

**CIRCULAR TO ALL BRANCHES/ OFFICES IN INDIA**

**ISSUED BY HR OPERATIONS DEPT.  
HEAD OFFICE, BARODA**

Dear Sir / Madam

**Re: Procedure to Expedite settlement of Claims under Medical Insurance Policy for Existing Employees and Retired Employees for the period 2017-2018.**

It has been observed that, in many cases, settlement of Medical claims is delayed because of certain deficiencies in claims as per IRDA guidelines.

We therefore reproduce certain important points which if, adhered to will help in smooth and expeditious settlement of claims.

All Medical Insurance related papers including Original claims/ Original Documents, Replies to queries with Original Documents etc should be sent to the following address only.

**Medical Insurance Cell,  
HR Operations Deptt,  
Bank of Baroda,  
Head Office,  
6<sup>th</sup> floor, Baroda Bhavan,  
R C Dutt Road,  
Alkapuri,  
Baroda-390007**

Please take care of following while submitting Medical claim bills

- 1) The bills should have completely filled up in Format A and B (Format B in case of Hospitalisation Only )
- 2) Please attach all claim related Documents in original like Original Hospital Bills/Original Discharge Card or Summary/Original Investigation Reports/Original Prescription, Medicine and Investigation Bills/ Original Bills Receipt forming a part of the treatment before or after Hospitalisation/Copy of Hospital Registration certificate (form-C) especially in case of Ayurvedic treatment and Local Hospital. We have attached detail list as per ANNEXURE-A
- 3) Please write your Employee No on left upper portion of all documents.
- 4) Please send your query reply with Original hard copy alongwith respective query letters.
- 5) Please do not club two claims together, but send each claims seperately for self and dependent etc.
- 6) Existing Employees should update dependent details in HRMS immediately.
- 7) Never upload any document on Medibuddy App or portal and send the same to us on address mentioned above ONLY.

We have also observed that, Mobile Number and Email IDs of many staff members (Existing as well as Retired) are not updated in Medical Insurance system. **Please ensure to mention your latest Mobile Number/ Email ID in your claim form.**



We observe that, many Domiciliary claims are submitted for different ailments. Please note that in case of domiciliary claim it can be considered only for -59- specified diseases. We attached list of these diseases as ANNEXURE- B of this circular.

We receive so many calls and queries regarding different routine matters. We wish to inform that, you can see replies to many queries on line through Medibuddy portal and App.

We give below the relevant details of portal:

- 1) The new website address is :- <https://portal.medibuddy.in>
- 2) User ID and default password are kept same as BOB<Employee code>
  - Log in ID is BOBXXXXX (XXXXX is Employee Code No.e.g. BOB12345)
  - Default Password is BOBXXXXX (XXXXX is Employee Code No.e.g. BOB12345)
  - Login ID and Password for App "MeddyBuddy" on smart phone will also be same as on portal.
  - After log in you will be asked to change the password:
  - New password must contain minimum of -8- alphanumeric characters with at least one lowercase and uppercase character e.g. BobXXXXX ((XXXXX is Employee Code No. (e.g. For EC No. With 6 digits Bob123456, with 5 digits Bob12345, with 4 digits Bob1234X, with 3 digits Bob123XX)
  - In case you forget new password, same can be reset by using option of reset password on Home Page of the website.

The Medibuddy App is user friendly and can be downloaded in smart phones using IOS operating system.

**In this matter, we request you to note the following**

- Medical claims to be sent in separate envelope addressed to **Medical Insurance Cell only** and not with other papers.
- HO will send SMS to the registered mobile number as soon as the claims received are handed over to the TPA.
- Status of claim will be available by log in to new portal and APP of Medibuddy.
- Claim related inquiry to be made on Bank's Toll free No. of HO **1800 2332 707 ONLY** (10.00 a.m. to 5.00 p.m.)
- The following E mail IDs should be used regarding claims:
  - **For Claim Inquiry = = [bob\\_baroda@dhs-india.com](mailto:bob_baroda@dhs-india.com)**
  - **For Complaints = = [grievance@dhs-india.com](mailto:grievance@dhs-india.com)**
- No mails to be sent to Bank's email Ids – HRCPC, HRM, Medicalinsurance – for inquiry of medical claims.
- For cashless facilities the Hospitals are advised to send cashless request to DHS only on **[cashless@dhs-india.com](mailto:cashless@dhs-india.com)**
- ID Card of Medibuddy is available under the current policy 2017- 2018.
- For escalation, addition of dependents (New born baby, spouse on marriage) mail be sent to [medicalinsurance.ho@bankofbaroda.com](mailto:medicalinsurance.ho@bankofbaroda.com).
- Whenever the account is "ported" from one branch to another, send email to [bob\\_baroda@dhs-india.com](mailto:bob_baroda@dhs-india.com) for making necessary changes in the Insurance Company data alongwith cancelled cheque with copy to [medicalinsurance.ho@bankofbaroda.com](mailto:medicalinsurance.ho@bankofbaroda.com).

*Handwritten initials and signature*

We also give below numbers of IBA Group Medclaim Policy for 2017-18 with United India Insurance Co (UIIC) for your information.

- 1) 5001002817P110683236 for Existing Employees.
- 2) 5001002817P112121936 for Retired Employees option With Domiciliary
- 3) 5001002817P112120418 for Retired Employees option Without Domiciliary
- 4) 5001002817P112123070 for Retired Employees option Super Top Up

Please bring the contents of the circular to the knowledge of all staff members and display a copy on the notice board and also bring the contents to the notice of maximum possible Retired Staff members.

**Yours faithfully,**



**K B Gupta**  
**General Manager**  
**Head- HR Operations**

 



**Check points for submission of Medical Claims and Original query Documents.**

The following documents are required in the claim form for the purpose of settling the claim smoothly and without any queries. The purpose of having complete documents is to establish whether or not the claim is payable and do not fall under any exclusion of the policies.

- 1) **Claim Form:** A duly filled in and signed claim form giving details of the employee like the employee no. and the amount claimed. The employee no. will help in identifying and faster processing of claim. Employee No. is to be written on top of the form. Claims are to be submitted to

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Vadodara-390007

- 2) **Copy of MEDIASSIST ID card**
- 3) **Original Hospitalization Bill:** A hospital bill (with bill number as **Bills on letter head are not acceptable**) giving proper breakup of expenses, in case medicines are given by the hospitals than the detailed break up of medicines is to be obtained. Details of any miscellaneous expenses charged by the hospital to be obtained.
- 4) **Original Discharge card:** The discharge summary should have complete details of the ailment, the history, the line of treatment and the treatment advised on discharge.
- 5) **Original Investigation Reports:** All investigations carried out during or after hospitalization must be submitted in the original. The investigation report will further help in establishing whether or not the person is suffering from the ailment.
- 6) **Original Medicine and investigation bills:** In case any medicines are purchased from pharmacies and not forming a part of the hospital bill and any investigations which are done in laboratories not located in the hospital.
- 7) **Prescription in Support of above:** All medicines and investigation not forming a part of hospital bill must have prescription advising the treatment. Sometimes this prescription may be a part of the discharge summary.
- 8) **Bills forming a part of the treatment before or after hospitalization:** Pre and Post hospitalization expenses are covered for a period of 30 days and 90 days respectively. Any bills which are forming a part of the treatment for which the patient is hospitalized and which fall during the aforesaid period, is payable and can be claimed.
- 9) **For this purpose it is advised that the hospitalization claim should be made within 30 days of discharge and the post claim may be submitted later after completion of treatment**

**Disease specific documents:**

- a. For any accidental/fracture case: The MLC copy and letter from hospital/treating doctor stating details of accident, alcohol or any intoxicating drugs history.
- b. IOL sticker showing serial number in case of Cataract operation.
- c. Serially numbered sticker, in case of insertion of "stent", for Heart operation.

**Cashless Process:**

1. Patient Visits a Network Hospital the Hospital list is available on website <https://portal.medibuddy.in/Home.aspx>
2. Member to show the insurance Card and photo identity card at the TPA help desk of the hospital.
3. A Pre-Authorization form will be available at the TPA Helpdesk of the Hospital.
4. The form has to be filled up and submitted at the hospital counter.
5. Request for pre-authorization is sent by Hospital directly to DHS CASHLESS.
6. The Cashless request will be processed by DHS CASHLESS.



प्रधान कार्यालय: एचआर परिचालन, बड़ौदा भवन, अलकापुरी, बड़ौदा - 390 007, भारत

Head Office : HR Operations, Baroda Bhavan, Alkapuri, Baroda - 390 007, INDIA

टेली/Tel.: 91 265 2316645, ईमेल/Email: swel.ho@bankofbaroda.com





7. Authorization letter will be faxed / Emailed to the hospital DHS CASHLESS within **1 hour** from the receipt of documents
8. An SMS will be sent out to the member along with an email of the authorization, if mobile no. / Email id are available.
9. Upon discharge. Kindly sign the Claim form and the Hospital Final bill.
10. Do not collect any bills/ Discharge Card / Reports from the hospital.
11. The Hospital will directly send the documents to MEDIASSIST for settlement

**Reimbursement Process:**

1. The existing process of submission of reimbursement claims to Head Office to continue.
2. The MEDIASSIST representative shall review and collect the documents for further processing from the Head Office
3. Alternatively Scanned Documentation can be uploaded online by individuals for faster processing and courier of Original hard copy is must.
4. Once the document is uploaded, Claim intimation number will be generated online.
5. Employees will be intimated via an SMS for the claim number.
6. In case of Deficiencies the letter shall be emailed directly to the insured.
7. Once the Claim is Processed ,the payable amount is directly transferred via NEFT to the account of the employee
8. The entire Process shall take 7 working days from the date of submission of complete documentation

**Document Checklist for Reimbursement Claims:**

1. Claim Form generated through MEDIASSIST WEB SITE (FORM PART A & B).
2. Photo copy of MEDIASSIST card:
3. Original Discharge card/Summary with details of the ailment, the history, the line of treatment and the treatment advised on discharge.
4. Original Hospitalization Bill and Payment Receipt
5. Original Investigation Reports.
6. Original Medicine and investigation bills along with Prescriptions
7. Pre / Post Hospitalization Bills forming a part of the treatment 30 days before or 60 days after hospitalization:
8. Original Sticker of invoice of Implants in case of surgical operations with implants like Cataract, Angioplasty and Orthopedic Surgeries.

**Document Checklist for Domiciliary Claim:**

1. Claim Form generated through MEDIASSIST WEB SITE (Only PART A has to be duly filled). Mention your EMP No. at the top of the Claim Form.
2. Photo copy of MEDIASSIST card (e-card / photo card)
3. Original Doctor's consultation notes / history. Photocopy of doctor's consultation notes can be submitted in case if treatment needs a regular follow up but prescription in original.
4. Original Cash Memos from hospital / pharmacies supported by proper prescription from the attending medical practitioner.
5. Original Investigation reports supported by a note from the attending medical practitioner.
6. All Domiciliary claims will be for duration of Three months, but submission would be within 30 days from last purchase of medicine / investigation.
7. Diagnosis certified by treating doctor or diagnosis mentioned on prescription







ANNEXURE-B

Domiciliary Hospitalization / Domiciliary Treatment	
Sr. No.	Treatments
1	Cancer
2	Leukemia
3	Thalassemia
4	Tuberculosis
5	Paralysis
6	Cardiac Ailments
7	Pleurisy
8	Leprosy
9	Kidney Ailment
10	All Seizure disorders
11	Parkinson's diseases
12	Psychiatric disorder including schizophrenia and psychotherapy
13	Diabetes and its complications
14	Hypertension
15	Hepatitis -B
16	Hepatitis - C
17	Hemophilia
18	Myasthenia gravis
19	Wilson's disease
20	Ulcerative Colitis
21	Epidermolysis bullosa
22	Venous Thrombosis(not caused by smoking) Aplastic Anaemia
23	Psoriasis
24	Third Degree burns
25	Arthritis
26	Hypothyroidism
27	Hyperthyroidism expenses incurred on radiotherapy and chemotherapy in the treatment of cancer and leukemia
28	Glaucoma
29	Tumor
30	Diphtheria
31	Malaria
32	Non-Alcoholic Cirrhosis of Liver
33	Purpura
34	Typhoid
35	Accidents of Serious Nature
36	Cerebral Palsy
37	Polio
38	All Strokes Leading to Paralysis
39	Haemorrhages caused by accidents
40	All animal/reptile/insect bite or sting
41	Chronic pancreatitis
42	Immuno suppressants



**ANNEXURE-B**

**Domiciliary Hospitalization / Domiciliary Treatment**

43	Multiple sclerosis / motorneuron disease
44	Status asthmaticus
45	Sequalea of meningitis
46	Osteoporosis
47	Muscular dystrophies
48	Sleep apnea syndrome(not related to obesity)
49	Any organ related (chronic) condition
50	Sickle cell disease
51	Systemic lupus erythematosus (SLE)
52	Any connective tissue disorder
53	Varicose veins
54	Thrombo embolism venous thrombosis/venous thrombo embolism (VTE)]
55	Growth disorders
56	Graves' disease
57	Chronic Pulmonary Disease
58	Chronic Bronchitis
59	Physiotherapy and swine flu shall be considered for reimbursement under domiciliary treatment.

