

Health Claims - Document Reckoner

Mandatory Requirements for Critical Illness Claims

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|-----------------------------|----------------------------------------------|--------------------------------|------------------------------------|--------------------------------------|
| Original Policy Certificate | Duly Filled & Signed Claimant Statement Form | Attending Doctor's Certificate | Discharge Card / Discharge Summary | Admission Notes / Indoor Case Papers |
|-----------------------------|----------------------------------------------|--------------------------------|------------------------------------|--------------------------------------|

Event Specific Requirement

| Documents / Reports Required | Critical Illness Claim | | | | | | Death Claim | | Total Permanent Disability |
|---------------------------------------------------------------------|------------------------|--------------------|--------|--------|----------------|-----------------------------|----------------|------------|----------------------------|
| | Heart Attack | CABG / Angioplasty | Stroke | Cancer | Kidney Failure | Other Critical Illness | Non-Accidental | Accidental | TPD |
| ECG Reports & 2 D Echo | ✓ | ✓ | | | | CALL CLAIMS HELPLINE | | | |
| Coronary Angiogram | | ✓ | | | | | | | |
| Cardiac Enzymes (CPK-MB, Troponin) | ✓ | | | | | | | | |
| MRI / CT Scan | | | ✓ | ✓ | | | | | |
| Histopathology / Biopsy/ FNAC / TNM | | | | ✓ | | | | | |
| Ultra sound | | | | | ✓ | | | | |
| Surgery notes of Transplant (if applicable) | | | | | ✓ | | | | |
| Haemodialysis & Renal Function Tests | | | | | ✓ | | | | |
| Physical Deformity Certificate / Questionnaire from Treating Doctor | | | | | | | | | ✓ |
| Death Certificate issued by Treating Doctor & Local Authority | | | | | | | | ✓ | ✓ |
| Medico-Legal Cause Of Death / MLC | | | | | | | | ✓ | ✓ |
| FIR, Panchnama, Post Mortem | | | | | | | | | ✓ |
| Photo I.D. & Address Proof | | | | | | | | ✓ | ✓ |

Note: Additional Requirements may be triggered in special circumstances

All health claim documents received at Branches to be uploaded in Omnidocs and call to be logged in SPAARC under CT - Health and ST - Health Claims

Post upload on Omnidocs, Critical Illness documents needs to be dispatched to Health Claims Cell on the same day

Please refer Knowledge Mine and Lumini for Claimant Statement Form, ECS mandate and formats for Treating Doctor's Certificate, Family Doctor's Certificate

Details

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|--------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|
| Critical Illness Product | Health Assure, Health Assure Plus, Cancer Care, Cancer Care Plus, Diabetes Care, Diabetes Care Plus, Diabetes Care Active, Diabetes Assure, Crisis Cover |
| Death Benefit available: | Health Assure Plus, Crisis Cover, Diabetes Care Plus, Diabetes Care Active (if opted for Death Rider) |

TAT Critical Illness Claims: 15 Calendar Days from the last received document

Claims Helpline

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|  <p>24*7 ClaimCare Cell (Toll Free): 1800 - 103 - 6363</p> <p>For all query resolutions on claims: Touch points to contact the above cell</p> |  <p>SMS</p> <p>ICLAIM <XXXXXXXX> to 56767</p> <p>(8 digit policy no.)</p> |  <p>For any query /clarification</p> <p>Please write to us: healthclaims@iciciprulife.com</p> <p>(Only for Branches) Reply within 24 Hours</p> |  <p>For Reconsideration/ Grievances Call - 022-66274709</p> <p>Mon to Friday 10 am to 6 pm (Only for Branches)</p> |
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