

TIPS FOR INSURANCE CARD HOLDERS

Process of Cashless Hospitalization

1. After your doctor has recommended admission, contact the admission counter and present your insurance card. They will advise you on how to proceed. The Insurance Card can only be used for inpatient admission which exceeds a minimum of 24 hours. It cannot be used for outpatient consultation / investigations. For some policies the card can also be used for day care procedures listed in the policy document modified
2. The ICICI Prudential preauthorization form needs to be duly filled by your doctor and you and the same is to be given to the Insurance coordinator at the hospital
3. Your form will then be faxed to ICICI Pru ClaimCare by the hospital. The decision on the pre-authorization request will be sent to the hospital by ICICI Pru ClaimCare within 6 hours. The case will be decided as per the policy terms and conditions
4. In case of enhancement request, the interim/final bill along with case/discharge summary needs to be faxed to ICICI Pru Claim Care. The decision on the same will be conveyed to the hospital in 6 hours
5. In some instances, more information may be required to take a decision on the pre-authorization request and the same will be conveyed to the hospital via fax. The hospital would need to revert to ICICI Pru ClaimCare, who would then give the final decision after evaluating the pre-authorization request.

The Pre-Authorization Process:

Step 1: Establish contact with the admission counter at the Hospital.

Step 2: At the admission counter, you need to present the original health insurance card issued to you by ICICI Prudential.

Step 3: Collect the pre-authorization form pertaining to ICICI Pru ClaimCare.

Step 4: Your pre-authorization will have two sections: -

- a) General details on the health insurance policy – to be filled in by you (the admission counter / ward secretary will assist you in case you have any difficulty)
- b) Pertains to the treatment recommended for you – needs to be filled in and duly signed by the doctor who is treating you (do not attempt to fill this section, contact the ward secretary in case of any difficulty).

Step 5: Return the complete form along with the photo i.d. proof to the ward secretary of the hospital. The ward secretary will verify the form for its completeness and let you know in case of any discrepancy.

Step 6: Once the form is completed in all respects, the Insurance Desk at the hospital will fax the form to ICICI Prudential ClaimCare.

Step 7: The Insurance Desk will revert to you on the decision

Frequently asked questions

Q1. What is Cashless hospitalization?

Cashless hospitalization is a facility provided by the Insurance Company wherein the policy holder can get admitted and undergo the required treatment without paying directly for the medical expenditure. The eligible medical expense, thus incurred, shall be settled by the Insurance Company directly with the hospital. The Cashless claim facility can be obtained only at the hospital listed in the network of the Insurance Company.

Q2. Do all Health Insurance Policies offer Cashless Hospitalization Facility?

Today, most health insurance policies do offer cashless hospitalization facility and route your policy through a Third Party Administrator (TPA). However you should be aware of the terms and conditions of the policy and the list of Network Hospitals and Non-Network Hospitals.

ICICI Prudential manages the cashless processes through an in-house claim management cell - ICICI Pru ClaimCare without the involvement of any TPA.

Q3. What is a Network Hospital?

Network Hospitals are those hospitals that have an agreement with the Insurance Company or the TPA for cashless hospitalization. In case of hospitalization, if you get admitted to a network hospital you will be eligible for cashless hospitalization wherein all expenses which are covered under your health policy are paid by the Insurance Company directly to the hospital subject to the terms and conditions mentioned in your policy being fulfilled. If you are admitted to a non-network hospital, you will have to settle the bills directly to the hospital and then seek re-imbursment as per your policy terms & conditions.

It is also important to understand the role of a hospital in cashless hospitalization, the hospital is only a facilitator and has no authority to approve or disapprove any request for cashless hospitalization.

Q4. What is Pre-Authorization?

Pre-authorization is a guarantee issued either by the insurance company or the service provider, specifying the value of the medical treatment that can be claimed under their health policy. To receive a pre-authorization, you need to submit duly filled Pre-authorization form.

Q5. What procedures should you follow to avail the facility of cashless hospitalization at Network Hospital?

Hospitalization happens under two circumstances – planned and emergency

Pre-authorization Form:

Every TPA or Insurance Company has a defined pre-authorization form which is given to all network hospitals. You need to fill the pre-authorization form from ICICI Prudential to avail cashless facility with our policies

Planned Hospitalization:

In the case of a planned admission, you will have to first consult a doctor who in turn will have to have advised you on the probable date of hospitalization. In such a case, you must apply for an approval of the estimated hospital expenses directly with your Insurance Company or TPA at least 4-5 days prior to the date of hospitalization. If you have not applied for a pre-authorization sufficiently in advance or if the treating doctor advises you to get hospitalized immediately after the consultation, the admission counter / ward secretary will assist you through the pre-authorization procedure.

Emergency Hospitalization:

In case of emergency hospitalization, the Insurance Desk will take up your case on a fast track basis with your Insurance Company / TPA and follow up the approval at the earliest. For cashless treatment it is mandatory for the hospital to have an approval from your TPA or Insurance Company. In case of delay while receiving the approval or when you cannot wait for receiving the approval owing to medical urgency, you can undertake the treatment by paying the necessary cash deposit and reimburse the same at a later stage.

Q6. What do I do if I do not get approval on my cost treatment till the time of discharge at the hospital?

Cashless hospitalization is linked to the approval of the estimated expenditure on your proposed treatment. If you do not get approval, you will need to bear the expenditure incurred on the treatment and then apply for reimbursement from the Insurance Company as per the terms and conditions of your policy.

Q7. Under what circumstance will the request for cashless hospitalization not be entertained?

Normally your request for approval might be rejected when:

1. Information contained in the pre-authorization form is insufficient for the claims processing team to arrive at a decision and further information is not available for various reasons.
2. However the chances of rejection under this criterion are rare since the Insurance Help Desk at the hospital is experienced in complying with pre-authorization formalities and will advise you suitably.
3. The ailment for which hospitalization is being sought by you is not covered under your insurance policy for reasons like pre-existing ailment, specific exclusions (accident admission under the influence of alcohol) or you have exhausted your eligible Medical insurance cover for the year.

Q8. What do I do if the actual medical expenses overshoot the pre-approved amount?

In case your hospitalization expenses exceed the pre-approved amount, you can approach the Insurance Help Desk to apply for an enhancement on the pre-approved amount. The Insurance Help Desk will apply for an enhancement on your behalf with the Insurance Company and provide the necessary documentation. If you have not exhausted your medical insurance limit, it is most likely that the Insurance Company will approve the application for the enhancement as per your policy terms & conditions. If the request for enhancement is rejected, you can pay the bills at the hospital and then go for reimbursement as per your policy terms & conditions

Q9. What is a Reimbursement Claim?

In case of a reimbursement claim, the policy holder pays the expenses (which otherwise can be claimed under his / her Health policy) himself / herself with the hospital and then claims for a reimbursement of those expenses from the Insurance Company by providing necessary documentation.

Q10. What are the documents required for a Reimbursement Claim?

In case of a Reimbursement Claims the below documents need to be submitted:

- Duly filled and signed Claimant Settlement Form
- Photocopy of Policy Certificate
- Copy of Health Card (optional)
- Attending Doctor's Certificate
- Discharge Card / Discharge Summary
- Admission Notes / Indoor Case Papers
- Hospital / Pharmacy / Doctor Bills

Q11. Does cashless hospitalization cover all medical expenses?

For complete details on the medical expenses that are covered, and those that are not covered you need to go through your health insurance policy. However, in general, the expenses listed below are not reimbursable under cashless hospitalization.

- Registration / Admission Fee
- Telephone Charges
- Visitors / Attendee's Charges
- Ambulance Charges
- Charges for Diet [which is not part of the administered treatment]
- Document charges / Medical Legal Certificate
- Toiletries
- Non-Medical Expenses
- Service Charges / Surcharge
- Tena Pads / Diapers / Nebulizers Mask / O2 Mask, etc which falls on medicines category.

These need to be settled by you directly to the hospital at the time of discharge.

Q12. In case of cashless hospitalization, what are the documents the hospital requires from me at the time of discharge?

All the original documents including bills, lab reports, discharges summary and claim form. All the original documents duly signed by you need to be submitted to the hospital.

Q13. What is the validity of the approval taken on the pre-authorization?

Any pre-authorization taken from ICICI Prudential is valid for 3 days.

Q14. Will this authorization be for all expenses made for the recovery of the ailment?

Authorization Letter will be for the eligible expenses from the Date of Admission till the Date of Discharge. Any other expenses before or after the hospitalization needs to be borne by the customer

Toll Free Call Centre: 1800 – 103 – 6363 Timings: 24x7

Toll Free Fax Number: 1800 – 103 – 4778

“Insurance is the subject matter of the solicitation”

© 2009, ICICI Prudential Life Insurance Co. Ltd, ICICI Prulife Tower, 1089 Appasaheb Marathe Marg,
Prabhadevi, Mumbai-400025, Reg No: - 105

Comp/doc/Nov/2009/561