



हेल्थ इन्श्योरेंस टीपीए ऑफ इन्डिया लिमिटेड
HEALTH INSURANCE TPA OF INDIA LIMITED

Process flow for MSTC

Cashless Claim

HI TPA shall provide the Pre- Authorization to the insured member for availing treatment on Cashless basis at Network hospital.



Member shows the card at hospital



Hospital fills the Pre-Auth request & sends it to HI TPA



1. Member selects the network Hospital where he wishes to be treated. (For updated network hospital list check HI TPA website www.hitpa.co.in)
2. Member ID card is shown to the hospital TPA desk.
3. The hospital asks members to fill the Pre-Authorization Request form for cashless claim.
4. Insured members fill pre-authorization request form with relevant information.
5. Hospital sends Pre-Authorization Request Form; ailment details & treatment estimate duly signed by treating doctor to HI TPA.
6. HI TPA provides Pre-Authorization Approval to hospital based on policy coverage, terms and conditions.
7. Card Holder avails cashless treatment, fills up the claim form and gets discharged from the hospital after paying non-payable items etc.
8. The hospital submits all the claim documents in original like Preauthorization Approval Form, Claim Form, Discharge Summary, Patient Bills, Reports, etc. to HITPA.
9. HI TPA team processes the claim documents and Insurance Company makes the payment to the hospital.
10. If due to any reason the cashless facility is not availed or is not approved Insured member pays for the treatment upfront, Reimbursement of claim shall be filed with HI TPA after submission of Claim Documents as per documents checklist provided in the Claim Form/Website.

Reimbursement Claim

HI TPA shall process reimbursement claims of its members for the medical treatment availed by them in Non-Network Hospitals or for cases where cashless is not availed or denied.



Member undergoes Hospitalization





HI TPA receives the documents & reviews it



1. The insured member undergoes treatment at a hospital meeting the policy criteria.
2. Insured member informs the HI TPA/Insurer within 24 hours of hospitalization, Intimation Mail -ID *Customerservice@hitpa.co.in*.
3. Insured member makes the payment to hospital & collects all original bills & reports and gets claim form filled, and counter signed by treating doctor.
4. Insured member Submits the copy of Member id card, original Claim form, original bills, reports Etc. (detail check list attached) to HI TPA as per documents check list provided in the claim form/website/FAQs.
5. Claim will be processed as per policy T&C and payment is made to the Insured through NEFT.
6. Documents checklist is available at our portal www.hitpa.co.in/downloads/claimchecklist
7. Submission of Hospitalization / Pre & Post- Hospitalization Claim should be submitted to TPA with in 15 days of discharge from hospital.

Reimbursement original claim documents need to be submitted/sent at following address only.

A) Health Insurance TPA of India Ltd.

1st floor National Insurance Building, 8 India Exchange Place , Kolkata – 700001

HI TPA OFFICIALS AVAILABLE FOR ALL UPDATES

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