

Please review your Optima Senior policy and familiarize yourself with the benefits available and the policy exclusions.

In order to provide you fast and efficient service, we request you to kindly make a note of the following points.

1. We recommend that you keep copies of all documents submitted to Apollo Munich Health Insurance Co. Ltd.
2. Please quote your member ID/policy number in all your correspondences.

In case you need to avail inpatient hospitalisation services, you can go to any hospital\* of your choice, i.e. a Hospital\* in our network or a hospital\* outside the network. The difference between the two is that with a network hospital you can use "Cashless Services", whereas for a non network hospital, you will have to settle the bills and claim for reimbursement.

| Hospitalisation in Non Network Hospitals  | Hospitalisation in Network Hospitals  |
|---|---|
| <p><b>Emergency Hospitalisation</b></p> <p><b>Step 1:</b> Get admitted into the hospital</p> <p><b>Step 2:</b> As soon as possible, inform Apollo Munich about the hospitalisation</p> <p><b>Step 3:</b> At the time of discharge, settle the hospital bills in full and collect all the bills, documents and reports</p> <p><b>Step 4:</b> Lodge your claim with Apollo Munich for processing and reimbursement</p> <p><b>Planned Hospitalisation</b></p> <p><b>Step 1:</b> Inform Apollo Munich about the planned hospitalisation atleast 48 hours prior to the admission</p> <p><b>Step 2:</b> Get admitted into the hospital.</p> <p><b>Step 3:</b> At the time of discharge, settle the hospital bills in full and collect all the bills, documents and reports.</p> <p><b>Step 4:</b> Lodge your claim with Apollo Munich for processing and reimbursement.</p> | <p><b>Emergency Hospitalisation</b></p> <p><b>Step 1:</b> Get admitted into the hospital and inform Apollo Munich within 24hours of hospitalisation.</p> <p><b>Step 2:</b> Coordinate with the hospital to have the details sent to Apollo Munich for authorization for cashless service.</p> <p><b>Step 3:</b> A) In cases of a very short stay at the hospital or if the authorisation for "Cashless Service" was not received from Apollo Munich or if "Cashless Service" was denied by Apollo Munich</p> <ol style="list-style-type: none"> <li>i) At the time of discharge settle the hospital bills in full and collect all the bills documents and reports.</li> <li>ii) Lodge your claim with Apollo Munich for processing and reimbursement.</li> </ol> <p>OR</p> <p>B) If authorisation for "Cashless Service" from Apollo Munich has been received at the time of discharge</p> <ol style="list-style-type: none"> <li>a) Pay for those items that are not reimbursable under the Optima Senior policy including applicable copayment.</li> <li>b) Verify the bills and sign on all the bills and the authorisation letter.</li> <li>c) Leave the original discharge summary and other investigations reports with the hospital. Retain a Photo copy for your records.</li> <li>d) Sign the Claim Form.</li> </ol> <p><b>Planned Hospitalisation</b></p> <p><b>Step 1:</b> Please co ordinate with your doctor and the hospital and send in all the details of your planned hospitalisation including the plan of treatment, cost estimates etc. to Apollo Munich. Also indicate the address or fax number to where the authorisation is to be sent along with the mobile no. to receive updates on your claims and authorisations This should be sent to Apollo Munich at least 7 days prior to the admission</p> <p><b>Step 2:</b> A) If authorisation for "Cashless Service" from Apollo Munich has been received by you</p> <ul style="list-style-type: none"> <li>• At the time of admission, hand in the authorisation letter and a photocopy of your ID card to the hospital.</li> <li>• At the time of discharge:             <ol style="list-style-type: none"> <li>a) Pay for those items that are not reimbursable under the Optima Senior policy including applicable copayment.</li> <li>b) Verify the bills and sign on all the bills</li> <li>c) Leave the original discharge summary and other investigations reports with the hospital. Retain a Photo copy for your records d) Sign the Claim Form</li> </ol> </li> </ul> <p>OR</p> <p>B) In case "Cashless Service" was denied by Apollo Munich</p> <ul style="list-style-type: none"> <li>• At the time of discharge settle the hospital bills in full and collect all the bills documents and reports and Payment Receipt.</li> <li>• If you wish, lodge your claim with Apollo Munich for processing and reimbursement.</li> </ul> |

**Hospital** A hospital means any institution established for in-patient care and day care treatment of illness and/or injuries and which has been registered as a hospital with the local authorities under the Clinical Establishments (Registration and Regulation) Act, 2010 or under the enactments specified under the Schedule of Section 56(1) of the said Act OR complies with all minimum criteria as under:

- has qualified nursing staff under its employment round the clock;
- has at least 10 in-patient beds in towns having a population of less than 10,00,000 and at least 15 in-patient beds in all other places;
- has qualified medical practitioner(s) in charge round the clock;
- has a fully equipped operation theatre of its own where surgical procedures are carried out;
- maintains daily records of patients and makes these accessible to the insurance company's authorized personnel.

| Intimation & Assistance  | Procedure for Reimbursement of Medical Expenses   | Procedure to avail Cashless facility  |
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| <p>Please contact Apollo Munich atleast 48 hours prior to an event which might give rise to a claim.</p> <p>For any emergency situations, kindly contact Apollo Munich within 24 hours of the event.</p> <p>Apollo Munich can be contacted through:</p> <ul style="list-style-type: none"> <li>- <b>24 x 7 Toll free:</b><br/>1800 - 102 - 0333</li> <li>- <b>E-mail at:</b><br/>customerservice@apollomunichinsurance.com</li> <li>- <b>Fax at:</b><br/>1800 - 425 - 4077</li> <li>- <b>Post and Courier to the nearest claims hub:</b><br/>Claims Department,<br/>Apollo Munich Health Insurance Co. Ltd.,<br/>Ground Floor, Srinilaya - Cyber Spazio,<br/>Road No. 2, Banjara Hills,<br/>Hyderabad-500034, Telangana.</li> </ul> <p>or: Claims Department,<br/>Apollo Munich Health Insurance Co. Ltd.,<br/>Central Processing Center, 2nd &amp; 3rd Floor,<br/>iLABS Centre, Plot No. 404-405, Udyog<br/>Vihar, Phase-III, Gurgaon-122016, Haryana.</p> <p>Please use the Claim Intimation Form for intimation of a claim.</p> | <ul style="list-style-type: none"> <li>• Please send the duly signed claim form and all the information/documents mentioned* therein to Apollo Munich within 15 days of the completion of the treatment.</li> <li>* Please refer to claim form for complete documentation.</li> <li>• If there is any deficiency in the documents/ information submitted by you, Apollo Munich will send the deficiency letter within 7 days of receipt of the claim documents.</li> <li>• On receipt of the complete set of claim documents, Apollo Munich will send the cheque for the admissible amount, along with a settlement statement within 30 days.</li> <li>• The cheque will be sent in the name of the proposer.</li> </ul> <p><b>Note: Payment will only be made for items covered under your policy and upto the limits therein.</b></p> | <ul style="list-style-type: none"> <li>• For any emergency hospitalisation, Apollo Munich must be informed no later than 24 hours of the start of the Insured Person's hospitalization.</li> <li>• For any planned hospitalization, kindly seek cashless authorization from Apollo Munich atleast 48 hours prior to the start of the Insured Person's hospitalization.</li> <li>• Apollo Munich will check your coverage as per the eligibility and send an authorization letter to the provider. In case there is any deficiency in the documents sent, the same shall be communicated to the hospital within 6 hours of receipt of documents.</li> <li>• Please pay the non-medical and expenses not covered to the hospital prior to the discharge.</li> <li>• In case the ailment /treatment is not covered under the policy a rejection letter would be sent to the provider within 6 hours.</li> </ul> <p><b>Note:</b></p> <ul style="list-style-type: none"> <li>• <b>Insured person is entitled for cashless only in our empanelled hospitals.</b></li> <li>• <b>Please refer to the list of empanelled hospitals on our website Or the list provided in the guidebook or welcome kit.</b></li> <li>• <b>Rejection of cashless in no way indicates rejection of the claim.</b></li> </ul> |

### Claim Procedure for E-opinion

| Intimation & Assistance   | Claims Procedure  |
|---|---|
| <p>Please contact Apollo Munich within 14 days of diagnosis of first occurrence of Critical Illness.</p> <p>Apollo Munich can be contacted through:</p> <ul style="list-style-type: none"> <li>- <b>24 x 7 Toll free:</b><br/>1800 - 102 - 0333</li> <li>- <b>E-mail at:</b><br/>customerservice@apollomunichinsurance.com</li> <li>- <b>Fax at:</b><br/>1800 - 425 - 4077</li> <li>- <b>Post and Courier to the nearest claims hub:</b><br/>Claims Department,<br/>Apollo Munich Health Insurance Co. Ltd.,<br/>Ground Floor, Srinilaya - Cyber Spazio,<br/>Road No. 2, Banjara Hills,<br/>Hyderabad-500034, Telangana.</li> </ul> <p>or : Claims Department,<br/>Apollo Munich Health Insurance Co. Ltd.,<br/>Central Processing Center, 2nd &amp; 3rd Floor, iLABS Centre, Plot No.<br/>404-405, Udyog Vihar, Phase-III, Gurgaon-122016, Haryana.</p> <p>Please use the Claim Intimation Form for intimation of a claim.</p> | <p><b>E-opinion</b></p> <ul style="list-style-type: none"> <li>• Please submit duly filled claim form along with the copy of all medical reports including investigation reports and discharge summary (if any) at any of Apollo Munich Branch Office.</li> <li>• You need to select Our Panel Doctor from whom You would prefer to take the e-opinion. (Please refer Our Website or call at 24X 7 Toll Free line to obtain the list of Our Panel Doctors)</li> <li>• On receipt of the complete set of documents Apollo Munich will forward the same to the concerned doctor.</li> <li>• The E-Opinion will be forwarded to the member within 7 working days of the receipt of the complete set of documents.</li> </ul> |

For any doubt or clarifications and/or information, call our Toll Free Line at 1800-102-0333 or log on to our website www.apollomunichinsurance.com or e-mail us at customerservice@apollomunichinsurance.com

**We would be happy to assist you. For any help contact us at: E-mail : customerservice@apollomunichinsurance.com Toll Free : 1800-102-0333**