

FAQ	Answer
Q1: What are the services available to me from the TPA?	A: You can avail of the following services : ENROLLMENT e-Card against your policy, which would give you access to our TPA services. Cashless service facilitation at network hospital upto limit authorized by Medicaid / Hospitalization Insurance Claim processing and Reimbursement for non network hospitals 24hr access to our Call Center through our Toll Free line and IVR and location spoc. Online Assistance during hospitalization and filing claim form documents. documents Other services as defined by Employer/ Insurer.
Q2: When I call Vipul MedCorp TPA's Call Center/IVR/Office, how will you identify me?	A: Please mention your Vipul e-Card Number to the Call Center Executive, IVR, location SPOC. The executive may verify other details like your Date of Birth, Employer Details etc. On establishing your identity, we will be happy to answer your queries.
Q3: What if I don't remember my Card Number and my Policy Number and I am in an emergency situation? Can I use my employee ID no.?	Yes you can use the employee ID along with your company name
Q4: How do I avail of Cash Less Facility?	Cash Less facility is available only in network hospitals To avail cashless facility, the member has to visit any of the network hospital (network hospital list available on Vipul MedCorp website) Insured has to produce his TPA card at the reception/TPA desk. He will have to fill a pre-authorization request form The preauthorization form will be duly signed by the treating doctor and will be faxed/emailed to Vipul by the hospital Vipul doctor will process the documents based on eligibility/policy condition and send a final authorization to hospital. There may be some deductions of non-payable items like registration fees, personal items etc. for which the hospital may insist on a refundable nominal deposit. On the date of discharge, hospital will fax/email the final bill and discharge summary to TPA and patient/dependents of patient needs to sign all original documents, which will be retained by the hospital for onward submission to TPA. Patient should retain Xerox of all documents for future reference.
Q5: What documents do I need to send for processing claims if the treatment has been done in a non-network hospital / In a network hospital where cash less facility was not granted / availed ?	A: Following documents are required for processing your claims on reimbursement basis: a. Online Claim Form to be filled thru Self Care Portal. b. Discharge Summary from the hospital(in case of hospitalisation) c. All original documents pertaining to the illness d. Main Hospital Bill. e. Payment Receipt. f. Relevant reports/films of diagnostics tests.
Q5A . Where do I submit my claims	A: you can submit the claims to the Vipul Help Desk Executive along with print out of the online claim form
Q6: When will my claim be reimbursed?	A: The claim will be reimbursed within - 15 days after receipt of complete documentation from the client / Corp HR.
Q7: What documents should we obtain before discharge from the hospital in case of cash less facility availed?	A: All bills in original and a discharge certificate are to be left with the hospital providing cashless treatment. The patient has to countersign all bills and fill the claim form and also leave the same with the hospital at the time of discharge. A copy of the bills & Discharge Summary can be carried by the patient for his records and for submission along with Pre & Post Hospitalization bills.
Q8: Is there any exclusion in the policy	A: Yes. As per policy T & Cs

Q9: Can I get the salient features of our Policy coverage	A: The salient features of the policy can be viewed by visiting the Vipul MedCorp website (http://www.vipulmedcorp.com/niit/Index.aspx)
Q10: Can Vipul MedCorp TPA reject my claim? Do I have any remedy?	A: Yes, the TPA can reject / deny your claim based on their evaluation / analysis on justifiable grounds. The rejection letter will cover the reasons for rejection of the claim. Remedy :- In case you are not satisfied by the reasons for rejection, you can represent to the insurer/TPA within 15 days of such denial.
Q11: How do I get a list of network hospitals of Vipul MedCorp TPA Pvt. Ltd.?	A: The list of hospitals is available on the Vipul MedCorp website under the "Hospital Network" section
Q12: Can I lodge more than one claim for the same disease?	A: Yes, your mediclaim policy covers 30 days Pre-hospitalization expense reimbursement and 60 days Post-hospitalization expenses. You may lodge your Pre-hospitalization claim along with hospitalization claim. The Post-hospitalization claim may be lodged after 60 days of the hospitalization. However, please quote your Vipul ID Number for easy referral and sorting.
Q13: How will you keep track of my claim?	A: You may lodge your claim online with us and submit the claim through our Helpdesk and it should be mapped with the checklist and the claim status can be viewed online through self care portal.
Q14: In case I require my original medical papers back for future reference, what should I do?	A: Please carry a complete set of photocopied documents when you lodge your claim. The relevant original documents will be returned to you after verification. We will however stamp the original documents [Vipul MedCorp TPA - Claim Processed on Xeroxed copy]. Please note that normally, the original doctor prescription, medicine bills and discharge summary along with the hospital bills will be retained by us. Only X-ray films, ECG, other medical records will be returned to you as a special case after verification / approval of our medical team.
Q15: During the course of my treatment, can I change the hospitals?	A: Yes it is possible to shift to another hospital for reasons of requirement of better medical procedure. However, this will be evaluated on the merits of the case and as per policy terms and conditions.
Q16: Can I get outpatient treatment using my TPA Card?	A: No. The TPA Card is issued to you against your mediclaim policy which only covers hospitalization expenses. The outpatient expenses pertaining to the treatment of disease which is the cause of hospitalization is however covered in Pre & Post Hospitalization benefits.
Q17: I have received my e-Card but there are mistakes. What should I do?	A: For any changes, please contact your HR Team.
Q18: I am not happy with the services of Vipul MedCorp TPA or if I have a query. What should I do?	A: You can access our online Query module through self care and we shall resolve your queries within 48 hours. In case you face any service issues, please escalate to your HR SPOC or to Vipul SPOC/Escalation Matrix contacts.
Q19: I went to one of your network hospitals and they did not entertain me. How should I proceed?	A: You may immediately call our location spoc, giving details of such hospitals/medical providers. Our network department will immediately contact the concerned medical provider and sort out the matter.
Q20: I am not keen to avail of Cash Less facility. Can I go in for reimbursement?	A: Yes. Under the Mediclaim Policy, you can opt for Cash Less as well as Reimbursement. We would advise that in case you are taking treatment from a network hospital, then you should avail of the Cash Less facility. This will give you the financial advantage of not paying for your hospital treatment and also gives you more cushion to meet your post-hospitalization expenses, as we have package/discounted rates with the network hospitals.
Q21: In case the child after birth suffers from any disease is the expense covered. If yes, how will the enrolment be done when the child has not been named?	A: The new born is covered from day 1 in case of hospitalization and justified treatment is administered. In case of cashless, the hospital needs to prepare bills and send cashless request in the name of "B/o <mother's name>" for processing. For reimbursement, the child has to be enrolled with Vipul first in order to process the claim through our enrollment module. Congenital ailments are not covered.
Q22: If the member suffers from any complication due to her maternity, is it covered and up to what limit?	A: The complications arising out of maternity are covered under the maternity benefits and upto the limit of the maternity sum insured.

Q23: How do I access the relationship/escalation matrix?	A: Please refer to the Self care module to view the Relationship matrix.
Q24: If a network hospital does not cooperate with me, what recourse do I have?	A: Employees are advised to contact the Vipul representatives in case the hospital does not co-operate.
Q25: What do you mean by pre-existing coverage?	A: Any disease existing prior to the inception of policy
Q26: What is floater cover?	Sum Insured can collectively be utilized by any member in the family.
Q27: What do you mean with the term hospitalization?	A: The duration of indoor stay in the hospital should be more than 24 Hrs. However, this time limit will not apply for specific treatments i.e. dialysis, chemotherapy, radiotherapy, eye surgery, lithotripsy, tonsillectomy, D&C, etc.
Q28: Can I go to any hospital or clinic for taking treatment?	A: Yes, but please ensure that the hospital is well equipped to handle medical emergencies.
Q29: What is called maternity benefits?	A: Any expense related to maternity expenses related to hospitalization only. These expenses are payable only if insured has less than 2 living children. Postnatal & prenatal expenses are not covered.
Q31: Will I get the entire amount of the claim always?	A: The insurance company will pay the entire amount of the claim if it is related with the medical treatment and is supported by proper documentations and within the limits. However, all the claims should stand testimony to medical professional jurisdiction. Failing this only that part of the claim that is justified will be payable. There is 20% co-pay applicable on all claims of parents and 10% on claims of Self, Spouse & Kids. Non payable item list can be referred through self care module.
Q32: If I have not utilized my permissible eligibility amount in a particular policy period will I get any benefits like carry forward for the next period if I renew the policy?	A: The amount will not be carried forward to subsequent periods
Q33: In case of employee transfer to another location in there any procedure involved to continue the scheme?	A: Change of location , within India does not affect the coverage as your policy coverage is PAN India and Vipul MedCorp provides cashless facility on PAN India basis
Q34: Will the change in names in between policy period matters?	A: Yes. According to insurance company the claim will not be settled (unless prior intimation to TPA and the Insurance company) if there is any alterations in the name and in bills/reports (documents) submitted by member/hospital
Q35: Can I change or add my dependents name in between the policy period?	A: It is not allowed however you may get in touch with your HR spoc for such a facility.
Q36: In case of part settlement of claims, can the member claim for the balance by producing the required documents?	A: Yes. But only eligible amount as per the terms and conditions of the policy shall be paid. Original settlement letter and attested copies of the claim document from the other Service provider is required as per policy norms.
Q37: What about dental treatment?	A: All expenses related to dental treatment shall not be covered under the group hospitalization policy unless it is an accidental case.
Q38: What about termination of pregnancy?	A: This will be covered under the hospitalization limits. But only if done on the advice of a qualified doctor and on account of medical reasons. Expenses arising out of voluntary termination of pregnancy are not covered. However, medical expenses arising out of termination of pregnancy (commonly termed as miscarriage) will be covered, within normal maternity sum insured.
Q39: What happens when a newborn child has to undergo treatment in the nursery?	A: Expenses of newborn child is covered under the policy in case a justified hospitalization has been administered. A separate bill and discharge summary would be issued for the baby by the hospital and stay in the hospital should be as per the policy terms and conditions.
Q40: What happens when I have to undergo a treatment like dialysis when I am discharged on the same day?	A: When treatment such as dialysis, chemotherapy, and radiotherapy etc. is taken in the hospital/nursing home and the insured person-patient is discharged on the same day, the treatment will be considered to be taken under hospitalization benefit

Q41: Do we require any photo ID Proof in cashless facility? What is the purpose of photo ID proof?	A: Vipul will issue a E-card to all the covered members along with which , we need a valid photo such Pan Card, Driving License etc. It is to validate the identity of the patient
Q42: In case of non availability of Ecard what should we do? Also, please advise on children if they get hospitalized?	A: You can contact Vipul SPOC in your area and give your Employee ID or Inform the Hospital that you are covered under Vipul service and they can mention the Employee ID and Vipul SPOC will provide the Vipul ID no . For children, school ID proof is admissible or Parents ID is also admissible
Q43: What if my bill exceeds the covered amount / sum insured?	A: Vipul shall authorise the cashless / reimbursement claim upto the sum insured and deductions would be made as per policy sublimits /co payment clause/Non payable items. Amount exceeding the settled amount/Sum Insured , has to be borne by the employee.
Q44: In how many hospitals Vipul has packages and where can I see the list of such hospitals?	A: Vipul has package rates with 1000+ hospitals and the hospital list can be viewed as PPN LIST on www.vipulmedcorp.com
Q45: Will Vipul Packages with hospitals affect the quality of the treatment/ implants?	A: The quality of treatment / implants will not be affected due to packages.
Q46: If the employee does not opt for packages , will he get the cashless / reimbursement on open billing amount?	A: We would always advise to go for packages as this will help you in getting more benefits in your future claims for pre & post hospitalization, however you are free to go in for open billing also.
Q47: Do we have provision of discounts in pharmacy of hospitals or open pharmacy / diagnostic centers?	We have discounts in Stand alone pharmacy and diagnostic centers as available in the wellness portal, which is updated by us on real time basis. Some of the hospitals do give discounts in their in house pharmacy /OPD and the list would be viewed from the Vipul Wellness portal
Q48: What if any new joinee who is not yet enrolled needs a cashless, how will he avail the cashless benefit?	A: After validation through location HR, Vipul shall authorise cashless, out of system to the hospital for the new joinee as per policy terms and conditions in network hospital. If such a situation arises , please get in touch with Vipul SPOC
Q49: Will the resigned employees get the continuity benefit of the policy?	A: If they take the policy from the current Insurer , then they can get a continuity benefit subject to the agreement with the Insurance Co . In such a case the existing Corporate GMC card would be cancelled and Vipul will issue a new cards , on receipt of the new policy
Q50: Will the family members of employees travelling or working overseas get the medical benefit?	A: If the employees are listed in your policy and he /she is on overseas posting , and their family members are residing in India, then the family members can avail the benefit of the policy. If the entire family along with the employee are residing overseas then they may be covered in a separate Overseas Medclaim Policy.
Q51: Can the employee view the claim documents on vipul portal?	A: Yes, the employee can view the scan documents through self care portal
Q52: What are the services, we can get from Vipul Wellness portal . Will it be on FOC basis?	A: You can book your Executive Health check /MedHealth Check from Vipul Portal , which is being offered to you on a discount of 25 to 40% on the market rates. You can avail of First Medical Opinion (FMO) , Doctor on Chat, Electronic Medical Records Management (EMRM) on a FOC basis
Q53: Since when Vipul ID Card is applicable? Will I get cards for my dependents too?	A: Vipul ID Cards is applicable from 01.15.2015, from the policy inception date, and Vipul shall provide Ecards for all your dependents as per the policy
Q54: Can Enrollment of the dependents be done any time in the policy year?	A: Enrollment can be done only once in a policy year, also it is restricted to a time period as specified by your HR. Newly married spouse, new born baby can be added during the policy year , Please get in touch with your HR for the same.
Q55: Can I change the sum insured during the course of the policy?	A: No, you cannot change the sum insured during the policy period.
Q56: What is a TPA Desk in the hospital?	A: TPA Desk is a help desk provided by the network hospital in their premises to facilitate communication with the TPA for availing cashless benefit in the hospital.

Q56: Is there any time frame for submitting the documents?	A: Yes, it is advisable that claim documents are submitted within 30 days of discharge and for Post hospitalization claims , within 07 days of completion of treatment or 60 days , which ever is a early period .
Q57: Do I get to know about my ROOM rent and other eligibility?	A: Yes through self care portal you may raise a query or your room rent eligibility or for that matter on any other matters relating to your policy