

# Narayana Health Insurance Limited – Policy Servicing FAQs

We're here to help you understand and manage your health insurance journey smoothly.

## A. Before Buying the Policy

### 1. What should I consider before purchasing a health insurance policy?

Before purchasing, please review the Customer Information Sheet (CIS), sum insured, waiting periods, exclusions, coverage for pre/post-hospitalization, list of network hospitals, and portability options. We'll help you understand it all.

### 2. How do I verify if Narayana Health Insurance is IRDAI-approved?

We are registered with IRDAI. You can verify any insurer's status by visiting [www.irdai.gov.in](http://www.irdai.gov.in).

### 3. What documents will I receive when I purchase a policy?

You'll receive a Policy Bond, Customer Information Sheet (CIS), and a Benefits Illustration/Prospectus, either digitally or in physical form, as per your choice.

### 4. Can I receive the policy information in my preferred regional language?

Yes, we're happy to provide the CIS and other key documents in your local language upon request.

### 5. What is a CIS and why does it matter?

The CIS simplifies your policy, it clearly highlights benefits, exclusions, claims process, and grievance redressal in one place.

### 6. Are there any waiting periods I need to be aware of?

Yes, depending on the product and internal board approved underwriting decisions.

- Pre-existing conditions: 1–3 years
- Specific treatments: 2 years
- First 30 days: general illnesses (accidents excluded)

### 7. Can I include my parents or in-laws in my policy?

Yes. Depending on the plan, you can cover them either under a floater or individual policy. Call our sales helpline to explore eligible products.

### 8. What is a family floater policy?

It's a cost-effective plan where a single sum insured is shared by all covered family members.

## B. Policy Issuance & Details

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Narayana Health Insurance Limited | CIN : U65120KA2023PLC174002 | IRDAI Reg. No. :166

Website: [www.narayanahealth.insurance](http://www.narayanahealth.insurance) | E-Mail: [support@narayanahealth.insurance](mailto:support@narayanahealth.insurance) | Phone: +91 9821034071

**Registered Office:** No. 258/A, Bommasandra Industrial Area, Anekal Taluk, Bangalore - 560099, Karnataka, India  
**Corporate Office:** No. 261/A, Bommasandra Industrial Area, Anekal Taluk, Bangalore - 560099, Karnataka, India

**1. How quickly will I receive my policy after payment?**

Once we receive your complete payment, we issue the policy within the same day.

**2. What should I do if I don't receive my policy document?**

Call our Customer Support or write to [support@narayanahealth.insurance](mailto:support@narayanahealth.insurance)  
We'll make sure you receive your policy within the same day.

**3. Can I update details like name or nominee after policy issuance?**

Absolutely. Send us a request for endorsement. We'll process it within One week.

**4. Can I change the sum insured during the policy term?**

Mid-term changes aren't permitted, but you can revise the sum insured at the time of renewal.

**5. How can I update my contact details?**

Just email your request to [support@narayanahealth.insurance](mailto:support@narayanahealth.insurance).

**6. Can I add my newborn or newlywed spouse mid-policy?**

Yes, you can add a newlywed spouse or newborn within 30–90 days. A proportionate premium may apply.

**C. Policy Features and Benefits****1. What does cashless hospitalization mean?**

You don't need to pay upfront at our network hospitals except policy holder payable such as daily deductibles, excluded treatment charges etc, we coordinate payment directly with the hospital.

**2. Are there limits on room or ICU charges?**

Yes, the applicable room type and ICU limits depend on your chosen product. Exceeding these may result in proportionate deductions. Please reach out to us or check the CIS documents for room limits basis on the products you have chosen.

**3. Are annual health check-ups covered?**

Yes, annual health check-ups included at the time of renewal under most of our plans.

**4. How do I claim pre and post-hospitalization expenses?**

Submit bills incurred within the allowed pre and post-hospitalization period mentioned in your CIS. Submit your bills within 15 days from post hospitalization period completion.

**5. Does my plan cover day-care or OPD treatments?**

We cover listed day-care procedures and offer OPD discounts at selected centres. Please check your policy document for eligible OPD centres list.

**D. Claims & Servicing****1. How do I file a reimbursement claim?**

Send us the original bills, discharge summary, and medical reports and other documents.  
We'll settle your claim within 15 Days

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## 2. What if my hospital is not on your network?

We try to offer cashless coverage even at non-network hospitals under our “cashless everywhere” initiative. If unavailable, pay and file for reimbursement.

## 3. How quickly are claims settled?

- **Cashless:** Within 1–3 hours post pre-authorization request received from the hospital.
- **Reimbursement:** Within 15 Days of final document submission

## 4. What should I do if my claim is denied?

Write to [support@narayanahealth.insurance](mailto:support@narayanahealth.insurance). If unresolved in 3 days, escalate to [grievance@narayanahealth.insurance](mailto:grievance@narayanahealth.insurance).

## E. Policy Renewal & Cancellation

## 6. How do I renew my policy?

We'll send you SMS/email links. Or connect with our renewal team. Renew on time to keep your waiting period and continuity benefits intact.

## 7. Will I lose my benefits if I miss the renewal date?

Yes. Missing the grace period (15–30 days) may lead to cancellation of your policy and reset accumulated benefits.

## 8. Can I cancel my policy mid-term?

Yes, you can cancel anytime.

- Within free-look period: Full refund
- After free look: Pro-rata refund after deductions

## 9. What if I want to switch to another insurer?

You can port your policy by applying at least 30-60 days before expiry. Your continuity benefits are preserved under IRDAI guidelines.

## Need Help?

☐▲▼• Email: [support@narayanahealth.insurance](mailto:support@narayanahealth.insurance)

! Phone: +91 9821034071

Website: [www.narayanahealth.insurance](http://www.narayanahealth.insurance)

S.No	SERVICE	DESCRIPTION OF ITEM OF SERVICE	Regulatory Turnaround Time
1	New Business Proposal Processing	Processing of Insurance Proposal and seeking further requirements for consideration of the proposal	7 days
		Decision on proposal from the date of receipt of proposal or from the date of receipt of additional requirement whichever is later	
		Providing copy of the policy along with the proposal form	15 days
		Free look cancellation and refund of deposit from the date of receipt of the request	7 days
2	Post Policy Service Request	Post Policy Service Requests concerning mistakes / corrections in the Policy document	7 days
3	Policy Servicing (from the date of receipt of request for the service specified)	Change of Address (KYC Norms to be complied)	
		Registration /Change of Nomination, Assignment.	
		Alteration in Original Policy Conditions (where applicable)	
		Issuance of duplicate policy	7 days
		Inclusion of new member in case of group policies	
		Any other non-claim related changes	
		Cancellation of policy and refund of premium	
4	Claims	Acceptance of cashless claims by TPA /company to Hospital and communicate to them	1 hour

		TPA's offer of settlement to the Insurer / Hospital after submission of document	3 hours
		Settlement of claims (other than cashless)	15 days
5	Auto Action by the Insurer	Premium Due Intimation	One month before due date
6	Complaints	Acknowledgement to complainant	Immediately

S.No	SERVICE	DESCRIPTION OF ITEM OF SERVICE	Regulatory Turnaround Time
		Action on Complaint & Intimation of Decision to the complainant	14 days
		If a complaint is NOT resolved by the Insurer, communicate the details to the Policyholder of options including referring the complainant to Insurance Ombudsman / Consumer Court.	14 days from original date of receipt of complaint.

\*(The policyholder may approach the Insurance Ombudsman if his / her complaint is not resolved within 30 days or if the decision of the company is not acceptable to the policyholder.)