

Max Life Secure Earnings and Wellness Advantage Plan- Claims FAQs

1. Whom do I have to contact for claim intimation?
 - a. You need to call the MD India Toll Free Helpline no.1800-210-6862 or write to maxlife@mdindia.com in the event of a Reimbursement claim.
2. What are the details to be provided at the time of Intimation of claim?
 - a. Below details / documents needs to be submitted at the time of claim
 1. Claim Form
 2. Copy of Discharge Summary
 3. Banking of Claimant (NEFT Form or Cancel cheque)
 4. Id Proof of Claimant
 5. Copy of Final Hospital bill or Hospital bill summary
3. What is Reimbursement Claim?
 - a. When the insured has availed the treatment at the hospital and settled his bills, he can submit the expenses he has incurred at the hospital for reimbursement. However, he must ensure that he collects all the documents as per check list from hospital at the time of discharge. Photo copy of documents need to be submitted to the TPA within 15 days of discharge.
4. Where can I get the claim form for reimbursement?
 - a. You have to download the claim form from our website <https://www.maxlifeinsurance.com/> Alternatively, you can contact your advisor or visit nearest Maxlife Insurance branch
 - b. Contact Your TPA MD India on Toll free no. 1800-210-6862
5. Where do I submit the claim documents?
 - a. You may submit the Claim Form along with the documents for reimbursement of the claim to the nearest MD India branch or head office at your own expense within 15 days from the date of discharge from the Hospital.
 - b. Alternatively, you can also submit the claim via below modes:
 - i. Through email on the TPA Id- maxlife@mdindia.com
 - ii. On TPA website- <https://maxliferetail.mdindia.com/>
6. What document formats can be uploaded for claim
 - a. You can upload the documents in PDF, or JPG formats
7. What is the common check list of documents for Reimbursement claim?
 - a. List of necessary claim documents to be submitted for reimbursement are as following:
 - i. Claim form completely filled and duly signed.
 - ii. Copy of photo ID of patient / KYC documents if applicable.
 - iii. PAN card if claimed amount is more than 1 Lakh
 - iv. Photo copy of Hospital Discharge summary
 - v. Photo copy of Hospital final Bill or Hospital Bill summary
 - vi. Original cancelled cheque with pre- printed name of proposer on it.
8. What if there's delay in claim submission?
 - a. Completed claim forms and documents must be furnished to TPA within the stipulated timelines. If the timeline is missed, and the insured can show that the delay was for

reasonable and unavoidable, along with proof of the same, the claim will still be accepted

9. Is there any investigation that happen after the receipt of claim?
 - a. Yes, we may investigate claims at our own discretion to examine validity of claim
10. What is the time Line for the claim to get settled?
 - a. Generally, we provide the decision on claims within 7 (Seven) working days of the receipt of the last 'necessary' document. However, in certain special cases, the timelines increase. These take no more than 30 days
11. How to Track your claim?
 - a. You can track your claim on below modes:
 - i. Web Portal URL : <https://maxliferetail.mdindia.com/>
 - ii. By calling on toll free no. 1800 210 6862
12. What are the reasons for deduction in claim amount?
 - a. Claim amount can be deducted for any of the following reasons:
 - i. Sum Insured exhausted,
 - ii. Expenses related to any investigations/treatment not related to ailment for which patient is admitted.
 - b.
13. What are common reason for rejection of claims?
 - a. Policy waiting period
 - b. Pre-existing disease
 - c. Non-disclosure of diseases
 - d. Policy terms and condition
 - e. Misrepresentation, Inflation in bills and Fraudulent claims
 - f. Ailment sub limit /Sum insured Exhausted
 - g. Day care treatment expenses or hospitalization less than 24 hrs.
14. If the company rejects the claim can there be reconsideration?
 - a. If a claim is rejected by an insurance company, the claim can be resubmitted for evaluation within 15 days for re-consideration of the decision
15. Can I claim for my day care surgery for cataract under SEWA policy in cashless?

No, SEWA policy is neither eligible for cashless facility and nor for day care treatments
16. What are waiting periods?

A waiting period of 90 days is applicable from policy commencement date, or policy revival date for Fixed Daily Hospitalization Cash (FDHC) claims relating to illness. No benefit shall be payable for any hospitalization due to illness during the waiting period. Such a waiting period is not applicable to claims arising due to accident provided the accident occurs after the inception of the policy or policy revival date as the case may be.
17. How to apply for in-patient reimbursement claim?

Step 1: Get admitted to any recognized hospital for treatment.

Step 2: Settle your bills with the hospital.

Step 3: Collect all relevant documents, invoices, medical reports, discharge summary from Hospital in original and receipts of the payment made to the hospital.

Step 4: Upload photo copy of required documents as mentioned in claim form on MD India Portal (<https://maxliferetail.mdindia.com/>) / or email to maxlife@mdindia.com
Please ensure that claim is submitted to us within 15 days from date of discharge.

Step 5: We will review and process the claim as per Policy terms and condition

18. What is a Pre Existing Disease?
 - a. It is a medical condition/disease that existed before you obtained health insurance policy, and it is significant, because the insurance companies do not cover such pre-existing conditions, within 48 months of prior to the 1st policy. It means, pre-existing conditions can be considered for payment after completion of 48 months of continuous insurance cover
19. Can I get cashless/Reimbursement in the case of pre-Existing diseases?
 - a. Pre-Existing diseases are generally excluded in retail health Policies for a period up to 4 years from first policy inception date. Pre-existing diseases will be covered after expiry of defined waiting periods provided that the pre-existing disease was disclosed in the proposal form filled at the time of obtaining policy application
20. Is there any exclusion in the first, second and third year of the policy inception?
 - a. Health Insurance policy does not cover few diseases for 24 months & 48 months from policy commencement date
 - b. Kindly refer to your policy prospects for more details
21. Is there a minimum time limit for stay in the hospital under the health insurance plan?
 - a. Yes, Insurance would usually pay for claims requiring a continuous hospital stay of at least 24 hours.
22. Can we claim medical expenses incurred before or after the surgery?
 - a. No, for SEWA product Pre-Post medical expenses are not covered as this is a fixed benefit product
23. Can medical costs be reimbursed from day one of the cover?
 - a. There is a waiting period of 90 days during which claims are not payable. This clause is not applicable for Accident related Claims
24. Can the member or the member's representative collect the Reimbursement payment?
 - a. For health or living claim Only insured member / Proposer is eligible to receive the claim payment
 - b. However, in case of death claim, nominee can get the claim amount
25. How many times one can claim in a policy year?
 - a. You can claim for maximum of 30days hospitalization in a policy year.
 - b. And up to 4 surgeries (including major & minor) subject to 20% of the Sum Assured
26. Can i claim for OPD?
 - a. No OPD is not covered under this plan
27. Can i claim for Maternity?
 - a. Maternity expenses are not covered, except for Ectopic pregnancy and miscarriage due to accident
28. Can Dental expenses be covered?
 - a. No dental treatments are not covered except if they are due to accident

29. Can I claim from both existing health policy and SEWA?

a. Yes, you can claim for your existing health policy and SEWA both for same hospitalization

30. Can I use the same bank account given at the time of proposal or I can change the bank account for processing of claims?

you can either get the payment in same account as in the proposal stage or in the new account, in both the cases fresh cancelled cheque, NEFT details are to be submitted at the time of every claim.

31. Where should I appeal for my rejected case?

a. You can approach the customer services department of MD India by calling them at 1800 210 6862 or write to them at maxlife@mdindia.com. If not satisfied with the resolution you may contact the respective Maxlife insurance company for further support at Claims.Support@maxlifeinsurance.com