

NODAL OFFICER

SRI SWAPAN KR. MANDAL, CHIEF MANAGER

Phone No. Land 033 22487634
Mob 9831633832

ALL CHIEF MANAGER/SR. MANAGER, ADMN. OF RESPECTIVE RO(s)

ESCLATIONS – LEVEL - I

SRI RABINDRANATH MANDAL SENIOR MANAGER

Phone No. MOB: 9874273913

SRI MAHADEB BHATTACHARYYA, MANAGER

Phone No. MOB: 9163990952
IP No. 3000139

ESCLATIONS – LEVEL - II

1. SRI PRABIR KR. PRADHAN, ASSTT. GENERAL MANAGER

Phone No. Mob: 8585022655

2. SRI S. K. NAYAK, DY. GENERAL MANAGER,

Phone No. Mob: 9831562354

Heritage Health TPA Pvt. Ltd.

Dedicated Back-office team For United Bank of India employee Policy

CONTACT DETAILS - 24 x 7

From 10 a.m. To 6 p.m. (Monday to Saturday)

Nodal Officer

Mr. Kantimoy Singha: 8609074881

Mail Id: unitedbank.heritage@bajoria.in

Escalations – Level 1

Escalations – Level 2

Direct No. 033-4033 4141 [website – www.heritagehealthtpa.com]

Toll Free No. 1800 102 4547

Email Id. For Any Info: unitedbank.heritage@bajoria.in

For Any Complaint:

Mail Id: heritage.complaint@bajoria.in

For Card Related Issues:

Mr. Rajat Ghosh:

9475066448

Mail Id: rghosh@bajoria.in

For Cashless Claim Related Issues:

Mr. Sayan Roy:

9038493871

Mail Id:

For Reimbursement Claim Related Issues:

Mr. Kantimoy Singha:

8609074881

Mail Id: unitedbank.heritage@bajoria.in

Fax No. 033- 22100837/22310287

Cashless

Dr. Kumar Chatterjee (Sr. Manager) – 9830895322, Mail Id: kumarchatterjee@bajoria.in

Mr. Prasun Ghosh (Manager) – 9830032920,

Mail Id: pghosh@bajoria.in

Reimbursement

Mr. Pankaj Singh (Sr. Manager) - 9748415754,

Mail Id: psingh@bajoria.in

PROCESS OF INCLUSION OF DEPENDENTS:

Who can be your dependent?

The Scheme covers Employee + Spouse + Dependent Children + any two of the dependent Parents /Parents-in-law.

- No age limit for dependent children (including step children and legally adopted children).
- A child would be considered dependent if his/her monthly income does not exceed Rs.10,000/- per month;
- Widowed Daughter and dependent divorced / separated daughters, sisters including unmarried / divorced / abandoned or separated from husband/ widowed sisters and Crippled Child shall be considered shall be considered as dependent for the purpose of this policy.
- Physically challenged Brother / Sister with 40% or more disability shall also be covered as Dependent.
- No Age Limits for Dependent Parents. Any two, i.e. either dependent parents or parents in- law will be covered as dependent.
- Parents would be considered dependent if their monthly income does not exceed Rs.10,000/- per month or as revised by Indian Banks' Association in due course, and wholly dependent on the employee as defined in this scheme.

All the existing permanent officers / employees of the Banks who are parties to this Settlement shall be covered by this Scheme from the date of introduction/implementation of this Scheme. All New Officers / employees shall be covered from the date of joining as per their appointment in the bank.

How to check the names of your dependents recorded in SAP HRMS.

Open SAP HRMS portal by using your SPF no. & DOB / Password . Click “Reports” and then click “Bio data”. Here you can view your dependents details. If you find the details are not correct / incomplete, you can correct /include them in your dependent list.

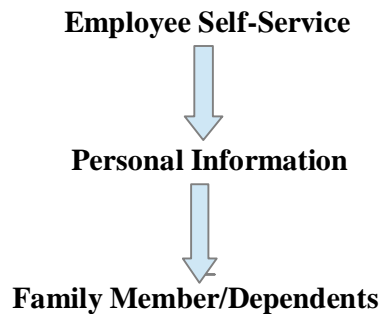
Click “Reports”



Bio data

(Check your Dependent Details in “Bio data”)

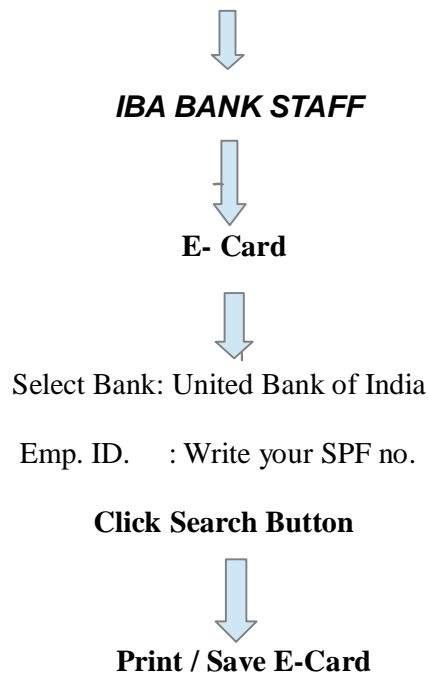
For correction / inclusion/ exclusion open “Employee Self-Service” and then click “Personal Information” and next click “Family Member/Dependents”



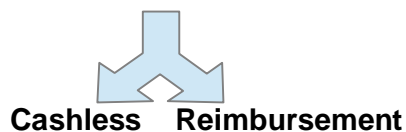
(Correct, Include, Delete with correct data written above as per Clause 18 (i), (ii) & (iii) of 10th BPS)

Process of downloading E-Card.

Login to: www.heritagehealthtpa.com



Hospitalization:



CASHLESS

(This facility can be obtained through Network Hospitals only)

A) PLANNED HOSPITALISATION (Cashless)

- I) Employee can approach the Bank Claim Processing Hub or
- II) Directly Approaching the Network Hospital

Through Bank:

The Employee can approach the Bank Processing Hub in order to avail cashless services.

Employee approaches the bank processing Hub with the details of his hospitalization (The name of the hospital, the admission date, the ailment and the estimated cost.
The bank officer guides him to the United India TPA Help Desk.
The Help Desk enters the information and prepares a letter of Authorization.
The Help Desk gives a copy of the Authorization letter to the employee and simultaneously sends a copy to the hospital.
The employee can get admitted to the hospital by showing the Authorization letter to the hospital.

Through Network Hospital:

Cashless can be availed at *Heritage Health TPA* network hospital. The procedure mentioned below needs to be followed while availing Cashless at hospitals.

Choose network Hospital from updated *Heritage Health TPA* network list of hospital on the website.

Show E-card / *Heritage Health TPA* ID card and collect Pre-Authorization form from the hospital.

Fill up personal details and the rest to be filled up by the hospital treating doctor along with contact number.

Hospital will send the fax /e-mail to *Heritage Health TPA*.

Heritage Health TPA shall process the claim as per policy terms and conditions and send an approval letter to the hospital.

Get admitted, take treatment and get discharged without payment of bill except for non payable items up to insurance coverage amount.

Please ensure claim form is filled and duly signed and final bill is signed, before discharge.

Payment will be made to the Hospital/Nursing Home directly by *Heritage Health TPA*. The NON paid amount can be claimed with claim of pre hospitalization period.

REIMBURSEMENT OF PRE (30DAYS), Non paid items during Hospitalization & POST Hospitalization (90 DAYS FROM DATE OF DISCHARGE/ DATE OF FITNESS, WHICHEVER IS EARLIER)

a) The employee should fill up the claim form and enclose Prescription, Bills, Reports, Money receipts etc. in originals for **pre and entire hospitalization period** to R.O. within 30 days after the date of discharge.

Following documents are required for processing reimbursement claims:

- ➔ Claim Form duly filled and signed by the claimant.
- ➔ Final Bill & Discharge Summary from the hospital.
- ➔ First consultation letter/initial investigations supporting the diagnosis prior to hospitalization.
- ➔ All relevant bills and money receipts in original.
- ➔ Medicine/chemist bills supported by prescriptions in original.
- ➔ Original Money receipt and diagnostic test reports to be supported by a letter from the consulting doctor prescribing such tests.

b) Rest of the claim (for the period post hospitalization up to 90 days from the date of discharge or date of fitness) should be sent to R.O. Within 30 days after completion of 90 days from the date of discharge / date of fitment. In similar way as above.

B) EMERGENCY HOSPITALISATION (Cashless):

The copy of Health Card / E card along with a photo ID should be submitted to the network

hospital **within 24 hours** of admission.

In case of admission of dependent where the name of dependent is not recorded with the insurance TPA (now, Heritage), a certificate from bank authority regarding authenticity of the patient as dependent should be obtained.

Network hospital will appeal to *Heritage Health TPA* for authorization of cashless facility.

Employee should inform Bank and Help desk of Heritage Health TPA within 7 days of admission to hospital.

Other process is same as above.

Reimbursement

Employee is required to intimate Bank Help desk & Heritage Help Desk at bank at least 3 working days prior to hospitalization and within 7 days after (but before discharge) Admission in case of Emergency.

Intimation should be in writing / e-mail / SMS and following points should be mentioned in it.

- ➔ Patient's name.
- ➔ Date of hospitalization
- ➔ Hospital's name & Doctor's name
- ➔ ID card

After discharge of patient the employee should claim for reimbursement of expenses incurred for entire hospitalization period as well as pre hospitalization period to *Heritage Health TPA* through RO within 30 days from the date of discharge.

- ➔ Photocopy of the ID card.
- ➔ Claim Form duly filled and signed by the employee and breakup summary sheet of all expenses.
- ➔ First consultation prescription from each doctor who have treated the patient &

Advise for hospitalization & advise for initial investigations supporting the diagnosis prior to hospitalization.

- ➔ Final Bill & Discharge Certificate (or attested copy) from the hospital in original .
- ➔ All relevant bills and money receipts in original.
- ➔ Medicine/Chemist /Investigation bills supported by prescriptions in original (bill breakup & package breakup to be submitted in all cases).
- ➔ Original receipt and diagnostic tests reports to be supported by prescription of the consulting doctor or copy of Treatment Plan sheet certified by Hospital.
- ➔ Attending Doctors / Specialists / Anesthetist's bill, receipt & certificate.
- ➔ Fitness certificate from the attending doctor.
- ➔ Any other documents having any relation to the treatment & claim.

Rest of the claim (for the period post hospitalization up to 90 days from the date of discharge or date of fitness) should be sent to R.O. Within 30 days after completion of 90 days from the date of discharge / date of fitment. In similar way as above.

DOMICILIARY TREATMENT

Domiciliary treatment under the recognized system of medicines, viz. Ayurveda, Unani, Sidha, Homeopathy, Naturopathy, if such treatment is taken in a clinic/hospital recognized by the Central and State Government.

The cost of Medicines, Investigations and consultations, etc. in respect of listed domiciliary

treatment shall be reimbursed for the period stated by the specialist and/or the attending doctor and/or the bank's medical officer in Prescription. If no period stated, the prescription for the purpose of reimbursement shall be valid for a period not exceeding 90 days.

List of diseases under **DOMICILIARY TREATMENT**:

Cancer, Leukemia, Thalassemia, Tuberculosis, Paralysis, Cardiac Ailments , Pleurisy , Leprosy, Kidney Ailment, All Seizure disorders, Parkinson's diseases, Psychiatric disorder including schizophrenia and psychotherapy, Diabetes and its complications, hypertension, Asthma, Hepatitis –B, Hepatitis - C, Hemophilia, My asthenia gravis, Wilson's disease, Ulcerative Colitis, Epidermolysis bullosa, Venous Thrombosis (not caused by smoking) Aplastic Anaemia, Psoriasis, Third Degree burns, Arthritis, Hypothyroidism, Hyperthyroidism, expenses incurred on radiotherapy and chemotherapy in the treatment of cancer and leukemia, Glaucoma, Tumor, Diphtheria, Malaria, Non-Alcoholic Cirrhosis of Liver, Purpura, Typhoid, Accidents of Serious Nature, Cerebral Palsy, Polio, all Strokes leading to Paralysis, Haemorrhages caused by accidents, all animal/reptile/insect bite or sting, chronic pancreatitis, Immuno suppressants, multiple sclerosis / motor neuron disease, status asthmaticus, sequalea of meningitis, osteoporosis, muscular dystrophies, sleep apnea syndrome(not related to obesity), any organ related (chronic) condition, sickle cell disease, systemic lupus erythematosus (SLE), any connective tissue disorder, varicose veins, thrombo embolism venous thrombosis/ venous thrombo embolism (VTE), growth disorders, Graves' disease, Chronic Pulmonary Disease, Chronic Bronchitis, Physiotherapy and swine flu shall be considered for reimbursement under domiciliary treatment.

All documents of Domiciliary claim to be submitted once a month by the 10th of the next month. e.g. The total bills of April 2016 to be submitted on 10th May 2016.

TPA asks for:

- ➔ **Original Prescription For First time domiciliary claim of six months tenure.**
- ➔ **Henceforth attested Prescription (by Branch Manager) can be submitted.**
- ➔ **Bill / cash memo / receipt in original.**
- ➔ **Any Original Prescription can be retrieved from TPA after settlement on application at the time of submission.**

DO's & DON'TS

1. Submit one copy of claim only. Please mention SPF no. at the top of the claim form, Mobile Phone No., E-mail id in the claim form.
2. In case of accident related hospitalization, please write the incident in brief and attach it with the claim.
3. After submission of claim at R.O. , RO will hand over the documents to representative of *Heritage Health TPA*. Then *Heritage* will lodge your claim and at that point the employee will receive SMS in your registered mobile phone. After that one can track claim status / documents required or mandatory for settlement etc. by visiting the Web page www.heritagehealthtpa.com > IBA BANK STAFF > Claim Status > Fill up the details & search.

One can also check card status & E-card /claim status by visiting www.heritagehealthtpa.com > IBA BANK STAFF > card status / e-card /claim status> Fill up the details & search.

4. Please don't forget to sign each bill / receipt / paper for proper authentication.
5. Please keep a photocopy of all submitted documents for record.
6. Claim form can be obtained from Bank help desk / Heritage website or office/insurance company.
7. List of Network Hospitals is subject to change without prior notice. Please inquire Bank help desk / Heritage website or call centre.