

**Tata Institute of Social Sciences  
Office of Students' Affairs (OSA), Mumbai**

**BASIC DETAILS FOR CLAIMING MEDICAL INSURANCE, 2023**

**COMPANY NAME: IFFCO TOKIO GENERAL INSURANCE COMPANY LTD**

**TPA: ERICSON INSURANCE TPA Pvt Ltd**

**POLICY NO : H1264292**

**POLICY PERIOD: 11/07/2023 to 10/07/2024**

**COVERAGE PROVIDED:**

- 1) All students are entitled to claim Rs.5000/- under OPD treatment for a policy period.
- 2) Cashless Mediclaim (requires more than 24 hours of hospitalization) - The coverage is for Rs.1 lac. Student can go for cashless, in case the hospital is on empaneled list of Health Insurance Company or go for reimbursement in case non-empaneled hospital. In all cases immediate intimation shall be given to our Call Center within 24 hours of Hospitalization or write to [intimation@ericsontpa.com](mailto:intimation@ericsontpa.com) with cc to [stud.insurance@tiss.edu](mailto:stud.insurance@tiss.edu) with the details of student's name, Enrollment Number, date of admission, hospital name and purpose of admission.
- 3) Personal Accident Cover- Rs.1 lac

**Other features:**

Pre - existing diseases / Illness Covered from day 1  
Hospitalization: Room Rent Rs.2000/- per day and Rs.4000/- for ICU  
Cataract covered Rs.25000/- per eye.

<b>Campus</b>	<b>TISS Officials (Campus Wise)</b>	<b>TPA Contact Details</b>	<b>Insurer Contact Details</b>
<b>Mumbai</b>	Mr. Vishal Tawde, Admin. Assistant, Office of Students' Affairs – 022 25525916 /08355936733 Email : stud.insurance@tiss.edu	1 <sup>st</sup> Level - Contact Centre : 022-41548300 / 1800 202 2034	Mahesh D. Khandare Sr. Executive Iffco Tokio General Insurance Chembur Email: Mahesh.Khandare@Iffcotokio.co.in Mob: 8448446733  Mr Jaydeep Dhamal Iffco Tokio General Insurance Chembur Email:Jaydeep.Dhamal@Iffcotokio.co.in Mob: 9833755668
	Mr. Santosh Palve , Office of Students' Affairs – 022 25525916 / 9224312354 / Email : santoshp@tiss.edu	2 <sup>nd</sup> Level - Mr Prashant Balmiki 70455 92057 <a href="mailto:tiss@ericsontpa.com">tiss@ericsontpa.com</a>	
<b>Tuljapur</b>	Ms. Reshma Sayyad – 9890736342/ Email : reshma.sayyad@tiss.edu	3 <sup>rd</sup> Level - Ms Akshada Nawale 7208963271 <a href="mailto:akshada@ericsontpa.com">akshada@ericsontpa.com</a>	
<b>Hyderabad</b>	Mr. Sandeep Ananda - 9492167545 Email : sandeep.ananda@tiss.edu		
<b>Guwahati</b>	Ms. Chayanika Das – 9957187259 Email : chayanika.das@tiss.edu	<b>TPA Address:</b> Ericson Insurance TPA Pvt Ltd 11-C, 2 <sup>nd</sup> Floor, Corporate Park, S T Road, Chembur (East), Mumbai – 400 071.	

**IMP: All claims form and documents for reimbursement should be submit to the Students' Affairs Office of respective campuses.**

Sr. No	Particulars	Cashless Hospitalization	Hospitalization Reimbursement	OPD Claim
1	<b>Hospitalization</b>	<p>a) Hospitalization period should be more than 24 hours  b) Cashless facility is available only in the network hospitals.</p> <p>NOTE: In case of hospitalization, students accompanied/relative are required to inform within 24 hours about the hospitalization of patient through email to <a href="mailto:cashless@ericsontpa.com">cashless@ericsontpa.com</a> cc to <a href="mailto:tiss@ericsontpa.com">tiss@ericsontpa.com</a> &amp; <a href="mailto:stud.insurance@tiss.edu">stud.insurance@tiss.edu</a> and contact the TPA section in the hospital to avail cashless facility.</p>	<p>a) Hospitalization period should be more than 24 hours  b) If admitted to non-network hospital, students can claim reimbursement of hospital expenses upto Rs. 1Lac</p> <p>NOTE: In case of hospitalization, students accompanied/relative are required to inform within 24 hours about the hospitalization of patient through email at <a href="mailto:intimation@ericsontpa.com">intimation@ericsontpa.com</a> cc to <a href="mailto:tiss@ericsontpa.com">tiss@ericsontpa.com</a> &amp; <a href="mailto:osa@tiss.edu">osa@tiss.edu</a> to get reimbursement</p>	<p>OPD reimbursement can be claimed upto Rs.5000/- within policy period. (Dental Treatment is not covered)</p> <p>Please submit the filled in hard copy of form 'A' along with all relevant documents <b>to respective campuses.</b></p>

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2	<b>Intimation</b>	<p><b>Planned Hospitalization (Cashless):</b> Submit Pre-authorization form 48 hours prior to Hospitalization available in network hospital.</p> <p><b>Emergency Hospitalization (Cashless):</b> Intimation should be given within 24 hours of Date of Admission.</p>	<p><b>Pls Note:</b> After Intimation Student will get Claim intimation no. via email or through toll free no. service person.</p> <p>You are requested to register the claims in the following format on the following id i.e.</p> <p>Toll free: <b>1800 202 2034</b></p> <p>By Mail: <a href="mailto:intimation@ericsontpa.com">intimation@ericsontpa.com</a> Cc: <a href="mailto:tiss@ericsontpa.com">tiss@ericsontpa.com</a> <a href="mailto:stud.insurance@tiss.edu">stud.insurance@tiss.edu</a></p> <p>Mentioned Claim Intimation no. on claim form A for faster claim processing.</p> <p><b>Hospitalization Reimbursement:</b> In case student opts for Non- network hospital, even then intimation should be given within 24 hours of Date of Admission.</p>	

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		<p><b>Format to intimate via email in the case of hospitalisation:</b></p> <table border="1" data-bbox="537 305 1352 813"> <tr> <td data-bbox="537 305 827 378">Name of the insured</td> <td data-bbox="827 305 1352 378">TATA INSTITUTE OF SOCIAL SCIENCE</td> </tr> <tr> <td data-bbox="537 378 827 418">Policy no</td> <td data-bbox="827 378 1352 418">H1264292</td> </tr> <tr> <td data-bbox="537 418 827 475">Period</td> <td data-bbox="827 418 1352 475">11/07/2023 to 10/07/2024</td> </tr> <tr> <td data-bbox="537 475 827 548">Insurance co. name</td> <td data-bbox="827 475 1352 548">IFFCO-TOKIO GENERAL INSURANCE COMPANY LTD</td> </tr> <tr> <td data-bbox="537 548 827 621">Student Name &amp; Enroll No.</td> <td data-bbox="827 548 1352 621"></td> </tr> <tr> <td data-bbox="537 621 827 695">Reason for Hospitalization</td> <td data-bbox="827 621 1352 695"></td> </tr> <tr> <td data-bbox="537 695 827 735">Date of admission</td> <td data-bbox="827 695 1352 735"></td> </tr> <tr> <td data-bbox="537 735 827 813">Hospital Name &amp; Address</td> <td data-bbox="827 735 1352 813"></td> </tr> </table>		Name of the insured	TATA INSTITUTE OF SOCIAL SCIENCE	Policy no	H1264292	Period	11/07/2023 to 10/07/2024	Insurance co. name	IFFCO-TOKIO GENERAL INSURANCE COMPANY LTD	Student Name & Enroll No.		Reason for Hospitalization		Date of admission		Hospital Name & Address		
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3	<b>Documents to be carried in case of hospitalization</b>	a) Insurance Card b) Identity Card c) Referral Letter from Doctor/ in-house Doctor (for Mumbai campus only). In case of emergency or the student is away from campus, referral letter is not required.																		
4	<b>Time Limit for submission of reimbursement claims</b>	Reimbursement claim should be submitted <b>within 20 days from the date of Discharge</b> to the Office of Students' Affairs. (In case of Tuljapur / Guwahati /Hyderabad campus submit the claim form to the concerned officer designated for the Insurance)		OPD claims should be submitted <b>within 30 days from the date of treatment to OSA, of respective campuses.</b> It can be submitted partly in case of prolonged treatment.																

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5	<p><b>Documents to be submitted for the reimbursement claim</b></p>	<p>Follow below process to avail cashless benefit.</p> <ul style="list-style-type: none"> <li>• Go to Hospital TPA Desk</li> <li>• Share E-card of the patient.</li> <li>• Ask TPA counter that you want to avail cashless benefit.</li> <li>• Fill up the pre-authorization form &amp; submit to TPA along with all previous consultation papers/lab reports/ prescription which is mandatory for processing.</li> <li>• TPA will share pre-auth letter once the claim get approved. (i.e Pre approval letter).</li> <li>• On the Discharge date hospital will share all discharge documents (Such as final hospital bill, discharge cards, Investigation reports etc.) to TPA.</li> <li>• TPA will share final approval letter or denial letter (If denied) to hospital. (In case of denial of the claim all claim amount shall be borne by the patient itself).</li> <li>• <b>Patient need to pay non-admissible expenses to hospital. (Only in case of claim get approved &amp; if certain amount deducted by TPA as non-admissible expenses).</b></li> </ul>	<p>The list of documents required for submission for reimbursement are as follows</p> <ol style="list-style-type: none"> <li>1. Duly filled Claim form A and B (signed by the Insured and the treating doctor)- click on the link <a href="https://www.ericsontpa.com/pdf_files/Claim%20Form%20Part%20A%20&amp;%20B.pdf">https://www.ericsontpa.com/pdf_files/Claim%20Form%20Part%20A%20&amp;%20B.pdf</a></li> <li>2. Discharge summary (with details of complaints &amp; the treatment availed</li> <li>3. Final Hospital Bill (detail breakup) along with interim bills</li> <li>4. Payment Receipts</li> <li>5. Doctor’s consultation papers</li> <li>6. All investigation reports (e.g. Blood report, X-ray, Sonography, MRI, etc.)</li> <li>7. All pharmacy bills supporting with doctor prescriptions</li> <li>8. Implant sticker / invoice, if used (e.g. lens details in cataract case, stent details in angioplasty)</li> <li>9. Medico Legal Certificate (MLC) and / or FIR for all accident cases</li> <li>10. For miscellaneous charges - detail bills with supporting prescription of the Treating doctor</li> <li>11. Copy of Health card</li> <li>12. Indoor case papers (where applicable)</li> <li>13. Revenue stamp required for every cash receipt above 5,000/-</li> <li>14. Any other related documents</li> <li>15. Aadhar Card/ Voter ID/ Pan Card</li> <li>16. Cancelled Cheque Leaf with payee name</li> </ol>	<p><b>Required Documents</b></p> <ol style="list-style-type: none"> <li>1) dully filled Claim form Part A. Click on the link <a href="https://www.ericsontpa.com/pdf_files/Claim%20Form%20Part%20A%20&amp;%20B.pdf">https://www.ericsontpa.com/pdf_files/Claim%20Form%20Part%20A%20&amp;%20B.pdf</a></li> <li>2) Doctor’s consultation and Prescription paper</li> <li>3) All investigation reports (e.g. Blood report, X-ray, Sonography, MRI, etc.) in original</li> <li>4) All pharmacy bills supporting with doctor prescriptions</li> <li>5) Cancelled chq Leaf with payee name printed</li> </ol>

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			printed 17. Enclosed Claim form for Re- imbursement claims.	
6	<b>Submission of Deficiency Documents</b>		Deficient documents should be submitted within 15 days of receipt of the deficiency intimation. If not submitted within 15 days, the claim will be closed.	Deficient documents should be submitted within 15 days of receipt of the deficiency intimation. If not submitted within 15 days, the claim will be closed.
7	<b>Pre &amp; Post Hospitalization</b>	<p><b>Pre &amp; Post Hospitalization:</b> Expenses incurred in relation to the illness of hospitalization, generally 30 days prior to the date of hospitalization as well as 60 days post (after) hospitalization <b>can be claimed.</b></p> <p><b>Timeline for reimbursement claim for Pre-hospitalization:</b> Pre-hospitalization &amp; hospitalization claim papers have to be submitted together within 15 days of discharge.</p> <p><b>Timeline for reimbursement claim for Post-hospitalization:</b> Claim form should be submitted within 7 days from the date of completion of treatment or within 60 days from the date of discharge, whichever is earlier.</p> <p><b>Documents :</b></p> <ul style="list-style-type: none"> <li>• Copy of Discharge Card</li> <li>• Copy of Detailed Discharge Summary (should specify summary of diagnosis, period of admission and line of treatment )</li> <li>• Original Prescriptions</li> <li>• Original Investigation Report &amp; bills</li> <li>• Original Medicine Bills</li> </ul>		

Note: **1) Please retain a set of photocopy of documents submitted for insurance claim for future reference.**  
**2) Institute shall not be responsible for return of deposit money collected by hospital.**