required for undergoing **Chemotherapy/ Dialysis** and these



treatments are normally done at the OPD/Day Care Facilities in a hospital as a part of the ongoing treatment and the claim for these treatments are reimbursed. Cashless facility is available against Doctor's prescription.

- In the case of **Immunotherapy for Cancer Treatment**, some Insurers do not approve/reimburse the claims. However, in one such case, **Ombudsman** finally awarded a decision in **favour of our Retiree Claimant** and the Insurer had to admit the Claim.
- **Option Available (if the Hospital is Not Approved):**  
The Patient, at his discretion, can change the Treatment Centre to another Institution where Cashless Facility is available. It is always better to choose a hospital with Cashless facility, especially when the treatment is a planned one (Prior to admission the TPA shall be intimated to ensure smooth process and eligibility of claims and to plan for payment of out of pocket expenses).
- ❖ **Support / Help Desk:** An Insurance Support / Help Desk for assistance is available almost in all Hospitals and the TPA.
- ❖ **Points to Remember at the Time of Admission / Discharge:**
- **At the Time admission**, (for a pre-planned / pre decided Treatment Purpose):
  1. Ascertain availability of Cashless Facility in the Hospital. If required, change the Treatment Centre to a Hospital where Cashless Facility is available (**Optional**)

2. Submission of pre authorisation form (claim form), TPA ID, Aadhar Card and other necessary Documents to the Insurance / Support Desk of the Hospital.
3. Ensure obtaining Prior Approval of the Estimate by the Hospital from the TPA.
4. Inform the Insurance Support Desk of our Bank, [medicare@federalbank.co.in](mailto:medicare@federalbank.co.in)

➤ **Documents to be Submitted at the Insurance Desk of the Hospital** for obtaining Preapproval of the **Claim** (All the Documents below mentioned may not be required but be prepared. If documents like PAN are not available, it may be reported so, if asked for). Only the **Self attested Copies of the Documents** not Originals need only be submitted:

1. The ID Card from the TPA.
2. Aadhaar Card (Best option than any other ID Card).
3. PAN Card.
4. Employee ID Card (In the Case of Family Pensioners, Employee ID Card in their name will not be available. In such cases the Employee Number will be sufficient along with the ID Card from TPA).
5. The Insurance Desk @ Hospital shall be informed of the Insured Limits, Super Top-ups, etc., well in advance. If the treatment expense is likely to exceed the Base Policy Limit, a separate request shall be placed through [medicare@federalbank.co.in](mailto:medicare@federalbank.co.in) and the **TPA** for charging the Top up facility. (If the

Super Top up information is not provided in advance/in time, the TPA/Insurer will not consider claims above Base Policy Limits, will approve the claim up to the Base Policy only and the excess will have to be claimed as reimbursement. In such cases the TPA/Insurer will ask for more details/ Clarifications and there will be time delay. Such instances can also lead to short settlement and getting the issue resolved with an award from Ombudsman (Our own Members had instances of similar experiences).

- **In all cases of Hospitalisation**, either for Hospitalisation with Cashless Facility or for Hospitalisation with Claim for Reimbursement, information of Hospitalisation shall be sent to our Bank in [medicare@federalbank.co.in](mailto:medicare@federalbank.co.in) and TPA in their e-mail id. ([federalbank.heritage@bajoria.in](mailto:federalbank.heritage@bajoria.in), presently)
- **At the time of Discharge:**
  1. Please avoid discharge on a holiday. (On a holiday, TPA will not be working, approval of the bill will not be possible for settlement of the Hospital Bill, Cash Settlement by Self will be required and the claim will be a reimbursement which can run into difficulties / delay).
  2. Better to have the information of discharge sufficiently in advance.
  3. Request the Hospital to speed up the preparation of the Bills and other documents like discharge summary, etc., and the Insurance Desk to submit the bill for approval to TPA, well in advance. -

**Follow up.** The TPA needs a processing time of minimum 3-4 hours.

4. The difference in the total amount and the settled amount need only be cleared by self or deferred for subsequent claims. (Copy of the TPA approval letter can be verified for correctness of settlement. Re-submission can be opted, if time permits instantly)

- ❖ **Emergency Admission for Treatment** – (e.g., Cardiac Cases, Accident / Trauma Care, etc.): In such instances, the patient may be required to pay advance, etc. However, the Insured can take care of submission of papers for Cashless Insurance Claim parallelly through his representatives. Otherwise, the claim will have to be processed on reimbursement basis. In such case proper intimation to the TPA shall be forwarded without delay.
- ❖ **Inter Hospital Shifting:** In some instances, shifting of patients to another hospital for better/advanced treatment may be required. If such transfer is required, the shifting shall be to a Hospital with Cashless facility and our suggestion/preference shall be informed to the Hospital Management. Otherwise, there could be hassles.
- ❖ In the event of an **Unfortunate Incident** happening at odd hours, like after the office hours of the TPA whereby the approval of the Bill for Settlement becomes difficult and the Hospital Management disagrees to release / discharge, the matter may be referred to Central Office/ Office Bearers, if need be and their advice may be awaited for furtherance.

❖ **Submission of Claims:**

- **Eligibility:** Eligible hospitalisation & domiciliary medical expenses are reimbursed by the Insurer based on the claim by the Insured and the type of policy subscribed by the Insured - Hospitalisation & Domiciliary. Hospitalisation expenses only will be reimbursed, if the policy is for Hospitalisation only. However, in the case of Hospitalisation, Pre & Post hospitalisation medical expenses would be admissible and this will be on reimbursement basis.
- **The Support / Insurance Desk @ Hospital:** Obtains Pre-Claim Approval prior to admission based on the estimate/advance information provided for Pre Planned/Pre decided Medical Treatment. In Hospitals approved for Cashless Facility, no advance is required, the Support Desk files the claim at the time of Discharge.
- **Signing of the Claim Form:** At the time of submission of the request for pre-approval of the estimate and at the time of submission of final bill on discharge - the **Insured or his representative** has to sign the Claim Form. The Insurance Desk of the Hospital will take care of the other documents like the detailed bill with Split up/Break up of consolidated Bill Amounts, Discharge Summary, attestation of the Documents by the Doctor, etc. However, all these submissions shall be followed up to ensure submission/ approval.
- **Post Hospitalisation Tests, Medicines, etc.** shall be clearly mentioned in the Discharge Summary for

sanctioning claims related to Post Hospitalisation Treatment.

- While submitting claims to TPA, **Lab Reports, X-Rays, ECG Reports**, etc, all duly authenticated shall be submitted along with the bills concerned and these reports shall be invariably collected at the time of discharge.
- **Antibody Cocktail Therapy** for Covid Treatment costing around Rs.60000/- is an admissible claim and is considered under Cashless facility also.
- **Robotic Surgery** also is an eligible mode treatment for claim reimbursement.
- **Rejection of Admissible Claims:** In Case there is rejection / reduction of genuine admissible claims by the Insurer / TPA, it can be taken up for furtherance. The Claim forms are available in the Retirees Space of the Bank. Necessary Documents properly certified by the Hospital shall be submitted with the claim.
- **Policy Number, Certificate Number**, etc., are not a must in the **Reimbursement Claim Form** since ours is a Corporate Master Policy. However, care shall be taken to mention the Employee Number (PF No.) and the TPA ID Card Number. (Claim form Part A (point c) company/TPA ID No.)
- **Non-Admission of Admissible Claims:** There are cases where the TPA does not entertain some admissible expenses, like the Pre & Post Hospitalisation Expenses, discharge medicines, etc. For such expenses, a supplementary claim is to be

filed within 30 days from the date of discharge. The claims are to be filed in the Forms available in the Retirees Space. The Bills and the Annexure to the Claim Form are to be certified/attested by the Doctor/ Hospital with hospital seal and the seal of the Doctor containing his name, registration number and name of the hospital and his signature. The Claim can be submitted directly to the TPA or through our Bank. In case of any delay, a condonation for delay also shall be filed.

- **In case the hospital is not approved for cashless facility:** If the Institution where the treatment is undertaken is not approved for Cashless facility and if the Patient decides to undertake the treatment there itself for his own valid reasons, the claim has to be submitted to the TPA for reimbursement. In such cases, wherever possible, prior intimation of hospitalisation to TPA /Insurance Desk of Bank, [medicare@federalbank.co.in](mailto:medicare@federalbank.co.in), should be provided by way of email.
- **Document Submission for Claim Settlement on Reimbursement basis:** The self-attested copies of TPA ID Card, Employee ID Card, Aadhaar Card, PAN Card, etc., the Final Bill for settlement with detailed split up / break up details of the expenses, discharge summary, discharge advice memo, etc, all attested by the Doctor shall be submitted to the TPA or through our Bank.
- In case of delay in informing at the time of admission an intimation to the Support Desk of the Bank and the TPA that there is a claim under the

TPA ID, will help the Insurer/TPA in not rejecting the entire claim for the delay.

- Time limit for submission of documents.

Type of claim	Time limit for submission of documents to company/TPA
Where Cashless Facility has been authorised	Immediately after discharge.
Reimbursement of hospitalisation and pre hospitalisation expenses (limited to 30 days)	Within 30 (Thirty) days of date of discharge from hospital.
Reimbursement of post hospitalisation expenses (limited to 90 days)	Within 30 (thirty) days from completion of post hospitalisation treatment.

❖ **Grievance Redressal: Escalations of Rejected Claims:**

- ♦ In case of any grievance, the insured person may contact the Insurance Company through their Website: <https://nationalinsurance.nic.co.in/>
- ♦ **Post:** National Insurance Co. Ltd., Toll free: 18003450330, 6A Middleton Street, 7th Floor, CRM Dept., Kolkata - 700 071  
E-mail: [customer.relations@nic.co.in](mailto:customer.relations@nic.co.in)  
Phone: (033) 283 1742
- ♦ Insured person may / can also approach the **Grievance Cell** at any of the **branches** of the **Insurance Company** with the details of his grievance.



- ♦ **If the Insured person is not satisfied** with the redressal of grievance through any one of the above methods, he may contact the **Grievance Officer (Office in-Charge)** at that **location**. Please refer to the link, <https://nationalinsurance.nic.co.in/> for updated details of Grievance Officer.
  
- ❖ If the Insured is not satisfied with the decisions on his representations to the Insurer/TPA, he can before referring to Ombudsman represent to the Insurance Desk @ Bank with a copy to the FBROF.
  
- ❖ **Escalation to Ombudsman:** If Insured person is not satisfied with the redressal of grievance through any of the above approaches, the Insured person may also approach the office of Insurance Ombudsman of the respective Area/Region for redressal of grievance as per Insurance Ombudsman Rules 2017 (Annexure II). Grievance may also be lodged at IRDAI Integrated Grievance Management System - [https:// igms.irda.gov.in/](https://igms.irda.gov.in/). Details of Ombudsman for various states are provided in the last page of the Policy Document. (Refer to Federal Retirees Space)

### **Important Contact Details:**

#### **Third Party Administrator (TPA):**

##### **Registered Office :**

##### **Heritage Health Insurance TPA Pvt Limited**

Registered Office: McLeod House, 3 N. S Road,  
Kolkata - 700001, India. Ph.- **(033) 2248 2411**;

Fax - (033) 2248 0482; Email: [heritage\\_health@bajoria.in](mailto:heritage_health@bajoria.in);  
Website: [www.heritagehealthtpa.com](http://www.heritagehealthtpa.com):

**Corporate Office:**

**Heritage Health Insurance TPA Pvt Limited**

*NICCO HOUSE, 5th Floor, 2 Hare Street,  
Kolkata - 700001, India*

*Telephone No - 033 - 40145100;*

*Fax No - 033 - 22310285*

**Ernakulam Office:**

Chiramel Chambers, Kurisupally Road, Ravipuram,  
Kochi - 682 015.

Contact Numbers : **0484-4051199, 7736861944,  
7736861943, 0484-2634308;**

Email ID: federalbank.heritage@bajoria.in  
heritagecochin@bajoria.in

**Contact Desk of our Bank for Support/Assistance:**

medicare@federalbank.co.in

Tele Phone No. 0484 - 2634017/2634138.

**(Contact Person - Anand S, Manager: 98951 13134  
(Bank's Desk Officer - Presently)**

**Address of the Insurer**

**National Insurance Co. Ltd.**

H.O. : 3 Middleton Street, P.C. Sen Sarani, Kolkata - 700071

Phone: Toll free - 1800 345 0330

Phone: 033-22831705, 68110000, 25370070, 040-27700011

E-mail: faf@nic.co.in, customer.relations@nic.co.in,  
customer.support@nic.co.in

Website: nationalinsurancecompay.nic.co.in

- ❖ The above Contact Details of the **Insurance Company and the TPA could change every year**, if there is a change in the Insurer or TPA.
- ❖ Link to claim form for E-card or other downloads from **Heritage site: <http://223.31.103.204/HeritageTPA/HOME/downloadables.aspx>**

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