

At the time of a medical emergency, figuring out the claim process and documentation will be the last thing on your mind. However, that's needed in order to benefit from your health insurance cover. Hence, it's important to think ahead and know the details of the claim procedure before hand and clear your queries if you have any.



Intimation / Registration of claim:

In any type of claim, Intimation/Registration process is mandatory. At least 48 hours prior in case of planned Hospitalization & within 24 hours in case of Emergency Hospitalization.



Cashless / Pre-authorization claim:

In case of hospitalization in our network hospitals, you don't need to pay anything to hospital for the covered expenses; Tata AIG will directly pay to the hospital on your behalf.

Steps to follow to avail Cashless facility

Step 01 Approach Insurance / TPA help desk in our network hospital with required documents.

Insurance desk will send us the duly filled pre-authorization form along with supportive medical records.

Step 02

Step 03 On receipt of preauthorization request from hospital, we will check payable/admissible amount and approve cashless facility as per policy terms and conditions.

After discharge you can avail pre and post hospitalization medical expenses through Reimbursement process as mentioned below.

Step 04




Where to submit/courier the documents:

Corporate Health claims
Tata AIG General Insurance Company Limited,
H.No 7-1-6-617/A, 5th and 6th Floor, Imperial Towers,
Door No 615,616, Ameerpet, Hyderabad 500016,
Telangana.



Claim Intimation process:

To register claim please call our toll free

 18002677123

Or

 <https://ghi.tataaig.com>



How to find list of network hospital:

Visit below link and find hospital locator

 <https://www.tataaig.com/servicing/locator/hospital-locator>

List of documents needed to avail cashless facility:

- Insurance Card / Policy Copy
- Copy of Company photo ID.
- Customer Address Proof.
- Duly Filled CKYC Form if Claimed amount is above Rs 1L.
- Admission notes from treating doctor.
- Previous OPD consultation papers with reports if any.
- Previous discharge summary or any other medical records available with you.
- Any previously approved / settlement letter from Tata AIG for reference. (Optional)

Contact details:

Call Centre 18002677123

Mail ID GMCclaims@tataaig.com



Delisted Hospitals:

All expenses incurred by the Policyholder/ Insured Person at the Hospital or any institution about which the Company has expressly notified that the Claim incurred at such Hospital/institution shall not be payable (except reimbursement claims related to accidents and life threatening conditions). The updated list of such Hospitals can be obtained through the Company's website or Call Center.

- Section 3.3. Non-Medical Exclusions (Xiv) of Medicare, Medicare Premier, Medicare Plus & Group Medicare policy
- Section 3.3. Non-Medical Exclusions (Xiii) of Medicare protect policy
- Section 3.3. Non-Medical Exclusions (vi) of Group Hospicash policy



Reimbursement Claim:

In case the Insured gets admitted in a Non Network Hospital and pays hospitalization expenses directly, TATA AIG will later reimburse the Insured for the medical bills.

Steps to follow to avail reimbursement facility

Step 01

Make sure you collect all paid bills with their break up details dully signed and stamped by hospital authority. Also collect a copy of treatment records like indoor case papers / treatment charts / vitals charts etc...

Submit / Courier specified documents to the mentioned address for reimbursement.

Step 02

within 30 days from discharge date above mentioned documents to be submitted at respective TPA as mentioned in policy schedule

In case submitted documents fulfill the need of processing the claim, the settlement of claimed amount will be credited to your account within 15 days on the receipt of last document received.

Step 04



How to find delisted hospitals:

https://www.tataaig.com/s3/Others_list-of-delisted-hospitals_1998633f24.pdf

List of documents needed to avail Reimbursement:

- Duly filled and signed Claim form - Link to Download Claim Forms <https://www.tataaig.com/downloads>
- Insurance Card or Policy Copy
- Medical Certificate signed by the doctor
- Original discharge summary & Original consolidated final bill.
- Break ups required for the submitted final bill.
- Cash paid receipts of hospital/pharmacy/lab.
- Bank details of payee name with printed.
- Supportive investigation reports.
- In case of implants used, invoices are required.
- In case of Accidental injuries, MLC/ FIR are required.
- In case of death of main member, details of nominee (as per policy schedule), along with address & ID proof of nominee.
- In case claim value above Rs 1 lakh, CKYC form with mandatory columns filled, with photograph of main member and cross signed on it.

In case of any deficiency, a letter will be sent to your registered e-mail ID, and if you fail to submit the same within the given period of time, the claim will be closed and read as NO CLAIM.