

COMMON REASONS HEALTH INSURANCE CLAIMS DELAY & DENIAL



CLAIMS DELAY

Not filing a claim in time (Submission after 30 days from discharge)

One of the main reasons why claim settlements delay is because Insureds are not able to submit a claim on time. Every policy has a deadline in its term and conditions under which the claim should be filed. Employee must ensure that the original claim document reaches TPA within 30 days from date of discharge. Thus, it is vital to take time out of your day and get the claim submission done within the deadline to avoid any delay.

Losing Medical Documents or Partial Submission of documents

Papers are a vital part of the claim settlement. Loss or Non submission of complete set of original documents can result in a delay in the claim process. Everyone with a plan must keep a backup of the original document and must also retain photocopies of the same. If the papers are lost, the time taken to file the claim will increase.

Data Not found

For the New joiner/ Newborn Baby/Newly married Spouse where the enrolment & Ecard yet to be issue

High Value Reimbursement claim Verification

As per Audit requirement all High value Reimbursement claim greater than 1 Lakhs is processed post verification with hospital. The Turn around time for case investigation cases is 15-20 working days. This is also one of the cause of delay in claim settlement.

NEFT Return

Cancel cheque without Employee Name which is mandatory requirement as per KYC or Technical issues at payment level.



CLAIMS REJECTION

- Standard Exclusion as per Regulator - IRDA
- Less than 24 Hours Hospitalization
- Outpatient Claims
- 24 Hours of hospitalization with “No Active Line of Treatment”
- Date of Admission before policy start date or after policy end date
- Standalone Investigation
- Non-Submission of mandatory Document or Non-Submission of Duplicate/ Photocopy of documents
- Sum Insured Exhausted
- Out of Policy coverage
- Capping Ailment Limit exhausted
- Treatment taken in Non register Hospital
- Incorrect Information (Declaration of incorrect detail or Non eligible dependent during enrolment window)
- False insurance claims
- No Payable / Consumable as per IRDA/ Insurer list
- Warranted that treatments on trial/experimental

DEDICATED POINT OF CONTACT FOR CLAIMS		
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Note: Above Common Reasons are indicative. All other conditions are subject to policy Benefits, Terms & condition’s