

Please review your Health Wallet policy and familiarize yourself with the benefits available and the exclusions. To help us to provide you with fast and efficient service, We kindly ask you to note the following.

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

Claim Procedure for Hospitalisation related benefits

What do I do in case of a claim or any assistance?

Intimation & Assistance	Procedure for Reimbursement of Medical Expenses	Procedure to avail Cashless facility
<p>Please contact us atleast 48 hours prior to an event which might give rise to a claim. For any emergency situations, kindly contact us 24 hours of the event. We can be contacted through:</p> <ul style="list-style-type: none"> - Website: www.apollomunichinsurance.com - Toll Free: 1800-102- 0333 - Fax: 1800- 425- 4077 - Courier: Claims Department, Apollo Munich Health Insurance Co. Ltd., Ground floor, Srinilaya – Cyber Spazio Suite # 101,102,109 & 110, Ground Floor, Road No. 2, Banjara Hills, Hyderabad-500 034. <p>or : Claims Department, Apollo Munich Health Insurance Co. Ltd., Central Processing Center, 2nd & 3rd Floor, iLABS Centre, Plot No. 404-405, Udyog Vihar, Phase-III, Gurgaon-122016, Haryana.</p> <p>Please use the Claim Intimation Form available at our website for intimation of a claim.</p>	<ul style="list-style-type: none"> • Please send the duly signed claim form and all the information/documents mentioned* therein to us within 15 days of the completion of the treatment. * Please refer to claim form for complete documentation. • If there is any deficiency in the documents/ information submitted by you, We will send the deficiency letter within 7 days of receipt of the claim documents. • On receipt of the complete set of claim documents, we will make the payment for the admissible amount, along with a settlement statement within 30 days. • The payment will be made in the name of the proposer. <p>Note: Payment will only be made for items covered under your policy and upto the limits therein.</p>	<ul style="list-style-type: none"> • For any emergency Hospitalisation, We must be informed no later than 24 hours after hospitalization. • For any planned hospitalization, kindly seek cashless authorization from us atleast 48 hours prior to the hospitalization. • We 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. • Please pay the non-medical and expenses not covered to the hospital prior to the discharge. • In case the ailment /treatment is not covered under the policy a rejection letter would be sent to the provider within 6 hours. <p>Note:</p> <ul style="list-style-type: none"> • Insured person is entitled for cashless only in our empanelled hospitals. • Please refer to the list of empanelled hospitals on our website Or the list provided in the welcome kit. • Please refer to the list of non-medical expenses not covered in the policy in annexure I of policy wordings. • Rejection of cashless in no way indicates rejection of the claim.

Claim Procedure for E-opinion

What do I do in case of a claim or any assistance?

- 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 our Branch Office.
- 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)
- On receipt of the complete set of documents We will forward the same to the concerned doctor.
- The E-Opinion will be forwarded to the member within 7 working days of the receipt of the complete set of documents.

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 email 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