

IMPORTANT INFORMATION FOR PRIVATE CASHLESS PATIENTS

1. For delivery cases the patient should enquire from TPA whether **maternity benefit** is included in his/her policy. If maternity benefit is not included in the policy, then cashless facility will not be given.
2. One needs following documents for cashless approval.
 - i) **Doctors prescription.**
 - ii) **Ultrasound report.**
 - iii) **Personal ID (Xerox copy) signed by patient.**
 - iv) **Corporate ID (Xerox copy) signed by patient.**

The above documents and a **preauthorization form** issued by TPA (available at reception counter) will have to be filled up by the i) **Patient Party** ii) **Hospital (both)** which will be sent to TPA for cashless approval. The hospital doesn't approve cashless treatment. It is the **TPA which approves or disapproves cashless treatment** and the hospital follows it. If the TPA doesn't approve cashless treatment, the hospital can't help the patient in this regard and hospital should not be blamed for this. In this case the patient party is advised to take the final bill after payment at the reception. They can produce the bill to the concerned TPA for reimbursement.

IMPORTANT MESSAGE :-

IN CASE THE CASHLESS FACILITY IS NOT ALLOWED BY TPA/INSURANCE COMPANY, IT IS NOT THE DENIAL OF TREATMENT OR CLAIM. THE CLAIM CAN BE SUBMITTED FOR RE-IMBURSEMENT, FOR SETTLEMENT ON ITS MERITS.

3. For **Elective Admission (planned)**, the above said papers should be produced to the reception counter **3-4 days in advance** of admission .
4. For **emergency admission** documents can be produced **same day**.
5. The type of accommodation provided by hospital will depend upon type of insurance policy & approval by TPA.
6. The accommodation in the hospital as approved by TPA is

Days of Stay

| | | |
|-------------------------------|----------|---------------------------|
| ➤ Normal delivery | : | 2 days |
| ➤ Caesarean Section | : | 4days |
| ➤ Other open surgery | : | 3-5 days |
| ➤ Laparoscopic surgery | : | 2-4 days |
| ➤ Day care | : | Same day discharge |

7. If the accommodation of a patient exceeds from the above said days, the hospital will demand extra charges for extra stay from TPA and will send the form of request letter to TPA. If the TPA approves it, well and good. If the TPA doesn't approve it, the patient party has to pay it depending on the number of extra days he/she stayed in the hospital.

This will include :-

- **Room charges.**
- **Doctor visit charges.**
- **Cost of drugs.**
- **Nursing charges**
(Calculated on per day basis)

8. In the normal circumstances the (i) **Well baby care charge** and (ii) **Pediatrician visit charges** are not covered by TPA. The patient party has to pay for it. This will not be reimbursed by TPA.

9. **The Charges which the patient party has to pay to the hospital , not allowed by (a) TPA (b) IRDA are as following :-**

- i. Admission / Registration Charges
- ii. Luxury Charges
- iii. Service Charges, Nursing Charges
- iv. Baby Care Charges
- v. Baby cot Charges
- vi. Baby Medication Charges
- vii. Pediatrician Visit Charges
- viii. **The Drugs/ items not related to the treatment of patient like**
 - a) Sanitary Pads
 - b) Baby wipes / diapers
 - c) Nasal drops
 - d) Ear drop
 - e) Baby Food/ Horlicks
 - f) Cough Syrup / Tab.
 - g) Drugs related to Diabetes/ Insulin etc.
 - h) IV set, Venflon, Easy Fix, dressing pads, micropore etc.
- ix. **Any investigation / drugs not related to the primary treatment** for which the patient is admitted.
- x. Stem Cell Collection.
- xi. Tubectomy Operation

The charges which are listed in **No : 8 & 9** are charges which are not approved/paid by TPA or IRDA to the hospital. These are to be recovered by the hospital from the patient. For this , the hospital takes a **consolidated amount** from the patient which varies from case to case. The patient is required to enquire this from the reception counter.

10. **Copay :-** In some cases , the TPA in their authorization letter mentions about **copay**. Copay is the amount the patient has to pay to the hospital in addition to consolidated amount mentioned above. It varies from 10-50 % which means that the patient has to pay 10-50% (exact percentage will be mentioned in the authorization letter) of the total final hospital bill to the hospital . The hospital has no role in it. It depends upon the type of policy the patient has done with TPA.

11. **Maximum Sublimit :-** Due to earlier treatments or some other reasons, the patient's maximum sublimit gets reduced.

Ex :- Suppose patient has a policy of Rs 50000 /- & he has exhausted Rs 30000 /- during earlier treatments. So his maximum sublimit for current treatment is Rs 20000 /- which is the maximum amount Insurance company will pay to the hospital.

This maximum sublimit is **not known to the hospital**. This is known only to Insurance company & the patient. If the patient or the Insurance company do not tell this maximum sublimit to the

treating Hospital during admission and initial approval from Insurance company, the hospital is not responsible for this.

Ex :- In the earlier example, if the patient's cost of treatment in the hospital is Rs 30000/- then patient has to pay Rs 30000.00-Rs 20000.00 = Rs 10000.00 to the hospital as the Insurance company will pay only Rs 20000 /- to the hospital.

12. **Original bill / Xerox Copy should not be demanded by patient party** because this will be sent to TPA as this is the property of TPA & the patient party is not paying (cashless treatment) for it. The patient party can get this information directly from the TPA.

13. **Original Papers like**

- Prescription
- Ultrasound Report
- Discharge ticket etc.

will be sent to TPA for payment to the hospital . So Xerox copy of above said things will be provided to the patient during discharge.

14. One has to understand that **cashless treatment does not mean 100% cash free treatment.**

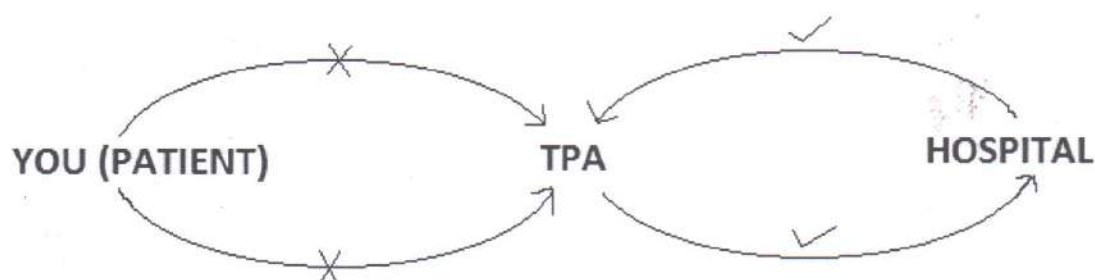
15. Before discharge of the patient ,the hospital will send the bill of final approval of money to the concerned TPA. The patient will be discharged only after the hospital gets the final approval from the TPA. No undue request should be made to the hospital in this regard for early discharge.

16. Patient's/Representative's signature on the final bill is mandatory , otherwise cashless approval will be cancelled by the TPA/insurance company. So hospital will not be able to provide cashless service to the patient. In this case the patient has to pay the entire hospital bill amount.

17. The medicines mentioned in the discharge ticket will not be provided by the hospital free of cost as this is not included in the agreement between TPA & hospital. The patient has to buy them at his/her own cost.

18. If the electricity supply to the hospital is cut off due to some reason or the voltage is low, the A. C. will not operate. The A.C. in the room will not run with hospital generator.

RELATION



The above picture shows that the terms and conditions you have with TPA / agent during making the insurance policy , neither the hospital knows it , nor they are valid during the treatment here if at all there are any differences between those terms, conditions & the agreement between TPA and Hospital.

We only know the terms and conditions between the hospital & TPA and they will only be valid during your treatment in this hospital as cashless customer. You are free to clarify any query you have during your treatment at the hospital reception counter.

At last your kind co-operation is highly solicited for your smooth stay & treatment in this hospital.

Director

Sriram Hospital, Balasre

To visit our website : www.sriramhospital.co.in