

**ਪੰਜਾਬ ਨੈਸ਼ਨਲ ਬੈਂਕ**  
**punjab national bank**

**HUMAN RESOURCES MANAGEMENT DIVISION,  
HOSPITALISATION CELL**

(PHONE [011-28075345](tel:011-28075345)-[emailid-hrdhospitalisation@pnb.co.in](mailto:emailid-hrdhospitalisation@pnb.co.in))

**HRMD CIR. NO. 458**

**June 27, 2019**

**TO ALL OFFICES/RETIREES.**

**REG:IBA'S GROUP HEALTH INSURANCE POLICY - 2018-19 - SUBMISSION OF CLAIM DOCUMENTS TO TPAs.**

We have been informed by Raksha TPA that the claim documents are not being submitted by the serving employees within time frame fixed by the United Insurance Company i.e. within 15 days of discharge from the Hospital. Most of the claims have been kept pending/made non payable by the TPAs due to non receipt of approval from United India Insurance Company.

In view of the above, we reiterate the instructions contained in our HRMD Circular No. 448 dated 20.02.2019. All staff members / Retirees are advised to go through the same and ensure to adhere time schedules strictly as given in the said Circular/Policy documents to avoid repudiation of their claims.

SN	AS PER PREVIOUS POLICY PERIOD	AS PER NEW POLICY FROM 01.10.2018 TO 30.09.2019	
1.	Room Rent per day Rs. 5000/-	Room Rent per day Rs. 4000/-	
2.	In previous policy there was no requirement of valid GST Bills / Receipts/Cash Memos etc.	In new policy Expenses on purchase of medicine supported by bills/ receipts/ cash-memos <b>with valid GST No.</b> of the issuer of such bills/ receipts/ cash-memos are necessary as per clause 4.12.	
3.	Notice of Communication: Upon the happening of any event which may give rise to a claim under this Policy notice with full particulars shall be sent to the Bank or Regional Office or THIRD PARTY ADMINISTRATOR named in the schedule at the earliest in case of emergency hospitalization within 7 days from the time of Hospitalization/Domiciliary Hospitalization	<b>Notification of claim:</b> Upon the happening of any event which may give rise to a claim under this policy, the insured person/insured persons\'s representative shall notify the TPA in writing by letter, e-mail, fax providing all relevant information relating to claim including plan of treatment, policy number etc. with the prescribed time limit.	
<b>Notification of claim in case of Cashless facility</b>		<b>TPA must be informed</b>	
In the event of planned hospitalisation		At least 72 hours prior to the insured person's admission to network provider /PPN hospitals.	

		In the event of emergency hospitalisation	Within 24 hours of the insured person's admission to network provider/PPN hospital.								
		<b>Notification of claim in case of Reimbursement</b>	<b>TPA must be informed</b>								
		In the event of planned hospitalisation	At least 72 hours prior to the insured person's admission to hospital								
		In the event of emergency hospitalisation	Within 24 hours of the insured person's admission of hospital.								
4.	All supporting documents relating to the claim must be filed with the office of the Bank dealing with the claims or <b>THIRD PARTY ADMINISTRATOR</b> within 30 days from the date of discharge from the hospital. In case of post-hospitalization, treatment (limited to 90 days), (as mentioned in para 2.32) all claim documents should be submitted within 30 days after completion of such treatment	<p>In the event of claim lodged as per Settlement under multiple policies clause and the original documents having been submitted to the other insurer, the company may accept the duly certified documents listed under condition 5.6.4 and claim settlement advice duly certified by the other insurer subject to satisfaction of the company.</p> <p><b>Time limit for submission of documents:</b></p> <table border="1"> <thead> <tr> <th><b>Type of Claim</b></th> <th><b>Time limit for submission of documents to company / TPA</b></th> </tr> </thead> <tbody> <tr> <td>Where Cashless Facility has been authorised</td> <td>Immediately after discharge.</td> </tr> <tr> <td>Reimbursement of hospitalisation and pre hospitalisation expenses (limited to 30 days).</td> <td><b>Within 15 (Fifteen) days</b> of date of discharge from hospital.</td> </tr> <tr> <td>Reimbursement of post hospitalisation expenses (limited to 90 days)</td> <td><b>Within 15 (Fifteen) days</b> from completion of post hospitalisation treatment.</td> </tr> </tbody> </table>		<b>Type of Claim</b>	<b>Time limit for submission of documents to company / TPA</b>	Where Cashless Facility has been authorised	Immediately after discharge.	Reimbursement of hospitalisation and pre hospitalisation expenses (limited to 30 days).	<b>Within 15 (Fifteen) days</b> of date of discharge from hospital.	Reimbursement of post hospitalisation expenses (limited to 90 days)	<b>Within 15 (Fifteen) days</b> from completion of post hospitalisation treatment.
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5.	<b>Note:</b> Waiver of these Conditions 5.4 and 5.5 may be considered in extreme cases of hardship where it is proved to the <b>satisfaction of the Bank</b> that under the circumstances in which the insured was placed it was not possible for him or any other person to	<b>Note:</b> Waiver of this condition may be considered in extreme cases of hardship where it is proved to the <b>satisfaction of the Company</b> that under the circumstances in which the insured was placed it was not possible for him or any other person to give such notice or file claim within the prescribed limit.									

<p>give such notice or deliberate or file claim within the prescribed time-limit. The same would be waived by the TPA without reference to the Insurance Company.</p>	
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**6. In clause 5 (5) of the policy, i.e. regarding scrutiny of claim:**

<p>In case of shortfall of required documents, the Third Party Administrator would directly mail/send a letter to the officer/employee with a copy to the broker/bank for submission of such necessary document. Three reminders to be sent at an interval of 15 days seeking the required document. The fourth reminder being a final notice giving 20 days time for submission shall be sent to the officers/employee with a copy to representative placed in the Bank/broker. In case the documents are not received within 30 days of issuance of 4<sup>th</sup> reminder, the Third Party Administrator shall treat the claim as closed. The claim file can be reopened by the TPA with the approval of the insurer subsequently on submission of necessary documents by the claimant provided the same is informed to the insurer.</p>	<p>If the deficiency in the necessary claim documents i e., shortfall in documents raised by the TPA is not met or are partially met in 10 working days of the first intimation, the TPA will send a maximum of 3 (three) reminders. There after the claim will get closed. The Insurance Company at their sole discretion, decide to deduct the amount of claim for which deficiency is intimated to the Insured Person and settle the claim, if they observe that such a claim is otherwise valid under the Policy.</p>
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All concerned are advised to inform TPA as per Sr. No. 3 above invariably, and ensure to submit their claims as per Sr. No. 4 above i.e. **within 15 days**. For details please refer to Insurance Policy document issued by the United India Insurance Company.

**V.SRINIVAS  
DY. GENERAL MANAGER**