

WELCOME TO PARAMOUNT HEALTH SERVICES - YOUR LINK TO GOOD HEALTH

Dear Insured,

Paramount welcomes you and your family to a brand new experience in Insurance healthcare services.

PHS in alliance with your insurance company would initiate a vibrant new dimension to health insurance servicing in India.

Paramount Health Services (PHS) a premier Third Party Administrator (TPA) is happy to manage your health care policy and will be your LINK TO GOOD HEALTH .

PHS is a TPA, licensed by The Insurance Regulatory and Development Authority of India (IRDA).. Paramount Health is a Managed Care Service organisation providing innovative services towards healthcare requirements. Set up in 1996, Paramount began by unfolding its Third Party Administration (TPA) services at a time when the concept of TPA itself was in a nascent stage. This characteristic of venturing into services unthinkable till today has been deeply ingrained in every fiber of Paramount Health.

PHS has strived over the years to provide hassle free service with the assurance and security that you need in times of difficulty. We wish you a HAPPY HEALTH, should you require any further assistance do write to us at: **contact.phs@paramounttpa.com**

Wishing you the best

Paramount Health Services

IMPORTANT INSTRUCTIONS

- a) When you first receive your card, check the information carefully. If there are any errors write to us at: **contact.phs@paramounttpa.com**, or contact us immediately.
- b) Please quote your PHS Identity Card Number in all your correspondence and claims forwarded to us.
- c) Identity Card along with Authorization letter issued by PHS will allow you access I network hospitals for cashless treatment as per the terms and conditions of your Insurance Policy. Always contact PHS 24 x 7 helpline to assist you prior to arranging any healthcare services.
- d) PHS shall not be responsible for availability, quality and clinical outcome of the treatment, selection of network or non network hospital is a prerogative of the Insured.
- e) In case of loss of PHS I.D. Card, duplicate will be issued at an additional charge of Rs. 50/- per card.

SCOPE OF SERVICES

- a) Issuance of Identity Card for every insured.
- b) Answering queries pertaining to your policy.
- c) Arrangement for cashless access to PHS network hospitals.
- d) Processing and payment for Insured paid claims

YOUR ID CARD

It is not a Credit Card but an Identity Card which will identify you as the Insured and will give access to the Network Hospitals of PHS across INDIA.

Secure your ID card and carry it with you at all times. Quote your ID Card Number and the Insurance Company name when you call PHS 24 Hours Toll Free Help Line.

Information about PHS Hospitals Network

PHS has created a Network of Healthcare Providers consisting of reputed Hospitals, Nursing Homes, and Healthcare Centers across the country wherein cashless hospitalisation can be availed in times of need (subject to terms and conditions of your Policy).

A comprehensive list of the Provider Network has been provided in this booklet. The Provider Network is subject to addition / deletion, we request you to refer to our website www.paramounttpa.com under utilities section - provider network for the latest provider network in your state / city.

If you still have any queries, contact PHS Helpline. PHS urges you to choose a Network Provider for maximum benefit and hassle free service.

Intimation to PHS and obtaining pre authorization for medical treatment is mandatory in Network as well as Non-Network Hospitals.

How to avail cashless facility

The Four Golden Steps

Step One: Obtain the Medical details of your ailment from treating doctor

For all hospitalisation, insured has to give prior intimation (before admission) in the prescribed format to PHS 24-hours helpdesk. In case of any elective hospitalization, intimation should be preferably 48-72 hours before hospitalization. This form can also be downloaded from our website www.paramounttpa.com

Step Two: Call-up and Fax

CALL US and FAX a request form for cashless admission in the network hospital to PHS along with all necessary medical details like investigation reports / tests, which can confirm the diagnosis and enable PHS to verify your coverage eligibility as per the policy terms and conditions.

Step Three: Get the Pre-Authorization

PHS will issue an Authorization Letter (AL) post verification of your documents. AL is a payment guarantee for cashless services to be rendered by the network hospital for your medical treatment

For all hospitalization (Elective or Emergency) it is mandatory for the insured to obtain prior approval from PHS in the form of Authorization Letter to enjoy cashless facility.

Step Four: Avail of the Cashless Hospitalization

Insured are requested to approach the Admission / Reception Counter of the hospital on the day of admission with the Authorization Letter and your ID Card.
(PHS will also arrange to send Authorization Letter to the Hospital.)

When Cashless Access to Hospital can be denied

- In case of admission to network hospital without prior intimation to PHS helpdesk
- In case sufficient information in the prescribed format is not given.
- In case of vague symptoms when medical team of PHS is not sure of eligibility under the coverage due to inadequate medical information, pre-authorization for cashless can be denied.

The denial of cashless facility does not mean denial of treatment and does not in any way prevent you from seeking necessary medical attention or hospitalization

However insured's are requested to take note of:

- Register/reserve your admission as per the selected hospital's procedure for admission.
- Admission at network hospital is subject to availability of bed.
- Cashless facility is always subject to your policy terms and conditions.
- The policy does not cover the following expenses
 - Telephone/Fax
 - Food and Beverages for relatives
 - Toiletries etc.
 - And any other charges not covered in you policy.
- Cost of such services has to be borne by you and paid directly to the Hospital before discharge.

In case of Emergency Hospitalization

In case of emergency insured should approach the network hospital with the ID Card for admission. The Insured / Relative of insured must intimate to PHS helpdesk in the prescribed format, within 48 hours of admission for issuance of Authority Letter. PHS will verify the policy terms and conditions and issue Authorization Letter or deny the same. In case PHS helpdesk is not intimated, hospital will follow their normal procedure of collection of charges from the patient / insured.

Hospital Discharge procedure for Patient / Insured's

- The Insured at the time of discharge should check and authenticate all the bills by signing each one of them.
- Give Xerox copy of your policy at the hospital billing counter.
- Signed claim form to be given at the hospital billing counter.

Submission of claim documents

The Insured should submit all the following documents and reports in original within 7 days of discharge

- o Duly Signed Claim Form in Original
- o Policy Photocopy and your ID card number (on the policy photocopy).
- o Original Hospital Bill / Payment Receipt
- o Original Discharge Summary / Card
- o All original investigation reports / X rays films / ECG etc.
- o Original Bills and receipts for investigations along with Doctors prescriptions
- o Original Bill of Pharmacy, Laboratories along with corresponding original prescription duly endorsed by the treating doctor.
- o In case of Surgeons / Consultants bill, kindly insist on a stamped, preferably numbered receipt
- o Your telephone No / Mobile No / Email I.D. for future correspondence.

Treatment in Non-Network Hospital

In case the insured chooses to get treated in a Non-Network Hospital PHS will reimburse you the amount of expenses subject to the terms and conditions of the Policy. In such cases Insured has to forward all the relevant reports and documents (mentioned above) , in original, as stipulated herein above to PHS to obtain reimbursement of eligible claim. Intimation to PHS is must even in the case of treatment in Non-Network Hospital.

Reimbursement of Pre/Post Hospitalization

Relevant medical expenses incurred before admission and after discharge from the hospital will be reimbursed as per the Policy terms. Prescriptions and bills / receipts of such services should be submitted to PHS along with the duly signed claim form.