

PROCEDURE FOR REIMBURSEMENT OF MEDICAL CLAIMS FOR KWA Employees

1. Duly filled in Claim Form of respective insurance company (Form A only needed with contact number)
2. Copy of Member Insurance ID Card.
3. Copy of Govt. ID Proof of the patient.
4. Cancelled Cheque of Main Member **OR** Front page copy of employee's bank pass book with IFSC.
5. Original detailed Discharge Summary with Doctor seal and signature. Need Date and time of Hospital Admission and Discharge.
6. Original investigation reports including Lab reports, X- ray films, ECG, Scan reports etc. with hospital seal and signature.
7. Original Hospital Bills - consolidated with detailed breakup with the seal and sign of the hospital with cash **paid seal**. (in case of any advance paid to hospital, its receipt to be attached.)
8. In case of surgical packages – detail breakup of the package.
9. Pharmacy bills and breakup with seal and sign of hospital.
10. Prescriptions if any.
11. In case of hospitalization due to accident, copy of MLC / FIR. There is no MLC/FIR kindly submit Self declaration Letter of patient.
12. Medical Reimbursement Claim has to be submitted within **28 days from the Date of Discharge**. If exceeds **28 days, attach a Delay in Submission Note stating the reason with the counter signature** of controlling officer along with the Claim Documents. (Submission letter should be write in English)
13. In case of cataract surgery, **IOL sticker(original)** and **A scan report (original)** to be attached. Break up bills also needed. **Copy IOL Invoice is Mandatory**
14. In case of cardiac surgery, **invoice copy of stent and sticker (original)** also **Mandatory**.
15. In case of orthopaedic surgery, **invoice copy of implant and sticker (original)** also **Mandatory**.
16. In case of Pregnancy claim kindly mention the **GPLA Status** in the Discharge Summary.

Please note that claims pertaining to investigation purposes alone are not eligible for reimbursement/cashless purpose

Contact Address :
Family Health Plan Insurance TPA Ltd-FHPL, TC 83/840,
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