Axis Max Life Group Smart Health Insurance Plan- *Claims FAQs*

For Fixed Daily Hospitalization Cash Benefit (FDHCB) & Fixed Surgical Care Benefit (FSCB)

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 **Axismaxlife@mdindia.com** in the event of a Reimbursement claim and document submission at **Axismaxlifeinward@mdindia.com**.

2. What are the details to be provided at the time of Intimation of claim?
    a. Duly filled and signed Claimant's statement in the prescribed form;
    b. copy of Certificate of Insurance;
    c. copy of photo ID /KYC of Insured, if applicable;
    d. PAN card of claimant / Insured;
    e. Photocopy of Hospital discharge summary and final bill or Hospital bill summary;
    f. Original cancelled cheque with pre- printed name of claimant on it
    g. Proof of undergoing Surgery and its necessary documents;
    h. In addition to the above mandatory documents, if the admission in Hospital is more than 48 hrs, please provide the below:
        - copy of all Indoor case papers/ In Hospital records;
        - copy of all medical tests done during Hospitalization;
        - all pre and post Hospitalization records.

    i. First consultation report confirming the disease or condition by registered Medical Practitioner;
    j. Any other documents or information required by Us for assessing and approving the claim request.

3. 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 Axis Max Life Insurance branch or TPA MD India head office
    b. Alternatively, you can also submit the claim via below modes:
        i. Through email on the TPA Id- at **Axismaxlifeinward@mdindia.com**
        ii. On TPA website- **www.mdindiaonline.com**

4. 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.

5. 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.

6. What is the time Line for the claim to get settled?

a. Generally, we provide the decision on claims within 15 (Fifteen) days of the receipt of the last 'necessary' document. However, in certain special cases, the timelines increase. These take no more than 30 days.

7. How to Track your claim?
    a. You can track your claim on below modes:
        i. Write to **: Axismaxlife@mdindia.com**
        ii. By calling on toll free no. 1800 210 6862.

8. 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.

9. What are common reason for rejection of claims?
    a. Member waiting period
    b. Pre-existing disease
    c. Non-disclosure of diseases
    d. Policy terms and condition
    e. Mispresentation, Inflation in bills and Fraudulent claims
    f. Ailment sub limit /Sum insured Exhausted
    g. Day care treatment expenses or hospitalization less than 24 hrs.

10. 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

11. Can I claim for my day care surgery for cataract under Group Smart Health Insurance Plan in cashless?
    a. No, Group Smart Health Insurance Plan is neither eligible for cashless facility and nor for day care treatments.
12. What are waiting periods?
    a. A waiting period of 60 days is applicable from policy commencement date, or policy revival date for Fixed Daily Hospitalization Cash Benefit (FDHCB) 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.

13. 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: Share photo copy of required documents as mentioned in claim form to **Axismaxlifeinward@mdindia.com**.
    Step 5: We will review and process the claim as per Policy/ Certificate of insurance terms and condition

14. Can I get cashless/Reimbursement in the case of pre-Existing diseases?
    a. Pre-Existing diseases are excluded in Group Smart Health Insurance Plan policies for a period up to 3 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

15. 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.

16. Can we claim medical expenses incurred before or after the surgery?
    a. No, for Group Smart Health Insurance Plan Pre-Post medical expenses are not covered as this is a fixed benefit product.

17. Can the member or the member's representative collect the Reimbursement payment?
    a. For health or living claims, only the insured member or the proposer is eligible to receive the claim payment, except in cases where the life insured has expired during the course of treatment or is medically incapable of submitting the claim. In Such cases, a claimant may submit a reimbursement claim in the event of the insured member's death during the course of treatment.

18. Can i claim for OPD?
    a. No OPD is not covered under this plan.

19. Can i claim for Maternity under FDHCB & FSCB?
    a. Maternity expenses are not covered, except for Ectopic pregnancy and miscarriage due to accident.

20. Can Dental expenses be covered?
    a. No dental treatments are not covered except if they are due to accident.

21. Can I claim from both existing health policy and Group Smart Health Policy?
    a. Yes, you can claim for your existing health policy and Group Smart Health both for same hospitalization

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

23. 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 **Axismaxlife@mdindia.com**. If not satisfied with the resolution you may contact the respective Axis MaxLife insurance Ltd. for further support at **Group.claimsupport@axismaxlife.com.**

For Accidental Total Permanent Disability/Critical Illness Benefit / Cardiac Cover /Cancer Cover / Accidental death Benefit.

1. Whom do I have to contact for claim intimation in case of Accidental Total Permanent Disability/Critical Illness Benefit / Cardiac Cover /Cancer Cover / Accidental death Benefit?
    a. You need to call Axis Max Life at 7428989590 or write to **Group.claimsupport@axismaxlife.com** in the event of reimbursement and Disbursement of claim.
2. What are the details to be provided at the time of Intimation of claim?
   Claims documentation requirements –
    a. Duly filled and signed Claimant's statement in the prescribed form
    b. Copy of certificate of insurance
    c. Copy of photo ID / KYC documents of Insured if applicable.
    d. PAN card of Claimant / Insured
    e. Photocopy of Hospital discharge summary and final bill or Hospital bill summary
    f. Original of cancelled cheque with pre- printed name and account number of Claimant on it
    g. First consultation report confirming the disease or condition by registered Medical Practitioner
    h. Any other documents or information required by Us for assessing and approving the claim request.

   Additional documents required for Critical Illness
    a. All confirmatory diagnostic reports confirming the diagnosis of critical illness.
    b. Copy of all Indoor Case Papers/ In hospital records.
    c. All Pre and Post Hospitalization records.
    d. Copy of all medical tests done during Hospitalization.

   Additional documents required for Cardiac Cover
    a. All confirmatory diagnostic reports confirming the diagnosis of Cardiac Arrest
    b. Duly filled APS Form by treating Cardiologist confirming the diagnosis
    c. Copies of all Diagnostic test reports conducted, including but not limited to ECG, angiography, echocardiography (Echo), cardiac markers, PET scan, etc Cardiac Marker test report
    d. All pre and post Hospitalization records
    e. Copy of all medical tests done during Hospitalization.
    f. Copy of all Indoor case papers/ In Hospital records

   Additional Documents required for Cancer Cover

    a. All confirmatory diagnostic reports confirming the diagnosis of cancer.
    b. Duly filled Attending physician statement by treating Oncologist confirming the stage of cancer.
    c. Biopsy report /FNAC report/Histopathological report (With TNM Grading)
    d. Copy of all Indoor case papers/ In Hospital records
    e. Copy of all medical tests done during Hospitalization
    f. All pre and post Hospitalization records;

Additional documents required for Accidental Total Permanent Disability

a. Disability Certificate issued by the Medical CMO
b. Copy of First Investigation Report / Final Police Investigation Report
c. Copy of Driving License (In case of road traffic accident)

Additional documents required for Optional Accidental Death Benefit

a. Original / attested copy of death certificate issued by the local / municipal authority
b. Copy of First Investigation Report / Final Police Investigation Report
c. Copy of Driving License (In case of road traffic accident)
d. A copy of duly certified post mortem report, autopsy/viscera report and a copy of the final police investigation report /charge sheet.

3. Where do I submit the claim documents?
    a. You may submit the Claim Form along with the documents for reimbursement of the Above claims to the nearest Axis Max life branch or email scan copy of documents to **Group.claims@Axismaxlife.com** and **Group.claimsupport@Axismaxlife.com.**

4. What are common reason for rejection of claims?
    a. Member waiting period
    b. Pre-existing disease
    c. Non-disclosure of diseases
    d. Policy terms and condition
    e. Miss representation, Inflation of documents and Fraudulent claims
    f. Ailment sub limit /Sum insured Exhausted

5. What are waiting periods?
    a. for Major Cardiac or Minor Cardiac Conditions, an initial waiting period of 180 days applies from the date of commencement of risk or date of revival of risk, whichever is later, is applicable for this benefit to be payable for claims arising out of Cardiac Cover benefit.
    b. For 'Critical Illness Benefit': an initial period of 90 days from Effective Date of Coverage or Revival, whichever is later
    c. Accidental Death must be caused within 180 days of any bodily injury. If the bodily injury occurred within the coverage period and the Accidental Death happens after the end of coverage period but within 180 days of bodily injury, a valid claim arising as a result of such Accidental Death shall not be denied.
    d. For Major Cancer or Minor Cancer conditions, an initial waiting period of 180 days applies from date of commencement of risk or date of revival of risk, whichever is later, is applicable for this benefit to be payable for claims arising out of cancer. The waiting period is defined as the period starting from policy inception or reinstatement during which no benefits are payable under the plan.
    e. ATPD must be caused within 180 days of any bodily injury. If the bodily injury occurred within the coverage period and the Accidental happens after the end of coverage period but within 180 days of bodily injury, a valid claim arising as a result of such Accidental Death shall not be denied.

6. Can I use the same bank account given at the time of proposal or I can change the bank account for processing of claims?
    a) Yes, 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.

7. Where should I appeal for my rejected case?
    a. You can approach the customer services department of Axis Max life Insurance Limited by calling them at 7428989590 or write to them at:
    Group.claimsupport@axismaxlife.com

8. Is there a survival period in the Group Smart Health Insurance Plan?
    b) Yes. The Group Smart Health Insurance Plan includes a survival period, which is the minimum duration a member must survive after diagnosis of a covered condition before the benefit becomes payable.
    c) Critical Illness & Cardiac Cover: 30 days survival period from the date of first diagnosis and confirmation of the condition.
    d) Cancer Cover: 7 days survival period from the date of first diagnosis and confirmation of the condition.

    This ensures that the benefit is paid only if the member survives the specified period after meeting the medical criteria for the covered condition.

9. Can I opt for multiple benefit options under the Group Smart Health Insurance Plan?
    a) Yes, you can choose from all the available benefit options offered under the plan. This allows you to customize your coverage based on your specific needs, such as opting for a one benefit or a combination of the benefits.

10. Can I opt for the Optional Accidental Death Benefit as a standalone cover?
    a) No, the Optional Accidental Death Benefit cannot be opted for as a standalone cover. It is available only as an add-on and must be selected along with one or more base benefit options under the Group Smart Health Insurance Plan.