

हिंदुस्तानऑर्गेनिककेमिकल्सलिमिटेडHINDUSTAN ORGANIC CHEMICALS LIMITED

(भारतसरकारकाउपक्रम् a government of India enterprise)

अंबलमुगल, कोची, एरणाकुलम जिला, केरलAmbalamugal, Kochi, 682 302.Ernakulam Dist., Kerala

कार्मिक एवं प्रशासन P&A/मेडिक्लाइम MEDICLAIM/2023-24/

दिनांकDate : 10.01.2024

विषय: कंपनी के सेवानिवृत्त /वीआरएस कर्मचारियों के लिए समूह मेडिक्लाइम बीमा पॉलिसी संबंधी SUB: GROUP MEDICLAIM INSURANCE POLICY FOR RETIRED EMPLOYEES OF THE COMPANY

प्रिय महोदय/महोदया Dear Sir/Madam,

हमें आपको यह बताते हुए प्रसन्नता हो रही है कि सेवानिवृत्त कर्मचारियों और जीवनसाथियों के लिए ग्रुप मेडिक्लेम इंश्योरेंस पॉलिसी को 06.01.2024 से 05.01.2025 तक एक वर्ष की अविध के लिए मैसर्स न्यू इंडिया एश्यूरन्स कंपनी लिमिटेड साथ नवीकरण किया गया है। इसमें प्रति परिवार को प्रतिवर्ष रु.3,00,000/- (केवल तीन लाख रुपए) का कवरेज मिलेगा। वर्तमान थर्डपार्टीएडिमिनिस्ट्रेटर (टीपीए) सर्वश्री **फॅमिली हैल्थ प्लान इंश्योरेंस टीपीए लिमिटेड** (एफ़एचपीएल) की सेवा को एक और वर्ष के लिए बढ़ा दी गयी है।आपको चिकित्सा प्रतिपूर्ति से संबंधित दावे टीपीए को प्रस्तुत करना होगा और नकद रहित चिकिसा सुविधा प्राप्त करने के लिए टीपीए को पहले ही सूचित करना होगा। आप अपने शहर में उपलब्ध नेटवर्क अस्पतालों, कैशलेस सुविधा, दावा प्रस्तुत करने की तरीका, निबंधन और शर्तें आदि के बारे में पूरी जानकारी प्राप्त करने के लिए कृपया टीपीए की वेबसाइट https://www.fhpl.net भी देखें।

We are pleased to inform you that Group Mediclaim Insurance Policy for Retired Employees and Spouses has been renewed with M/s NEW INDIA ASSURANCE COMPANY LIMITED for a period of ONE year from 06.01.2024 to 05.01.2025 for the coverage of sum insured of Rs.3,00,000/-(Rupees Three lakhs only) per family per year. We have extended the service of present Third Party Administrator (TPA) M/s. Family Health Plan insurance TPA Limited (FHPL) for one more year i.e. 06.01.2024 to 05.01.2025. You have to submit claim related documents to TPA for reimbursement and also intimate the TPA in advance for getting cashless facility. You can also visit website of TPA https://www.fhpl.net for getting full details regarding network hospitals in your city, cashless facility, claim submission, etc.

सदस्यों को अस्पताल में भर्ती होने के दावेथर्ड पार्टी एडिमिनिस्ट्रेटर (टीपीए) के कोच्ची या तिरुवनन्तापुरम या मुंबई कार्यालय प्रस्तुत कर सकता है और नकद रहित (कैशलेस) सुविधा या चिकित्सा प्रतिपूर्ति के मामले में जिस कार्यप्रणाली का पालन की जानी है इसके साथ संलग्न है।

Members have the option to submit the hospitalisation claims with Third Party Administrator (TPA) Kochi or Trivandrum or Mumbai office. For getting cashless facility or reimbursement cases the procedure to be followed is attached herewith.

शिकायतों के लिए अपनाई जाने वाली प्रक्रिया: यदि बीमाधारक किसी भी तरह से पीड़िंत है, तो बीमाधारक सामान्य व्यावसायिक घंटों के दौरान निर्दिष्ट पते पर बीमा कंपनी से संपर्क कर सकता है। यदि एक महीने के भीतर बीमा कंपनी से कोई जवाब नहीं मिलता है या यदि बीमाधारक बीमा कंपनी के जवाब से संतुष्ट नहीं है, तो बीमाधारक अपनी शिकायत के निवारण के लिए अपने अधिकार क्षेत्र के बीमा लोकपाल के पास जा सकता है। बीमा लोकपाल का विवरण IRDAI की वेबसाइट www.irdai.gov.in पर उपलब्ध है या जनरल इंश्योरेंस परिषद की वेबसाइट www.gicouncil.in या बीमा कंपनी के कार्यालय से प्राप्त करा सकता है।

Procedure to be followed for Grievances: In case the insured is aggrieved in any way, the insured may contact the Insurance Company at the specified address during normal business hours. If no reply is received from the Insurance Company within one month or if the insured is not satisfied with the reply of the Insurance Company, insured may, subject to vested jurisdiction, approach Insurance Ombudsman for the redressal of his/her grievance. The details of Insurance Ombudsman is available at IRDAI website www.irdai.gov.in or from the office of the Insurance Company.

बीमाकंपनीऔरथर्डपार्टीएडमिनिस्ट्रेटर (टीपीए) से संबंधितसूचनानीचे दी जाती हैं।

Details of Insurance Company and Third Party Administrator (TPA) are given below:

1	पॉलिसी सं Policy Number	76290134230400000034
2	Policy Period	06.01.2024 to 05.01.2025
3	बीमा कंपनी Insurance Company	M/s. THE NEW INDIA ASSURANCE CMPANY LIMITED, KBO(762901), GROUND FLOOR, JOHN'S PARK,
	विकास विकास प्रातिक संवर्धी	PALLITHAZHAM, MULANTHURUTHY, PIN – 686691, KERALA. PHONE- 0485-2743585 email: nia.762901@newindia.co.in
4	थर्डपार्टीएडमिनिस्ट्रेटरTPA	FAMILY HEALTH PLAN INSURANCE TPA LIMITED(FHPL)
	FHPL - Head Office	Regd& Corp Office, Hyderabad, Telangana-500034
	Customer Care No/Intimation	n: 1800-425-4033 (24X7) or 1800-102-4033 (24X7)
	Email Id: intimation@fhpl.net /	
	Cashless preauthorization: kochin	preauth@fhpl.net/cashless@fhpl.net/cashlesshyd@fhpl.net
		FOR CLAIM SUBMISSION
5	Kochi Office	Family Health Plan Insurance TPA Ltd
	MANUAL DESCRIPTION	Door Number 62/769, First Floor, Brigade Plaza,
	VIDO RESPONDE CONTRACTOR	Opposite Lotus Club, Warriam Road, Kochi - 682016
	of the one was the se	Ph: 0484 - 2350115/2374374
6	Trivandrum Office	Family Health Plan insurance TPA Limited
	Resided Employees and Subuses	TC83/840, 'ELEEZA' Luke's Cottage, 2nd floor,
	To 00 most said 100 to begin	Seeveli Nagar, Kaithamukku, Trivandrum – 695024
	seatunge offered war follow with I wan	Ph: 0471 2578940Email: Trivandrumclaims@fhpl.net
		Mob: 9544105554 (Aswathy)
7	Mumbai Office	Family Health Plan insurance (TPA) Limited
		Neelkanth Corporate Park, Office No.710 &711, 7 th floor
	The state of the s	Kirol Road, Vidya vihar Railway Station (West)
	Annual management and the	Mumbai- 400 086 Ph: 022-62401500
		Email: bhagyashree.v@fhpl.net/sawant.mansi@fhpl.net
		Mob: 8652033111(Bhagyasree)/ 9223329004(Manasi)
8	HOCL KOCHI OFFICE	0484-2727200/2727201/2727330
	Contact Details	Email: mediclaim@hoclindia.com

सदस्यों के अस्पताल में भर्ती संबंधी सभी प्रकार के दावे पर कार्रवाई और निपटान केवल थर्ड पार्टी एडिमिनिस्ट्रेटर (टीपीए) द्वारा किया जाएगा। स्वास्थ्य दावे की कार्यप्रणाली, दावे की सूचना, कैशलेस दावा आदि विस्तुत जानकारी एफ़एचपीएल की वेबसाइट में दी गयी है। अधिक जानकारी के लिए कृपया https://www.fhpl.netदेखें।

All hospitalisation claims of members of the policy will be processed and settled by Third Party Administrator(TPA) only. The Health Claim procedure, Claim Intimation, Cashless Claim, etc are well explained in their website also. Please visit https://www.fhpl.net for more details.

The List of Employees with Family No. & EMP No. is enclosed herewith. The Mediclaim e-Cards will be sent to you by the Insurance Company directly to your e-mail ID within one or two weeks. For getting any assistance from HOCL, please contact through the e-mail ID – 'mediclaim@hoclindia.com'.

धन्यवादThanking you, भवदीयYours faithfully,

कृतेहिंदुस्तानऑर्गेनिक्रक्मिमकल्सलिमिटेड

For HINDUSTAN ORGANIC CHEMICALS LTD.,

(एम . जे . जगदीशM.J. JAGADEESH)

CHIEF GENERAL MANAGER (ENGG/HR) & FM

मुख्य महा प्रबंधक इंजीनियरिंग/मानव संसाधन) एवं फैक्टरी प्रबन्धक

For getting cashless facility or reimbursement cases the procedure to be followed

1. For cashless cases

- Member can approach the Hospital insurance desk with FHPL Health Card / E-Card and valid Proof
 of Identity.
- Hospital sends the Pre-authorization request with complete hospitalization details through fax or online mode, for cashless treatment approval

2. Reimbursement Cases:

Intimation is mandatory within 24 hours of hospitalization in case of treatment being taken in a non-network hospital.

For intimation, the member can call our Toll Free number and talk to our customer care representative giving details about the treatment being taken and the approximate estimate towards the hospitalization or E-Mail us at intimation@fhpl.net.

- Duly filled Claim Form of respective insurance company (Kindly find the attachment)
- Copy of Members FHPL ID Card with the member's details
- Govt. ID Proof of the patient (prefer Aadhar Card)
- PAN Card copy of the Main Member (policy holder)
- Corporate ID proof of Main member
- Cancelled Cheque / copy of the account pass book front page in which Bank Name, Bank Branch Name, A/C Holder Name, A/C No, IFS Code should be very clear(Account has to be that of the Main Member)
- Duly filled CKYC form of main member if the claim is above One Lakh(attached)
- Original detail discharge summary with Doctor seal and signature required. Need date and time of hospital admission and discharge. (If submitting Pre-Post Claim, submit the copy of the Discharge Summary).
- Original Hospital Bill consolidated and detailed breakup with the seal and sign of the hospital with cash
 paid receipt (in case of any advance paid to the hospital, its receipt to be attached-)
- Original Investigation reports including lab reports, x-ray, ECG, scan reports etc with hospital seal and signature
- In case of surgical packages detailed breakup of the package
- Pharmacy bills and breakup with seal and sign of hospital.
- Prescriptions mandatory for pre-post and main claims
- kindly provide non objection certificate (NOC), Affidavit , Legal heirship certificate / relationship certificate-if the main member expired
- In case of hospitalization due to accident, copy of MLC / FIR. If there is no MLC/FIR, kindly submit self-declaration letter of patient
- For Cataract, IOL Sticker and A-scan report to be attached with breakup bill
- For Maternity Claims GPLA Status
- In case of cardiac surgery, invoice of stent and sticker to be attached
- In case of orthopedic surgery, invoice of implant/screw and sticker to be attached
- In case of dialysis, chemotherapy -chart copy with treating doctor attestation required

List of network hospitals is available on website www. https://www.fhpl.net