



BHARAT ELECTRONICS LIMITED
CORPORATE OFFICE
HUMAN RESOURCES & EMPLOYEE RELATIONS

No. 17556/821/HOA

10th May, 2010

MEMO

Sub: BEL Retired Employees Contributory Health Scheme (Revised)
Ref: Office Order No.HO/821/035 dated 13.09.2004.

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- 1.0 The Group Medclaim Policy for hospitalization of BEL Retired Employees' has been awarded to M/s. United India Insurance Company Limited (UIICL), Divisional Office II, No.2, Narasimharaja Square, Bangalore-560 002. (Phone No. 22224674 / 22210316/ 22210885) for a period of one year from 01.04.2010 to 31.03.2011.
- 2.0 The Group Medi-claim Policy No. is 500400/48/10/41/00000014. This Policy covers all Pre-existing diseases, first year exclusions like cataract, hernia etc., as per standard medclaim Policy and waiver of 30 days waiting period.
- 3.0 Further, the United India Insurance Company Ltd., has appointed a Third Party claim administrator viz., M/s United Healthcare India (Private) Limited for providing necessary service and settling all hospitalization claims. M/s. United Health care is based at Mumbai and has Offices located in various parts of the country viz New Delhi, Bangalore, Chennai, Hyderabad, Kolkata, Ludhiana, Ahmedabad, Jammu, Srinagar, Surat, Kochi, Pune, Indore & Jaipur.
- 4.0 M/s United Healthcare India (Private) Limited has empanelled about 2500 hospitals in their network throughout India out of which about 175 hospitals are in Bangalore and around 200 in Delhi where they can provide CASHLESS SERVICE. The list of hospitals empanelled by M/s United Healthcare India Pvt. Ltd are being mailed to Unit HR Heads for their reference and onward transmission to the retirees.
- 5.0 M/s. United Healthcare India Pvt. Ltd provides Cash-less service which means the hospitalization bills will be settled between them and hospitals if the retirees go to the hospitals empanelled by them. The retirees need not pay at the time of discharge as long as the treatment is within the insured limits and authorized by M/s United Healthcare. Following procedures will have to be followed for getting treatment in any of the empanelled hospitals of M/s. United Healthcare.
 - i) Whenever the retiree/spouse needs hospitalization, he/she can approach any one of the United Healthcare empanelled hospitals. They are however, advised to choose those out of United Healthcare list which are also empanelled by BEL for better service;
 - ii) At the time of admission the retirees will have to inform Hospital Reception that they are covered under United India Insurance Company Ltd. Policy and serviced by United Healthcare India Pvt. Limited;

- iii) The retirees will have to fill the “Pre-Authorisation Request Form” (enclosed) giving details such as Policy Number, Name, BERECHS Membership number etc. M/s. United Healthcare will be providing identity cards without photos to retiree/spouse. The card has to be produced at the time of admission along with the Identity cum Prescription Book provided by BEL at the time of retirement. The list of BERECHS Members indicating their membership numbers and category have already been given to United Health care;
- iv) This “Pre-authorization request form” duly filled and signed by attending Doctor will be sent to the United Healthcare India Pvt. Ltd. by the hospital authorities by fax for their authorization;
- v) United Healthcare Ltd will soon fax back the authorization letter to the hospital indicating maximum amount that can be reimbursed as per the insurance policy;
- vi) In the meantime hospital will admit the patient and give treatment: The bills will be settled by United Healthcare Ltd to the extent authorized. If the hospital charges are more than the eligible amount the patient will have to settle the remaining amount at the time of discharge;
- vii) The list and addresses of United Healthcare India Pvt. Ltd., hospitals empanelled by United Healthcare, the “Pre-authorization request form” and claim forms are available in their Website www.uhcindia.com and can be downloaded by the retirees. The retirees can also seek any clarification / information by quoting their BERECHS Membership number from United Healthcare call centre Office over telephone (Toll Free Number 1800-22-4545 reachable from BSNL Land lines). This service is available round the clock on all the days. Alternatively, a separate customer service line 022-30657351 (available from Mon-Sat from 08 AM to 08 PM) can also be contacted.

6.0 For planned hospitalization (Non emergency cases):

- i) Retirees are suggested to plan their hospitalization well in advance in non emergency cases. The retirees in such cases may fill the “pre-authorization request form” well in advance and get it faxed to United Healthcare getting it signed by attending doctor. United Healthcare will send the authorization directly to the hospital authorizing them to give necessary treatment indicating the eligible amount. This will enable the retirees to straightway get admission on scheduled date;
- ii) For cases involving treatment of cancer, heart ailment, kidney transplantation and neurological disorders treatment should be taken in the hospital/s notified by the Company from time to time as per Annexure IV of Memo No. 17556/821/HOA dated 27.11.2002 to get maximum benefit. In all such cases, the retiree can get admitted as per procedure given above and after the insurance limit is exhausted, retirees are requested to obtain a letter from the United Healthcare indicating the zero balance of insurance coverage and collect referral letter from the company doctors informing the hospital that the balance amount after insurance cover will be borne by the company.

Alternatively, the retiree may directly go to hospital to get treatment as explained above, pay the difference amount and claim from BEL subsequently.

7.0 For Emergency hospitalization:

- i) In case of emergencies, a retiree can get himself admitted in the hospital as per the emergency procedure of the hospital. The hospital authorities will intimate United Healthcare and send the Pre-authorization request form after the condition is stabilized.
- ii) In case, the retiree gets admitted in a hospital not empanelled by United Healthcare in emergency situation, then the retiree shall initially pay the amount and claim reimbursement directly from United Healthcare India (Pvt.) Ltd in the prescribed form to the extent of insurance cover indicating their full residential address and the Bank Account No. to ensure that cheques reach them without delay. In case of cancer, heart ailment, kidney transplantation and neurological disorders treatment they may claim from BEL as per existing procedure beyond insured amount.

8.0 All Unit HR Heads and CMO/MO/VMOs are requested to please note the above changes and give wide publicity of the same to all retirees.

GENERAL MANAGER (HR)

<u>ADDRESSES OF UNITED HEALTHCARE INDIA (PVT.) LTD.</u>	
<u>Mumbai - HO</u>	<u>Kolkata - Branch</u>
The Claim Registration Department	United Healthcare India (Pvt.) Ltd.
United Healthcare India (Pvt.) Ltd.	P-456, Keyatala Road (CIT Sch-47)
Unit No. 3B, 3rd Floor,	Kolkata - 700 029
B wing, Gundecha Onclave,	Tel. No.: (033) 40086578
Kherani Road, Sakinaka, Andheri (E)	
Mumbai - 400 072	
Tel. No. : (022) 30657300	
Fax No.: 022-24914646	
<u>Bangalore - Branch</u>	<u>Ahmedabad - Branch</u>
Jibin Thomas	United Healthcare India (Pvt.) Ltd.
United Healthcare India (Pvt.) Ltd.	201, Dev Shruti Complex,
#1, Victor Mansion, Golf View Avenue,	Opp. Medisurge Hospital
Airport Road, Kodihalli,	NR Mithakali Six Roads,
Bangalore - 560 008	Ahmedabad - 380 009
Tel. No.: (080) 30577000 / 001	Tel. No.: (079) 26448254 / 26460725 / 26422742
Fax No.: - 080 - 25272620	
<u>New Delhi - Branch</u>	<u>Pune - Branch</u>
United Healthcare India (Pvt.) Ltd.	United Healthcare India (Pvt.) Ltd.
1st Floor, 5, Community Centre	Cabin 115, Sterling Center,
East of Kailash,	10/15 A, Off Karve Road,
New Delhi - 110 065	Pune - 411 001
Tel. No. : (011) 41324266 / 67	Tel. No.: (020) 4021645 / 46
<u>Hyderabad - Branch</u>	<u>Kochi</u>
United Healthcare India (Pvt.) Ltd.	United Healthcare India (Pvt.) Ltd.
6-3-668/10/7 Durga Nagar Colony	38 / 454, A-6,
Panjagutta	Anjiparambil Business Center
Hyderabad - 500 082	Manorama Junction, Ernakulam,
Tel. No.: (040) 66619700 / 01	Kochi - 682 016
	Tel. No.: (0484) 3012240 / 46 /47
<u>Chennai - Branch</u>	
ADI, 2nd Floor,	
Radhakrishna Complex,	
II Avenue, Anna Nagar,	
Chennai - 600 040	
Tel. No.: (044) 26190101 / 02	
Note : Employee can send the claim documents either to Bangalore or Mumbai office.	

Name of Employee:		Employee Ref.no:	
Company Name:			
Mobile/Res:		Age/Sex:	
Email ID:			
Name of patient:		Relation with Employee:	
		Age/Sex:	
Details of treating physician and hospital			
Name of treating physician		Reg. no:	
Qualification:		**Mobile & Clinic No:	
Name of hospital:		Location:	
Email ID of Hospital:			
Hospital registration no.		Tax approved:	
Hosp. Tel.no:		Hosp.Fax no:	
Details of diagnosis (kindly attach Investigation Reports relevant to the diagnosis)			
Presenting complaints on Admission:			
Duration of Ailment:		Previous H/O similar complaints:	
Relevant Clinical Findngs:			
TPR/BP:		Other vital symptoms:	
Date if first onset of symptoms:		Date of first diagnosis:	
Diagnosis		10	20
Mandatory in R.T.A		Mandatory in Maternity	
Under the influence of Alcohol/Drug Abuse – Yes/No		LMP-	EDD
			G---P---A---L---
MLC/FIR Copy YES/NO (Kindly Fax the copy)		Type of Delivery: Normal/LSCS-	
Details of Accident:		Indication for LSCS:	
		In case of MTP: Voluntary/Medical(USG Report Mandatory)	
Date of Admission:		Expected length of stay	Hospitalization Less than 24 hrs.No/Yes
Kindly specify the Names of Medicines:			
Drugs	Inject.(v)	Oral(v)	Tick where Applicable
Antibiotics			rugs
Anti-inflam.drugs			Steroids
Neuro-musc.drugs			Chemotherapy
Cardiac drugs			Sedatives
Respiratory drugs			Diuretics
Others			GI Drugs
Names of Investigations supporting to Diagnosis:			
.. Surgical treatment/Procedure:			**Anaesthesia
Estimate Expenses		No Of Attached Documents:	Past History
Class of Room		* All the above mentioned fields are required to be filled in Block letters. * Avoid over writing and abbreviations. * Strike out whichever is not applicable * Please provide Discharge summary & Final bill 3 hours prior to discharge of the patient * Mandatory fiends	** History of:
Room Rate /Day			Alcohol/Drug Abuse – Yes/No
Investigation (Attach Breakup)			Tobacco Consumption- Yes/No
Consumables/Pharmacy (Attach Breakup)			Disease Ailment
Dr. Visit Charge			Dyslipidaemia
Surgeon Charge			Diabetes
Anesthetist Charge			Hypertension
O.T. Charge			History of surgery
All inclusive Package Charges if applicable			History of similar Compliant
Total Expenses			History of related Ailment
DECLARATION			
<ul style="list-style-type: none"> I hereby declare that the information provided in the form is true to the best of my knowledge, and authorize United Healthcare India to seek any further information from the treating doctor / hospital I needed I am aware that the liability of United Healthcare for treatment is limited to facilitating credit and refusal of credit does not amount to rejection of claim I undertake that I cashless facility is availed, all original documents, including the discharge summary and investigation reports shall be handed over to the hospital at the time of discharge along with the signed claim form. I am aware that without these documents the claim cannot be processed and I am liable for the same I am aware of my health insurance cover and if the hospital expenses exceed the amount, I shall be liable to pay the remainder of the amount at the time of discharge I undertake to pay all non-medical expenses incurred in the hospital at the time of discharge 			
Have kindly extended the hospital credit facility			
Date:		Employee Signature:	
As a treating physician, I hereby declare that the medical information declared in the form is accurate to the best of my knowledge, if the same is changed / Altered, UHCI is not liable to pay the bill to the Hospital for the respective case.			
Date:		Hospital Stamp (Mandatory) Treating Physician signature:	

Note:- 1. PreAuthorization may cause Delay in processing, if any detail in the form is found Incomplete or Inaccurate.

2. Kindly fax all the relevant documents like Investigation/ MLC /FIR Reports where ever applicable.

CHECK LIST FOR SUBMISSION OF CLAIM

Very IMP:

- Do not forget to attach this checklist with the Claim file.
- Arrange the documents in the same order as in the checklist, checking against the designated box when you do so. This way you can ensure that you have not missed any documents.

Employee Name:-_____ Employee No:_____ Claim No_____

Name of the company:_____

Contact Number:_____ Mobile no._____ E-mail ID_____

Check list for Documents: Please put a "X" mark against the box

Original Claim Form duly signed by you.
(Fill the claim amt in Signed Claim Form)

Original Main Hospital bill with Bill Number & break up.
(With detailed break up of various heads like Room Rent/OT charges/Nursing etc).

Original Discharge summary
(Gives the summery of diagnosis and treatment in hospital)

Original Death summary
(Only in case of death of Patient during Hospital stay)

Original Hospital Payment Receipt with receipt number
(With seal & signature of hospital) (if main bill does not carry a bill number).

Original Payment Receipt with receipt number
(For consultation/surgeon charges if charged outside the main hospital bill).

Hospital registration number
(Registration No. & Number of beds, on hospital letterhead with signature).

Doctor's registration number
(On doctor's letterhead with signature)

Original Pharmacy and Investigation bills

(Along with prescriptions & Lab reports).

Original prescriptions

(On doctor's letterhead mentioning duration and dosage for medicines and advice for diagnostic tests).

Investigation reports in original/attested from hospital

(Reports for all tests done along with images)

Police FIR/ Medico Legal Certificate (MLC)

(Mandatory for All Road traffic accidents-Duly attested by Police with

Points to remember

- Please retain copies of all the documents submitted to us for future reference.
- For any assistance with any of the above formats, please contact us at customerservice@uhcindia.com or call at 1800 22 4646
- Please retain a POD copy of the courier for tracking your consignment in case of any delay etc.
- The above list of documents is indicative. In case of any other document requirement as specified by the insurance company our Document recovery Team will contact you on receipt of your claim documents by us.
- For Implants used in Cataract, Heart Valve surgeries, CABG, Abdominal Surgeries, Knee replacement surgeries, please submit the bill from the vendor for the prosthetic device used along with Sticker.

UNITED INDIA INSURANCE CO. LTD

Division Off No:02

**Indian Mutual Building, 3rd Floor, N R Square,
Next to Ulsoor Gate Police Station, Bangalore-560 002**

**Claims form to be submitted to the TPA
Parekh Health Management, #1, Victor Mansion, Golf View Avenue,
Airport Road, Kodihalli, Bangalore – 560008, India
Tel:080-30577000/30577001**

Phone 22210885 /22210316

Fax: 22216625

Email ID : ui70200@rediffmail.com

MEDICLAIM INSURANCE CLAIM FORM

Under policy no/_____

- 1. Name of the Employer :**
- 2. A) Name of the Employee :
b) Employee Number :
c) Employee E-mail Id :**
- 3. Details of Insured Person (In respect of whom claim is made)**
 - **Name :**
 - **Completed Age :**
 - **Relation :**
 - **Occupation :**
 - ***Saving Bank A/c :**
 - ***Bank Address :**
 - **Mailing Address :**
- 4. Nature of illness/Disease :**
- 5. Date of Injury sustained or disease/
Illness first detected :**
- 6. Name and Address of attending Medical Practitioner**
 - **Qualification :**
 - **Registration No :**
- 7. Name & Address of the Hospital/
Nursing Home/Clinic**
- 8. Date of Admission :**
- 9. Date of Discharge :**

10. Amount Claimed :

**11. Previous Claim Particulars &
Amount Claimed if any** :

(*condition applies)

Date:

Signature of the Claimant