1. What are the services offered by FHPL to its beneficiaries?
   Cashless services at Network Hospitals, Member Reimbursement facility for admission in Non-Network hospitals, personalized client servicing, enrollment of members for issuance of cashless e-card, 24/7 call centre and Claims administration.

2. Is maternity covered under Insurance Policy?
   Yes. Maternity Coverage for SM & below upto Rs.75,000/- & AVP & above upto Rs.100,000/-, Maternity Pre-Post Natal covered upto Rs.5,000/- (within maternity limit) –for Metro Cities covered upto Rs.10,000/- limit, New born Baby Charges including vaccination upto Rs.5,000/- (within maternity limit)

3. Is Ayurvedic treatment covered under Insurance Policy?
   Yes. Hospitalization expenses reimbursable upto Sum Insured for treatment taken under Ayurveda, Unani, Sidha or homeopathy.

4. Are both Internal & external congenital ailment are covered under Insurance Policy?
   Yes.

5. Is Mid-term update/joining of family members are covered?
   Yes.

6. Do you cover Out Patient services under the insurance policy?
   No

7. Do you cover Ambulance charges in all claims?
   Yes. Ambulance Charges are covered upto 5,000/-

8. Are emergencies / ailments that happen on overseas trips covered by FHPL?
   No, FHPL has arrangement only with Indian insurance companies. These companies do not extend cover outside India.

9. Who can avail the benefit under the Health Insurance policy?
   Generally people from the age of 3 months/New Born with no maximum age limit will be covered under health insurance policies. However group policies being tailor made, there could be variation in minimum age and maximum age limits. Coverage is as per policy conditions.

10. Where can the member avail the required services?
    Cashless facility can be availed at FHPL network hospitals or in case of admission in any other hospital in India that satisfies the definition of hospital mentioned in the policy, then the member has to pay the amount first and submit the bills along with complete documents at FHPL for re-imbursement.

11. Can I change my or my dependants name in between the policy period?
    No

12. Should the claim be submitted with the insurance company or with FHPL?
13. **In case of partial settlement of claims, can the member claim for the balance by producing the required documents?**
Yes, but only eligible amount as per the terms and condition of the policy shall be paid. The member has to quote the claim number & UHID for such resettlement. The request for resettlement should be received by us within 15 days of receipt of claim cheque by you.

14. **If I have not utilized my permissible eligibility amount in a particular policy period will I get any benefits like carry forward for the next period if I renew the policy?**
The Health insurance policy is valid for a period of one year. This amount cannot be carried forward to subsequent period.

15. **What are the documents which are to be submitted for reimbursement procedure?**
All the documents are to be submitted in **Original** for reimbursement.
Following are the documents which are to be submitted:
- Claims form duly filled and signed.
- Photocopy of FHPL's ID card
- Discharge Summary.
- Consolidated hospitalization bill with break-ups.
- Investigation reports.
- Pharmacy bills with prescriptions in case of pre-post claims.
- In case of hospitalization due to accident, copy of MLC should be submitted along with claim documents.

Note: member needs to retain the photocopy of all the submitted documents for future reference.

16. **Are there any charges by the hospital, which are not reimbursable and hence have to be paid by me even after “Cashless Service” has been authorized for treatment in the network hospitals?**
Yes. There are quite a few charges, which are not reimbursable and have to be paid by you even though you have been authorized for “Cashless Service” at the Network Hospitals. Basically non medical items.

17. **Is Hospital registration certificate are mandatory?**
No, but it is mandatory that the treatment has to be taken in a hospital or nursing home. The hospital in which the treatment is taken should satisfy the definition of ‘hospital’ as given in your policy. Treatment taken in clinics or home will not be payable.

18. **What is the time frame for submitting your reimbursement claim after getting discharge from the hospital?**
Claim for reimbursement should be submitted within 120 days and Maternity claims may be submitted within 180 days from date of discharge. Claim intimation is not mandatory.

19. **If employee & spouse are working in HDFC bank then total of SUM insured of both is applicable for claiming purpose including Maternity claims??**
Yes, In case of Employee & Spouse working for HDFC Bank, the Sum Insured total of both will be considered for Claim purpose including Maternity claim.
20. **Whom should I cover in family floater policy?**
   Can cover Spouse, Two Parents & Children out of first two deliveries. – No age limit for coverage.

21. **Do you pay vaccination charges for baby covered under policy?**
   Yes, New born Baby Charges including vaccination – up to INR. 5,000/- (within maternity limit)

22. **Is there any capping on room rent under this policy?**
   There is no Room Rent Capping under the policy.

23. **What are Day-Care Surgeries/procedures?**
   Day Care surgeries/procedures are those which do not require 24 hours of hospitalization such as Cataract (Eye) surgery, Dialysis, Kidney stone removal, Chemotherapy, D&C etc. List of day care procedures covered are listed in your policy.

24. **Where and how to check network provider list?**
   You can check in our web site www.fhpl.net / HDFC bank portal.

25. **Can we claim medical expenses incurred before and after the hospitalization?**
   Yes, under the mediclaim policy, medical expenses incurred 30 days before the date of admission in hospital (pre-hospitalization) and medical expenses incurred 60 days from the date of discharge (post-hospitalization) are covered. But these medical expenses must be relating to the treatment for which hospitalization has happened.

26. **What is the procedure to avail cashless facility?**
   Customer can walk into any of the FHPL network hospitals with copy of his/her TPA e-card and Identity proof and approach Hospital reception. Pre-authorisation form has to be filled which has two parts. Part 1 needs to be filled by the patient or the patient's family member and part 2 needs to be filled by the Hospital authority/Treating doctor. The completed request form will be faxed or mailed to FHPL by the hospital. Once pre-authorisation form is received by FHPL the case will be processed and the initial authorization letter (approved or rejected) will be faxed/emailed back to hospital by FHPL. Member will be intimated of the status of cashless request through SMS.

   **Note:-**
   For planned hospitalization: - Pre-authorisation form to be sent 48 hours before the hospitalization.
   For Emergency: - Pre-authorisation form to be sent within 6 hours from the time of admission.