

TPA / INSURANCE CASHLESS GUIDELINES

A. CHECK EMPANELMENT:

Before admission please confirm with our TPA desk whether your Insurance company/ TPA is empanelled with Sir H. N. Reliance Foundation Hospital and Research Centre for cashless facility.

If not, you can still avail the Hospital services and proceed for reimbursement.

B. BEFORE ADMISSION:

Collect your respective Cashless Insurance form from our TPA desk

Submit below Documents:

1. Insurance form duly filled by doctor & patient/legal representative
2. Valid TPA Card/Insurance Policy
3. Govt. issued ID proof (Aadhar, PAN, Voter Id, Passport)
4. Employee ID Card (For Corporate Policy holders)
5. Doctor's admission note
6. Relevant medical documents - Latest Investigation reports & Doctor prescriptions
7. MLC/FIR & Incident report (if applicable)
8. Duly filled and signed KYC form along with 1 passport size photo and copy of ID proof of the proposer - Main insured (Please note that this requirement is form the TPA/Insurance Co).

C. AT ADMISSION:

In case of partial approval, the difference between the estimate and the approved amount will be payable by the patient.

In case of query/no approval confirmation/denial of cashless, patient will pay the entire admission deposit/ surgical estimate.

D. DURING YOUR STAY:

Enhancement - In case of long stay or Bill beyond initial estimation, the TPA desk will forward the case for enhancement of pre-approved amount. Please approach TPA desk to intimate any such medical updates or change in plan.

E. AT DISCHARGE:

The Insurance Company may take 4 - 6hrs for final approval.

In case of Query by insurer, the discharge time will be further extended till final approval.

Kindly cooperate with us for the same

F. BILL SETTLEMENT:

- The difference between final approved amount and final bill amount is payable by the patient.
- Non-Medical items excluded as per IRDA guidelines, Co-Payment, bed eligibility related proportionate deductions and other deductions as per the terms and condition of the policy of patient are payable by the patient (Irrespective of final approved amount mentioned in the final approval letter.)
- 10% of final approved amount will be collected as security deposit which will be adjustable against any short payment made by the TPA at the time of final settlement/payment.
- In case the TPA revises the final approval post discharge of patient and reduces final approved amount then the difference between both final approval is payable by the patient.
- In case of denial, entire payment will have to be settled at discharge. Hospital will not be responsible for any cashless denials/deductions.

G. REFUND:

- Excess of admission deposit will be refunded within 10 working days post discharge.
- Security deposit will be refunded ONLY after receipt of Final Approved amount ALONG with settlement letter from the TPA/Insurance Co. In case the deduction is more than security deposit then the balance amount is payable by the patient.
- Please provide your cancelled cheque copy & PAN No. for refund process through RTGS/NEFT transfer.

H. PRIVACY DECLARATION

- I, the undersigned hereby authorize Sir H.N. Reliance Foundation Hospital and Research Centre and/or its representative to release my medical documents to Government agencies, Insurance companies/TPA or others who are financially liable for my hospitalization.

I. CONTACT DETAILS:

TPA desk, Admission Hub
1st floor Tower building
Email: rfh.tpa@rfhospital.org
Phone No: 1800221166 (ext-8114/8115)

Patient ID:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Bed No. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Name of Patient or Legally Authorized Representative		
Relationship with Patient		
Patient or Legally Authorized Representative Sign	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DD MM YYYY	