Health Insurance Claims – FAQs

1. **How do I intimate a cashless hospitalization claim?**
   You can call +91 98210 34071 (1800 203 0234 for seniors) or email claims@narayanahealth.insurance within 24 hours of emergency admission or at least 48 hours before a planned admission to initiate cashless pre-authorization.

2. **What information is required for cashless pre-authorization?**
   Policy number; policyholder and insured person names; nature of illness/treatment; hospital name/address; admission date; estimated expenses.

3. **How soon will I receive a cashless authorization decision?**
   Initial response within 1 hour of receiving all documents; final approval within 3 hours of discharge request.

4. **What if my network hospital doesn't provide full details?**
   We will request missing information; once complete, we'll process the request as per the policy terms and conditions.

5. **Can I get cashless treatment outside your network?**
   Under our "cashless everywhere" initiative we may extend cashless to non-network hospitals; otherwise, you pay and file for reimbursement.

6. **Which documents are needed for reimbursement claims?**
   Completed claim form; photo ID/age proof; intimation reference; discharge summary; hospital bills; diagnostic & pharmacy bills; implant invoices; pre/post hospitalization reports; MLC/FIR for accidents; death summary/certificate if applicable; KYC documents, etc.

7. **Where do I submit reimbursement claim documents?**
   Send originals to: Claims Department, Narayana Health Insurance Ltd, No. 261/A Bommasandra Industrial Area, Bangalore 560099.

8. **What is the turnaround time for reimbursement settlements?**
   We aim to settle valid reimbursement claims within 15 days of receiving complete documents.

9. **What happens if documents are incomplete?**
   We'll send up to three reminders for missing docs; if still not received after 45 days, we may reject or part-settle the claim.

10. **How is interest handled for delayed claim payments?**
    If payment is delayed beyond prescribed TAT, we pay interest at 2% above the bank rate from document receipt to payment date.

11. **Can I file a claim after missing the intimation timeline?**
    Yes—provide a written explanation; we'll review delays beyond your control on merits.

12. **How do I track my claim status?**
    Email support@narayanahealth.insurance or call +91 98210 34071 quoting your claim reference.

13. **What if my claim is rejected?**
    We'll send reasons in writing within 15 days of receiving last documents; you can appeal or escalate to grievance@narayanahealth.insurance.

14. **Is there a lifetime limit on number of claims?**
No—claims are capped only by your sum insured; you can claim multiple times until the limit is exhausted.

15. **Are pre-hospitalization expenses covered?**
Yes, up to the period specified in your CIS; submit bills within 15 days from the discharge date.

16. **Are post-hospitalization expenses covered?**
Yes, for the period defined in your policy; include these bills in your reimbursement submission. Submit bills within 15 days from the completion of post-hospitalization period.

17. **Do I need to submit implant invoices?**
Submit original implant stickers and invoices (e.g., stents, lenses) with your claim documents.

18. **Is a Release of Information form needed?**
Yes—for cashless, we send it to you for signature to retrieve hospital records and invoices if required.

19. **How do I claim in case of accidental injury?**
Same process—plus provide MLC/FIR copy to support your accidental claim.

20. **What if you need to investigate my claim?**
We complete any necessary investigation within 15 days and settle within 30 days of full documentation.

21. **Do you inspect hospital records?**
Our representatives may inspect medical and hospitalization records to verify claims.

22. **How do I appeal a claim closure?**
Write to support@narayanahealth.insurance or escalate to grievance@narayanahealth.insurance; if unresolved.

23. **Are day-care procedures covered?**
Yes—listed day-care treatments in your CIS are covered under cashless or reimbursement.

24. **How will you refund my claim payment?**
We pay directly to network hospitals for cashless; reimbursements go to your bank account as per your claim form details.

25. **What if bank details change?**
Update your bank info by emailing support@narayanahealth.insurance so payments reach you correctly.

26. **Are tele-consultation records accepted?**
Only if they pertain directly to pre/post hospitalization and include practitioner's prescription and invoice.

27. **Who do I contact for further help?**
Email support@narayanahealth.insurance or call +91 9821034071 (1800 203 0234 for senior citizens); for escalations, use grievance@narayanahealth.insurance.

28. **What is the minimum hospital stay to claim?**
A minimum 24-hour hospitalization is generally required to file a claim; however, this may not apply for daycare treatments.

Narayana Health Insurance Limited | CIN : U65120KA2023PLC174002 **| IRDAI Reg. No. :**166
Website: www.narayanahealth.insurance **|E-Mail:** support@narayanahealth.insurance **|Phone:** +91 9821034071

Registered Office: No. 258/A, Bommasandra Industrial Area, Anekal Taluk, Bangalore - 560099, Karnataka, India
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29. **Are pre-existing diseases covered immediately?**
 No—pre-existing conditions are subject to a waiting period of up to 36 months. However, if our underwriting team has given a waiver for pre-existing diseases, those conditions are covered from day one.

30. **Can I claim for daycare procedures under 24-hour stay?**
 Yes, specified daycare procedures that don't require 24 hours stay are covered if listed in your policy.

31. **Is ambulance cover included in claims?**
 Yes, ambulance charges are reimbursable up to the sub-limits specified in your policy terms.

32. **Are non-allopathic treatments covered?**
 AYUSH treatments (Ayurveda, Yoga, Unani, Siddha, Homeopathy) are covered if taken in a government or IRDAI-approved hospital under hospitalization.

33. **What is the "any one illness" limit?**
 Claims for a continuous illness (including relapses within 45 days) are treated as a single claim under your sum insured.

34. **Are organ donor expenses covered?**
 Expenses incurred for harvesting and transplanting an organ from a donor to the insured are covered, including pre- and post-operative care, provided the procedure is medically necessary and performed in a network or approved hospital.

35. **Can I claim for congenital internal disease treatment?**
 Treatment of congenital internal diseases is generally subject to a waiting period (typically 2 – 3 years) before you can make a claim.

36. **How are sub-limits handled in a claim?**
 Any sub-limits (e.g., room rent, ICU charges, specific procedures) are applied per policy terms; expenses beyond these are payable by the insured.

37. **Is mental health treatment covered?**
 In-patient treatment for mental illnesses is covered under hospitalization benefits, subject to overall limits and sub-limits as per your policy.

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