

Guidelines For Cashless Hospitalization

Procedure for Hassle Free Cashless admission of RGICL policy holders at authorized/ network hospitals:

- 1) **PHOTO IDENTIFICATION:** Must be collected from the patient for every admission & faxed to RCare Health either as
 - **RGICL Photo ID Card**
 - OR
 - **Other Photo Identification proof: (Any One)**
 - a) **Adults:** Driving License, Voter ID Card, passport, Election Card, Government Employee Card, PAN card.
 - b) **Children:** Photo ID of school/ junior college or passport.

- 2) **POLICY COPY:** It forms an important document of confirmation of member being a covered under insurance. Hence wherever possible, please fax the copy of the policy along with the request for authorisation.

- 3) **REQUEST FOR AUTHORIZATION LETTER (Only in specified format by RCare Health*):** Needs to be filled in detail as all the information requested is mandatory & also to avoid additional information request in form of QUERY LETTERS. A few examples of necessary information are highlighted below:
 - a) Correct information of Insured like name, age, gender & contact number.
 - b) Group Mediclaim policy: Copy of Employee ID with Date of joining the company should be mentioned.
 - c) Date of Admission with Intimation Number.
 - d) Chief Complaints along with Provisional Diagnosis.
 - e) Line of Treatment supporting diagnosis.
 - f) Past History of Chronic Illness with duration.
 - g) Estimated Cost of Hospitalization: Break up of charges for hospitalization expenses.
 - h) Copy of Investigation Reports supporting diagnosis.
 - i) In case of Accident – Please send the copy of MLC or FIR.
 - j) Left Thumb impression/ Signature of insured/ signature of guardian on the form.
 - k) Signature & Stamp of treating doctor & hospital.

- 4) **REQUEST FOR ADDITIONAL AMOUNT/ ENHANCEMENT:** In case, expenses are likely to increase the authorized amount, ADDITIONAL REQUEST FORM (only in RCare Health Format*) can be sent mentioning the details of expenses & stating the present condition of the patient.

- 5) **ANY DEVIATION/ CHANGE FROM DETAILS SUBMITTED AT THE TIME OF INITIAL APPROVAL:**
 - a) **Date of Admission:** Immediate intimation regarding any of such changes must be sent to RCare Health failing of which the authorization might not stand valid.
 - b) **Line of Treatment/ Diagnosis:** From conservative to surgical or vice-versa, immediate intimation required so as to avoid grievances regarding non-coverage of expenses (If any).
 - c) **Class of Accommodation:** Any up/ down gradation from the entitled class of accommodation in authorisation shall be intimated immediately along with supporting reasons for the same.

- 6) **NON UTILIZATION OF AUTHORISED AMOUNT/ ADDITIONAL AUTHORISED AMOUNT:** Before the discharge of the patient, intimation should be made regarding non-utilisation of authorised amount so that necessary documentation & verification can be done regarding the same.

- 7) **CO-PAYMENT:** Details about part payment/ co-payment/ refund should be clearly mentioned on final bill.

- 8) **SUBMISSION OF INDOOR CASE PAPERS:** For claims above ₹1lac or on request.

- 9) **SIGNATURE & THUMB IMPRESSION OF THE PATIENT:** Authorisation letter & final bill must be signed by the patient/ claimant prior to discharge from the hospital.

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Insurance is a subject matter of solicitation. IRDA of India Registration No. 103.

R Care Health: Reliance General Insurance, No.1-89/3/B/40 to 42/ks/301, 3rd floor, Krishe Block, Krishe Sapphire, Madhapur, Hyderabad 500081.

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