Standard Operating Procedure

(SOP)

for

State Employee Health Insurance Scheme

Jharkhand State Aarogya Society

Department of Health, Medical Education & Family Welfare,

Government of Jharkhand

TABLE OF CONTENT

State Employee Health Insurance Scheme

Web-Portal : https://sehis.jharkhand.gov.in

Part-1(General Guideline)

1. Objective:

This document outlines the procedures and timelines that the Jharkhand Aarogya Society will follow for implementing the State employee Health Insurance Scheme in the State of Jharkhand. It also includes the process for cashless claims trust mode payment as well as reimbursement mode. It serves the primary objective of:

a) Defined Claims Process

b) Efficient Management of Claims

c) Facilitating Cashless/ reimbursement Healthcare Access for beneficiaries

d) For Regulatory Adherence.

e) Enhanced Governance and Data Management Practices

2. Basic Coverage Details

a) Sum Insured: Rs 5 Lakhs per family on a floater basis, annually for all members under the insurance scheme.

b) Coverage: Covers the entire family as per family definition given in Sankalp.

c) Critical Illness Coverage: Included as per Sankalp.(list enclosed)

d) Cashless Facility: Available for all claims within the network hospitals in Jharkhand and outside Jharkhand as per agreed package.

e) Reimbursement Mode

f) In case of Category 'A' beneficiary basic sum assured for employee and their dependent as per Sankalp.(Sankalp No- 185(13), dated- 31-07-2023 & Sankalp No- 13(13), dated- 24-01-2025)

g) For Critical Illness Claims exceeding Rs 5 Lac and upto Rs 10 Lac: Claims covered under the insurer's corporate fund up to 50 Crores.

h) All claims covered as per Sankalp but not payable / exceeding insurers liability will be paid by Corpus Fund managed by JSAS.

i) For Critical Illness Claims exceeding Rs 10 Lac: Claims to be processed by the insurer and reimbursed by **JSAS** (Jharkhand State Aarogya Society). This shall be reimbursed from Trust mode from the Corpus Fund for beneficiary under category "A" only.

j) 25 Critical Illnesses is mentioned in **annexure1.**

k) In case of New born & Children upto 05 Year aadhar will be not mandatory .

3. Beneficiary of the Scheme (includes dependents as per sankalp):

a) **Category A(Compulsory) :**

i. Current Members of the State Legislative Assembly.

ii. All serving State Government employees.

b) **Category B (Optional) :** This category includes the following officers/employees who will be entitled to benefits under the health insurance scheme by paying the prescribed premium amount:

i. Retired state government employees/family pension recipients.

ii. Former Members of the State Legislative Assembly.

iii. Serving/retired officers of the All India Services.

iv. Employees/retired employees of various state government boards/corporations/institutions.

v. Employees/retired employees of state universities and their affiliated colleges, including teaching and non-teaching staff.

c) **Category C:** Registered advocates under the Jharkhand Advocates Welfare Fund Trustee Committee, constituted at the level of the Honourable High Court, will be provided health insurance benefits.

Note- The Standard Operating Procedure (SOP) for online registration and validation of employees/officers of the above categories has been issued by the Department which is annexed with this document (Ref. Annexure-3).

4. Contribution Of Premium

a- **Category A** – Applicants coming under this category would contribute their premium amount through deduction in the medical allowances (i.e. Rs. 500/- in place of Rs.1000/-) directly by the department in ref. to Letter NO. 414(V) dated 24/02/2025. (Annexure – Finance Department Letter no.48(13) , dated -10/03/2025)

b- **Category B (Optional)** – This is optional category hence applicants are required to pay their premium through Payment gateway which is inbuilt in the application form , after the approval from their DDO/HOD/ Other concern Officials etc. as notified or via bulk payment method as decided for the group of Applicant and the JSAS.

- For Category B: Pensioner / Ex- MLA /Members of Allied Services from Government of Jharkhand only can make their premium payment through Payment gateway method.
- For Applicants who belongs to sub category B (d) and B (e) (i.e. members of boards/corporations/institutions/ Govt. University etc.) can make their premium payment through Bulk Payment method processed through their concerned Department only.

C. **Category C** – Premium payment for this category of applicant (i.e. Advocates) would be received only through bulk payment method as decided by Advocates Medical Insurance Committee under Jharkhand Advocate Trustee Committee.

Note-

i. For category B and C the policy period will be effective from 01.05.2025 to 28.02.2026 and the beneficiary will have to contribute the premium amount of Rs. 5000/- per family unit for current policy period upto 28.02.2026. All the data should be shared to JSAS as well as the premium amount should be paid latest by 23.04.2025.

ii. For next policy period i.e from 01.03.2026 to 28.02.2027 the beneficiary of all the categories will have to contribute the premium amount of Rs. 6000/- per family unit or as decided by the authority. All the premium for this period should be paid by 20.02.2027. The same process will be followed for further policy period.

iii. E- mandate for auto premium contribution will be provisioned for the sake of continuity of the policy for individuals paying through payment gateway.

iv. There will be no provision for mid-term inclusion for existing members during this policy period unless they are new joinee or addition in case of exceptional validation

5. Enrollment / Registration of Applicant

(SOP Issued. Ref. Annexure -3)

a) The Scheme (SEHIS) portal for enrollment of applicant is **https://sehis.jharkhand.gov.in**
b) For updating of total no. of Employee, Department of Personnel, Administrative Reforms & Rajbhasha, Government of Jharkhand will update JSAS on monthly basis with prescribed format. For this required mechanism will be developed between JSAS and Department of Personnel, Administrative Reforms & Rajbhasha GOJ.

Part 2 :(Special Condition & Others)

6. **New Joinees to Government Service**– In case of a new employee joining the service under the Government of Jharkhand during the policy year, the employee must apply for enrolment on the SEHIS Portal after obtaining their GPF Number/PF No/Unique Employee number.

a) Once enrolled, the employee will be covered under the scheme from the date of joining the service.(i.e. Every New Joinee under GOJ will be covered immediately under the scheme w.e.f. their joining date)
b) JSAS will make an estimated advance payment for premium coverage to the insurance company every year on pro-rata basic.
c) The insurance company will then provide reports & UC to JSAS on a half-yearly basis/as on when required by JSAS; confirming that the advance premium paid has been exhausted by the insurer.

d) If fund remains available/unutilized at the last day of policy year, insurance company will return it to JSAS.

7. **Mid-Term Retiree** :

If an employee retires during mid-term of the policy year (i.e., their monthly contribution ends at the time of retirement), they will continue to be covered under the scheme until the end of the policy year. **This is considered a complimentary retirement gift to the employee by the Government of Jharkhand as a contribution to their service.** After this for a new upcoming policy year, the retiree/pensioner can choose to register as a pensioner under the Voluntary Category (B) for availing the scheme benefit.

8. **Hon'ble Member of Legislative Assembly (MLA) of Jharkhand:**

a) **(i) Enrolment of Member of Legislative Assembly (MLA)** – Under Category A, current members of the State Legislative Assembly (sitting MLAs) will fill out their application on the SEHIS Portal. The DDO (Drawing and Disbursing Officer) of the Legislative Assembly will verify their credentials on the SEHIS Portal.

(ii) Ministers of state Government : For this category of Applicant filled application form will be verified/ approved by competent authority.

b) **Ex-Members of Legislative Assembly (Ex-MLA)** – Former MLAs will fill out their application on the SEHIS Portal under Category B (Voluntary). The appointed Nodal Officer by the Jharkhand Legislative Assembly/Secretariat will verify their credentials and documents. The Nodal Officer will be provided with an Admin Dashboard by JSAS, similar to the DDO for government employees. The Nodal Officer will verify the information provided by the Ex-MLA with supporting documentation, which will be kept in physical form at their office.

9. **Air Ambulance Facility**:

a) The Air Ambulance Facility will be provided in critical and emergency cases if required and on approval of Competent Authority as per Sankalp.
b) For this JSAS will collaborate/ sign MoU with Civil Aviation Department, Government of Jharkhand.
c) In case of extreme emergency, if the service is not available from the air ambulance service provider listed by the Civil Aviation Department, Government of Jharkhand, then private air ambulance service provider will be also engaged in rate contract with JSAS for providing the said service.

SOP for Air Ambulance services:

i. The demand for air ambulance services will be initiated primarily by the hospital and forwarded to the committee.

ii. A dedicated committee Chaired by Executive Director, JSAS and consisting of Medical Superintendent, HoD critical care unit and HoD related to disease from RIMS (Rajendra Institute of Medical Sciences),Ranchi will decide on the necessity of air ambulance services.

iii. The above committee meeting will be conducted in virtual or physical mode as per the requirement.

iv. Once the committee approves the demand for AIR Ambulance Service, JSAS will initiate the request for the service to the Air Ambulance Service Provider/Civil Aviation Department.

v. If the beneficiary avails the Air Ambulance service without prior approval from the committee, reimbursement will be made after approval provided by Competent Authority/ Concerned committee with rates already decided by Dept.

10.Grievance Redressal System :

Grievance Redressal Committee – A Grievance Redressal Committee will be formed at the state level, headed by the ED (Executive Director) of JSAS and at the district level, headed by the DC (Deputy Commissioner). The committees will ensure that every grievance is addressed and resolved within a stipulated timeframe.

i. **State Grievance Committee:**
   i. Chairman: ED JSAS
   ii. Members: 3 members from different departments (Finance, Personal and Health) as decided, and Grievance Redressal Manager and a member from Insurance Service Provider.

ii. **District Grievance Committee:**
   i. Chairman: DC (Deputy Commissioner)/or nominated by DC.
   ii. Members: CS (Civil Surgeon), 3 members from different departments as decided by Chairman, and members from the Insurance Service Provider / Third Party Administrator).

11.Transfer of Applicant Data to Insurance Company :

The data of applicants under the scheme will be collected at the JSAS office through the scheme portal (https://sehis.jharkhand.gov.in). For approved applications where payment has also been made by the applicant or group of applicant, the data will be shared with the insurance company via the portal's API (Application Programming Interface) on a real-time basis or through any scheduled method, as decided by Authority.

12.Generation of Member ID under Master Policy:

Once the insurance company receives the required data fields of an application, within 2–3 days the insurer will generate the insurance coverage and inform JSAS accordingly. This information will be shared via API and reporting format, including the employee's mobile number along with the insurance details.

13.Organ Transplantation :

In case of Organ Transplantation, Donor as well as Recipients will be covered under the scheme and all expenses pertaining to this will be covered under the aegis of Critical Care Illness Package as defined in Sankalp 13(13), dated 24/01/25 Annexure –A Part II and Payment will be done in trust mode directly to the concerned hospital after receiving the Consent, Complete Medical Reports and Description of the Donor as well as Recipient from the hospital to the Committee formed at JSAS.

a) Committee will give approval based on documents produced through the concerned Hospital with details of expenditure to be incurred during the Transplantation.
b) Same will be applicable for Kidney and Liver Transplantation as mentioned in the Annexure –A Part III and IV and package defined under MOU.
c) The Committee at the end of JSAS will have the right to review the case and raise query if any, regarding the procedure and will provide proper recommendation to the Competent Authority. All decisions above Rs. 10,00,000/- (Ten Lakhs Rupees) expenditure under this will require competent authority approval. The process of Critical Care Illness disbursement as defined as per Sankalp and followed as per the requirements and as per the case.

14.TA/DA for outside Jharkhand :

TA/DA will paid/ reimbursed to the beneficiary as per the Sankalp of the scheme.

(Please refer points 3(viii) of Sankalp 185(13), dated-31-07-2023.)

15.Addition/ Deletion of dependents :

An Employee can edit the profile of his attached dependents during any point of time through the policy year. To perform addition /deletion in the dependent detail, an Applicant/ Employee can follow steps mentioned in Annexure – 03 of this document.

Part-2(Service Module)

16. Cashless Claim Process

a) Patient registration will be done by hospital on Insurance service provider Portal on the dedicated access provided to the hospital.

b) Insurance service provider shall verify the details of the Patient.

c) Insurance service provider shall share all claims whether approvals or rejections to the JSAS for registration and ensure no claims are missed.

d) Once the claim intimation is received, insurance service provider shall verify the policy holder/member eligibility through CKYC or any other mode and also the medical necessity of the treatment.

e) Upon pre-authorization approval, the insured will avail treatment at network hospitals empanelled by Insurance service provider.

f) Claims exceeding 5 lakhs up to 10 lakhs shall be paid from insurer corporate buffer of Rs 50 Crores for critical illness as per Annexure A of Sankalp (13)13 dated 24.01.2025.

g) For Category A and B: In case of critical illness, claims exceeding 10 lakhs will be forwarded to JSAS with proper recommendation by the Insurance Service Provider for settlement.

h) JSAS will have Tri -Party agreement with insurer and empanelled hospital, so the payment of trust mode can be directly transferred to hospital account as required against the services provided by the hospital.

i) **Point of contact at district level:**

   i. The first point of contact for the beneficiary in each district of the state will respective district co-coordinators from Insurance Service Provider. They will have the desk POCs at the Sadar hospital in each district/ as decided by authority.

   ii. For this only space arrangement will provided by JSAS and other necessary arrangements will be done by the Insurance service Provider.

17. Employee Reimbursement Claim Process

a) In case of emergency, if the patient visits a non-empanelled hospital, reimbursement will be done by the insurance company to the beneficiary account as per Rates and process mentioned in the MoU and/or sankalp:

   i. Treatment Inside Jharkhand: Rates defined in MoU and/or sankalp will apply.

   ii. Treatment Outside Jharkhand: Rates defined in MoU and/or sankalp will apply.

b) After discharge from the hospital, the insured shall submit documents to the insurer as per MoU for reimbursement.

18. Trust Claim Payment Process

Once a claim has been raised, the following will need to be adhered regarding claim settlement and processing of claims:

a) The Insurance Service Provider will verify the medical admissibility and payability of the claim amount from the trust.
b) Insurance Service Provider has to Push the case in JSAS bucket under their login with medical admissibility or non-admissibility remarks for Trust payment liable cases.
c) On the recommendation of Insurance Service Provider, Claim exceeding 5 Lakhs (Non Critical illness cases) and Claim exceeding 10 Lakhs (Listed Critical Illness cases) shall be payable to an EHCP.

d) Claim has to be approved for payment from trust fund through ACO and trust (JSAS) login. JSAS shall make the payment to EHCP/beneficiary account for reimbursement (as applicable).

e) Insurance Service provider will facilitate for signing the Tri -Party agreement between JSAS, insurer and empanelled hospital, for the settlement of trust liability to EHCP.

f) After the proper recommendation of the Insurance service provider Claims shall be settled within 15 calendar days of EHCPs within the state, and within 30 calendar of EHCPs outside the state.

19.Claim Process Flow:

a) The beneficiary will call the toll – free number of the Insurance service provider to get the required information/queries.(Contact Toll free number : 1800-3455-027)

b) The call center employee will gather the employee's details, patient's details, and the nature of the emergency.

c) They will suggest any nearby/choice of beneficiary empanelled hospitals, if available.

d) If the employee prefers a non-empanelled hospital, the call center employee will raise unique claim intimation number for reimbursement if required.

e) The patient will receive instructions on the mandatory document list and a claim submission TAT (Turnaround Time) of 15 days.

f) Soft/Hard copies of claim documents must be submitted to the Insurance Service Provider within 3 weeks from date of discharge.

g) Payments will be made according to the applicable rates as per MoU and/or sankalp.

h) If any case needs to be re-opened after closure /rejection, Insurance Service Provider to refer case for re-opening and seeking approval from JSAS. No claim shall be re-opened without JSAS approval.

i) Critical cases above Rs 5 lakhs and less than Rs 10 Lakh will be approved by the JSAS, to be paid by Insurance Service Provider as per Sankalp.

j)

20. <u>Investigation</u>

a) During the implementation of the Scheme there would be a zero-tolerance approach towards any kind of fraud, covering entire gamut of activities for prevention, detection, and deterrence of different kinds of fraud that could occur at different stages of its implementation.

b) In-case of any violation of the policy, disciplinary actions will be initiated. Following actions will be taken in case of any fraud, misrepresentations, etc

i. **Beneficiary:** If a beneficiary (employee/retiree) is found to be involved in fraud, misrepresentation, impersonation, their health card will be put on hold .No further claims from the family unit will be processed until an approval notice from the JSAS or the relevant department authorizing the continuation of treatment is received.". If fraud (including impersonation)/misrepresentation are established then claim amount shall be recovered against the paid claims and the legal departmental action will be taken against the employee as per the rules of Government of Jharkhand and law of India.

ii. **Hospital:** If any hospital is found to be involved in any kind of fraudulent activity/ any irregularity and/or illegality and/or have violated guidelines and/ or terms and conditions of the agreement /MoU/contract then, one or more of the following actions may be taken against an errant empanelled network provider as per the detail mentioned in the schedule –III of the agreement with the hospitals.

a. Putting the Provider on "Watch-list"

i. Based on the claims data analysis and / or the Hospital visits, if there is any doubt on the performance of a Hospital, the Insurer can put that Hospital on the watch list.

ii. The data of such Hospital shall be analyzed very closely on a daily basis by the Insurer for patterns, trends and anomalies.

iii. The Insurer will immediately inform the JSAS about the Provider which have been put in the watch list within 24 hours of this action.

b. Suspension of the Hospital: The Hospital can be temporarily suspended in the following cases:

i. For the Hospital which is on the "Watch-list" of the Insurer observes continuous patterns or strong evidence of irregularity based on either claims data or field visit of Hospitals, the Hospitals shall be suspended from providing services to Beneficiaries and a formal investigation shall be instituted.

ii. If a Hospital is not in the "Watch-list", but the Insurer observes at any stage that it has data/evidence that suggests that the Hospital is involved in any unethical practice/ is not adhering to the major clauses of the contract with the Insurer involved in financial fraud related to health insurance patients, it may immediately suspend the Hospital from Providing services to Beneficiaries and a formal investigation shall be instituted.

iii. The JSAS should be informed of the decision of suspension of Provider within24 hours of this action.

iv. A formal letter shall be send to the Hospital regarding its suspension with mentioning the timeframe within which the formal investigation will be completed.

For Insurance Company: Action against Insurance Service Provider will be taken as per agreed MoU.

21. Consent Note from concerned Department for beneficiaries belonging to Category B & C :

When a Department/Govt. Body under GOJ like Board, Universities, Corporation, Institution , Jharkhand Advocates trustee committee or any other as per notified sankalp joins the scheme for availing the services of the scheme, the Head of that Dept./ Offices has to Sign a consent form regarding the terms and condition of the Scheme and submit it to JSAS for any needful in future. **(Attached in annexure 5)**

22. Notes and list of annexures:

Note:- In the event of any conflict, inconsistency, or ambiguity between any terms or provisions set forth in this SoP and the signed MoU between insurance service provider and JSAS, **the Sankalp document no. 185 (13), the amended Sankalp document no. 13(13)** and any notifications issued from time to time by the DHME&FM, Govt. of Jharkhand, shall govern and take precedence over any conflicts, inconsistencies, or ambiguities.

Annexure 1: Annexure "A": Critical Illness totals 25 nos. (Sankalp No-13 (13), dated 24-01.2025)

Annexure2: Coverage and Exclusions. (As per MOU)

Annexure 3: SOP for Application under State Health Employee Insurance Scheme.

Annexure 4: Claim Form for claim reimbursement.

Annexure 5: Consent form for Board/ Univ./ Corporation/institution etc.

******

Executive Director
Jharkhand State Arogya Society
Jharkhand, Ranchi

Annexure – 1

Annexure –"A"

स्वास्थ्य बीमा योजना के तहत गंभीर बीमारियों की सूची :–

i.	All types of Cancer/Chemotherapy/Oral chemotherapy
ii.	Organ Transplantation
iii.	Kidney Diseases/Kidney Transplantation
iv.	Liver Diseases/Liver Transplantation
v.	Acid Attack
vi.	Wiskott aldrich syndrome
vii.	Thalassaemia, Blood dyscrasia
viii.	Bone Marrow Transplant
ix.	Plastic Surgery in case of post trauma deformity & Burn cases
x.	Retinal Detachment
xi.	Serious Head Injury with Craniotomy + Critical care
xii.	Heart Diseases/Coronary Artery Bypass Grafting/Intra aortic Ballon Pump (CABG+IABP)/Open Heart Surgery
xiii.	Continuous renal replacement therapy in acute failure in ICU patient
xiv.	Proliferative diabetic retinopathy
xv.	Operation of trachea oesophageal fistula
xvi.	Meningoencephalocele surgery
xvii.	Penetrating keratoplasty
xviii.	Brain haemorrhage
xix.	Congenital deformities including facial clefts, microtia hemifacial, microsomia, teacher Collins syndrome, cronion synostosis, ectopia vasia
xx.	Cochlear implant
xxi.	Duchenne Muscular dystrophy
xxii.	Juvenile Nasopharyngeal Angiofibroma
xxiii.	Diseases related to Blood Disorder
xxiv.	Neurosurgery
xxv.	Total Replacement of Joints

13(13)
24/01/2025

झारखण्ड स्टेट आरोग्य सोसाईटी
राँची, झारखण्ड

13. Mid-term addition will be done only in case of new joining, marriage, birth, legal adoption, widow and divorce. No mid-term addition will be allowed for existing employees and their dependents after a mutually agreed enrolment period.
14. Mid-term deletion will be done only upon the death/ termination of the employee from employment with the state government.
15. Enrolment period will be informed to the insurance company by the authority at time of start of policy period.
16. If any person joins the government service in the middle of the policy year, they will be covered under the insurance policy and receive the benefits from the date of joining. The premium to the insurance company shall be paid by the Authority from the date of inception of service of the new joinee as per the agreed rate.
17. In case of death of the employee in the mid-policy year, the insurance benefits shall be provided to the dependents until the current policy year ends.
18. The Insurance Company shall, from time to time, share with the State Health Agency the mechanism being followed by the Insurance Company for settlement of claims and actions to be taken against the beneficiary/hospitals in case of any frauds, misrepresentations, etc.
19. A statement of account in this regard shall be forwarded to the Authority on every 15th of the month by the Insurance Company.

F. Coverage

1. The Authority has selected the insurance company to provide a Group Health insurance policy for all Employees, Pensioners, and Others and their families in the state of Jharkhand under the Jharkhand Group Health Insurance Scheme.
2. The insurance company shall pay the expenses reasonably and necessarily incurred by / on behalf of the insured person under the specified categories but not exceeding the sum insured.
3. The Insurance Company shall be responsible for providing health insurance coverage. The sum insured shall be Rs. 5.00 Lakhs (Rupees Five Lakhs) per family per annum on a floater basis with a cashless & reimbursement facility.

4. The sum assured covers the entire family and can be used in case of multiple hospitalizations in the family for one or more family members up to the limit of Rs. 5.00 Lakhs (Rupees Five Lakh) per family per annum.
5. Corporate Buffer: The insurance company will provide a separate financial cushion as a "Corporate Buffer" of Rs. 50 Crores which can be utilized in the treatment of critical illnesses when a family has exhausted its basic annual sum insured of Rs. 5 Lakhs. If a family has exhausted the annual sum insured of Rs. 5 lakhs on treatment, the additional cost will be paid from the Corporate Buffer under the recommendation of DoHM&FW for the listed critical diseases as mentioned in the contract.
6. For listed critical diseases, if the registered claim amount goes above Rs. 5.00 Lakhs up to Rs. 10.00 lakhs, the same shall be covered by the Insurance Company from the corporate buffer of 50 Crores.
7. For listed critical diseases, the registered claim above Rs. 10.00 Lakhs shall be processed by the selected Insurance Company and reimbursed by JSAS (Jharkhand State Arogya Samiti).
8. The insurance company shall develop the necessary portal(s) for claim processing and provision for a toll-free number operated by the insurance company.
9. If the insured person sustains injury or contracts any disease and, upon the advice of a medical practitioner, must incur hospitalization expenses, the following in-patient or day care hospitalization expenses shall be payable by the insurance company as per the pay package mentioned in the Annexure to the contract.
10. If the insured member is admitted to a room where the room rent incurred is higher than the room rent limit specified above, then as per Annexure, the insured member will have to bear the difference in the package.
11. Basic Coverages: expenses incurred for inpatient treatment is covered including:
    a. Room rent (Normal/Specialized ward/ICU/CCU/NICU)
    b. Nursing expenses (covered in a cashless arrangement for treatment as mentioned in package/procedure schedules, subject to specific recommendations of treating physicians/doctors)
    c. Medical Practitioner and Specialist fees
    d. Expenses for anaesthesia, blood, oxygen, operation theatre charges, surgical appliances, medicines and drugs, diagnostic materials and X-ray, dialysis,

chemotherapy, radiotherapy, cost of pacemaker, artificial limbs, cost of organs, and similar expenses (other than those specifically stated in the exclusion section of the policy)

e. Pre-hospitalization expenses (15 days before the date of admission)
f. Post-hospitalization expenses (30 days after the date of discharge)
g. Maternity expenses during hospitalization up to a limit as mentioned in the package/procedure schedule for the first two childbirths

12. Day Care treatment: "Day care Treatment" refers to medical treatment and/or surgical procedures which are:
    a. Undertaken under general or local anaesthesia in a hospital/day care centre in less than 24 hours because of technological advancement and
    b. Which would have otherwise required hospitalization of more than 24 hours
    c. Treatment normally taken on an outpatient basis is not included in the scope of this definition.
    d. The insurer shall pay for day care expenses incurred on advanced technological surgeries and procedures requiring less than 24 hours of hospitalization as per the attached list in Annexure of this contract and subject to the condition that prior approval is obtained by the insured person from the insurer for such a day care procedure/expense.
13. Critical Disease Cover: Treatment of the following critical diseases will be covered up to the full sum insured as mentioned in Clause 3 (Scope of Work) of the family of the employee:
    a. Nephritis of any etiology plus bacteria/renal failure/chronic kidney disease (CKD) requiring kidney transplantation or dialysis
    b. Cerebral or vascular strokes
    c. Open and closed heart surgery
    d. Malignancy diseases confirmed on histopathological report
    e. Viral encephalitis
    f. Neurosurgery
    g. Total replacement of joints
    h. Liver disorder (Hepatitis B & C) associated with complications like cirrhosis of liver

i. Grievous injury including multiple fractures of long bones, head injury leading to unconsciousness, 100% burns, injury requiring artificial ventilator support, plus vertebral column injury

j. Treatment requiring interarticular injections & antibody injections such as rituximab, zoledronic acids, hormonal therapy, etc., shall be covered in case admission under IPD

k. Expenses incurred on treatment of External Congenital Ailments.

l. Oral chemotherapy (adjuvant and neo-adjuvant) and immunotherapy are also covered in case of admission under IPD

14. No waiting period for maternity cases shall be applicable.
15. Baby day one cover as part of family floater sum insured applicable.
16. Pre and post-natal charges as mentioned in the package/procedures in the schedules.
17. Congenital internal diseases are covered under the policy.
18. In addition to the day-care procedures mentioned in Annexure 7 of this tender document, any other surgeries/procedures agreed to by the Authority, Insurance Company, and TPA requiring less than 24 hours of hospitalization will also be considered under hospitalization.
19. In case during the policy period starting from 01/11/24, any coverage is not mentioned in the tender provisions/policy, it shall not be subject to standard general medical coverage conditions or exclusions. It will be deemed covered under "Unspecified Package."

G. Exclusions under the scheme

Expenses incurred towards the following treatments/are not covered within the scope this scheme.

1. Lasik Surgery, infertility, and related ailment including male sterility, treatment on trial/experimental basis, admin/registration/miscellaneous/ service charges, expenses on fitting of external prothesis, any device/instrument/ machine contributing/replacing the function of an organ, Holter monitoring /sleep study are outside the scope of the policy
2. Circumcision except for disease not excluded here, not injury, vaccination or inoculation or change of life or cosmetic or aesthetic treatment of any description,

plastic surgery except for relating to treatment of injury or illness.

3. Cost of spectacles.
4. Convalescence, General Debility, Run Down Condition or Rest Cure, Congenital External Disease or Defects or Anomalies, Sterility and Infertility, Intentional self-injury, and ailments arising out of use of narcotic drugs.
5. Expenses on vitamins and tonic unless forming part of treatment for injury or diseases as certified by the attending physician.
6. Non-Allopathic treatments are not covered under this scheme
7. Injury or diseases directly or indirectly caused by or contributed to by nuclear weapons material.
8. Treatment outside India War, invasion, acts of foreign enemies, hostilities (whether war be declared or not), civil war, commotion, unrest, rebellion, revolution, insurrection, military or usurped power or confiscation or nationalization or requisition of or damage by or under the order of any government or public local authority.
9. Cosmetic or Plastic Surgery - Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident, burn(s) or Cancer or as part of medically necessary treatment to remove a direct and immediate health risk to the insured. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner.
10. The cost of spectacles, contact lenses, hearing aids, crutches, wheelchairs, dentures, artificial teeth and all other external appliances, and/or devices unless specifically covered
11. Expenses incurred on Items for personal comfort like television, telephone, etc. incurred during hospitalization and which have been specifically charged for in the hospitalization bills issued by the hospital
12. External medical equipment of any kind used at home as post hospitalization care including cost of instrument used in the treatment of Sleep Apnea Syndrome (C.P.A.P), Continuous Peritoneal Ambulatory Dialysis (C.P.A.D) and Oxygen concentrator for Bronchial Asthmatic condition.
13. Dental treatment or surgery of any kind unless required because of Accidental Bodily Injury to natural teeth requiring hospitalization treatment.
14. Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent.

15. Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof.
16. Venereal disease or any sexually transmitted disease or sickness. (Excluding HIV / AIDS as mentioned under scope of cover)
17. Vaccination or inoculation except as part of post-bite treatment for animal bite
18. Dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances unless prescribed by a medical practitioner as part of hospitalization claim or day care procedure.
19. Surgery to correct Deviated Nasal septum and hypertrophied turbinate unless necessitated by an accidental body injury and proved to our satisfaction that the condition is a result of an accidental injury
20. Medical Practitioner's home visit Expenses during pre and post hospitalization period, Attendant Nursing Expenses
21. Outpatient Diagnostic, Medical and Surgical procedures or treatments, non-prescribed drugs and medical supplies
22. Change-of-Gender treatments - Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex
23. Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT ICSI
24. Gestational Surrogacy
25. Reversal of Sterilization
26. Expenses related to any treatment necessitated due to participation as a professional in hazardous or adventure sports, including but not limited to, para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving
27. Expenses incurred at Hospital primarily for diagnosis irrespective of 24 hours hospitalization. This would also include stay in a hospital without undertaking any treatment or where there is no active regular treatment by the Medical Practitioner, which ordinarily can be given without hospitalization
28. Treatments received in heath hydro's, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons
29. Costs of donor screening or treatment including organ extraction

30. Injury illness whilst performing duties as a serving member of a military or police force
31. Any kind of Service charges, Surcharges, Admission fees / Registration charges etc. levied by the hospital.

H. Provider empanelment and Claim processing

1. The insured members can avail cashless facility under hospitalization at hospitals empanelled by the Insurance Company/TPA for the purpose.
2. The Insurance Company or TPA shall always assist the insured members in the cashless arrangements for hospitalization, whether planned, unplanned, or emergency cases.
3. The insurer will provide the list of empanelled hospitals within and outside the state. Insured members should refer to the updated list of empanelled hospitals available on the TPA/Insurer's application/website.
4. The Insurance Company/TPA will have to add to the list of hospitals/nursing homes after receiving advice from the Authority for the purpose of treatment during the currency of the policy as requested by insured employees/Pensioners from time to time.
5. The Insurance Company/TPA on their own may arrange for an additional list of hospitals throughout the country from which cashless hospitalization benefits can be availed by the insured employee or their dependents.
6. Hospitals shall raise pre-authorization at the time of admission of the insured member for the treatment, or the insured member may notify the insurance company in advance for planned treatment.
7. The Insurance company/TPA shall approve or reject the pre-authorization based on details provided by the hospitals within the stipulated time.
8. In case of any query, the Insurance company/TPA should raise the query within the stipulated time.
9. The Insurance company/TPA shall send the query mail/communication to the concerned hospital with a separate communication to the insured member.
10. Pre-authorization for hospitalization at network hospitals for cashless facility 24 hours prior to hospitalization, except in case of emergency where it can be obtained after
11. In case of an emergency if the patient visits a non-empanelled hospital, the reimbursement will be done by the insurance company as per CGHS Rates. For medical

cases inside Jharkhand, CGHS Ranchi rates shall be considered, whereas for medical cases outside Jharkhand, CGHS rates prevailing there shall be considered.

12. Claim Document for emergency admission to a non-empanelled hospital. The insured is required to submit the below documents to the TPA/Insurance company in case of reimbursement claim. The claim document shall include but not be limited to the following:
    a. Claim form duly completed and signed
    b. Original bills (including but not limited to pharmacy purchase bills, consultation bills, diagnostic bills) and any attachments thereto like receipts or prescriptions in support of any amount claimed
    c. All reports including but not limited to all medical reports, case histories, investigation reports, treatment papers, discharge summaries
    d. A precise diagnosis of the treatment for which a claim is made
    e. Prescriptions that name the insured person and in the case of drugs, the drugs prescribed, their price, and a receipt for payment
    f. Government ID proof of the insured
    g. Duly filled CKYC form or CKYC number in case the claim amount exceeds ₹1 lakh
    h. Payee details of the insured which may include a copy of a cancelled cheque with the name printed on it or a copy of the bank passbook of the insured with clear visible details of the payee
    i. Any supplementary documentation considered necessary by the insurer for the purpose of claim verification
13. All cashless registered claims have to be submitted to the Insurance Company within 15 working days by empanelled hospitals.
14. Within 15 days of submission of completed claim documents, the Insurance Company shall make payment to the empanelled hospitals. It shall be observed that cashless treatment shall not be denied by any of the empanelled hospitals due to non-payment or delay in payment by the Insurance Company.
15. In case a claim is not settled by the Insurance Company/TPA within a period of 30 days from the date of receipt of the completed claims form with all enclosures from the hospitals, the Insurance Company would be liable to pay a penalty as per the contract to the Authority.

Standard Operating Procedure (SOP) for Application under Jharkhand State Employee Group Health Insurance Scheme as per Sankalp no. 185(13) dated 31.07.2023 &13(13) dated 24.01.2025 of DHME&FW, Govt. of Jharkhand.

1. User Registration:

- **Step 1:** The Applicant must visit the official portal of the scheme and click on the "**Register**" option to create a new account.
- **Step 2:** The Applicant will be prompted to enter their basic details, such as name, mobile number etc.
- **Step 3:** After entering the required details, the Applicant must authenticate their registration via an OTP (**One-Time Password**). The OTP will be sent to the registered mobile number for verification.

2. Accessing the Application Form:

- **Step 1:** Upon successful registration and OTP verification, the Applicant can log in to the portal using their credentials.
- **Step 2:** The Applicant will be directed to the "**Apply**" section, where The applicant will have option to choose the appropriate category then they can access the fresh Application form. The applicant will also have the option to fetch their earlier pre-filled data in the portal (if available).
- **Step 3:** The application form consists of four key sections, which must be filled out in order:
  1. **Basic Details** – Information such as name, fathers name, DoB, gender, address, contact details, etc.
  2. **Office Details** – Information about the office the applicant is associated, etc.
  3. **Office Name & Address** – Full name and address of the office, etc.
  4. **Verifier Details** – Information for verification of the application.

3. Form Submission:

- **Step 1:** After filling out all required sections of the form, the Applicant will have option to preview the filled application before final submission and further applicant can submit the application.
- **Step 2:** Once submitted, an **acknowledgment** will be generated, confirming the submission. The acknowledgment will include:
  - The filled application details
  - Application Number/Reference Number
- **Step 3:** The Applicant will be advised to take a printout of the acknowledgment for reference.

4. Verification Process:

- **Step 1:** Once submitted, the application is forwarded to the respective verifier's login, where it will appear on the **verifier dashboard.**
- **Step 2:** The verifier will review the application and perform one of the following actions:
  - **Approve** the application if all details are correct.
  - **Reject** the application if there are discrepancies or issues/applicant is not beneficiary as per norms of the scheme.
  - **Return/Back** the application to the Applicant if further clarifications or corrections required, with appropriate **remarks or reasons.**
    (Message will sent to Applicant's Mobile Number accordingly)

5. Notifications to Applicant:

- **Step 1:** Based on the verifier's action (approve, reject, or return), an SMS notification will be sent to the applicant's Mobile as well as the same informing will be reflected on the status section of their application.

झारखण्ड स्टेट आरोग्य सोसाइटी

Executive Director
Jharkhand State Arogya Society
Jharkhand, Ranchi

- **Step 2:** The Applicant can log in to the portal to track the status of their application in real-time.

6. Dependent Management:

- **Step 1:** Applicant will have the ability to **add or remove dependents** at any point during the application process.
- **Step 2:** The Applicant can update dependent details through their dashboard by accessing the **"Manage Dependents"** section.
- **Step 3:** On Submission for modification request of the dependent by the applicant, the verifier will approve/Reject/Return back the application to the applicant from the portal.

7. Payment Process (If Applicable to the applicant as per Sankalp and as notified time to time):

- **Step 1:** Upon approval of the application, applicant will receive an **SMS notification** prompting them to proceed with the payment. (If Applicable)
- **Step 2:** The portal will be directed the Applicant to the Payment Section through payment gateway of the Bank, where payment can be made.
- **Step 3:** Once the payment is made, the payment status will be updated in the application.

*For other categories where payment is not to be made through payment gateway, the portal will display appropriate message.

8. Confirmation of Successful Payment:

- **Step 1:** After the applicant completes their payment, the payment status will be updated on the portal accordingly.
- **Step 2:** The **application** will then be forwarded to the **JSAS dashboard** for further processing.

9. Forwarding of Applicant's Data to Insurance Company:

- **Step 1:** Once the JSAS dashboard receives the approved application and confirms the successful payment status (if applicable), the required data of Applicant will be shared to Insurance Company for generating the Insurance policy.
- **Step 2:** Insurance Company will process the application and generate the insurance coverage for the individual applicant with their family unit.

10. Insurance Coverage Notification:

- **Step 1:** Once the insurance policy is generated, a SMS notification will be sent to the applicant's registered mobile number confirming the coverage details.
- **Step 2:** The coverage details will also be updated on the portal of scheme via an API, allowing the Applicant to view the coverage status and other related information in their dashboard.

11. Final Verification:

- **Step 1:** Applicant can view their updated coverage status and other details on the scheme portal.

झारखण्ड स्टेट आरोग्य सोसायटी राँची, झारखण्ड

Executive Director
Jharkhand State Arogya Society
Jharkhand, Ranchi

झारखण्ड राज्य के कार्यरत/सेवानिवृत कर्मियों के ग्रुप स्वास्थ्य बीमा योजना का लाभ प्रदान करने हेतु झारखण्ड सरकार के राज्य अंतर्गत कार्यरत/सेवानिवृत कर्मियों के Application form का DDO के द्वारा Verification हेतु Standard Operating Procedure (SOP):—

1. झारखण्ड सरकार के अंतर्गत कार्यरत/सेवानिवृत कर्मियों के ग्रुप स्वास्थ्य बीमा योजना का लाभ प्रदान करने हेतु योजना के पोर्टल पर Application form के Verification प्रक्रिया अन्तर्गत प्रत्येक श्रेणी के आवेदक के लिए एक प्राधिकार/Authority का प्रावधान किया जाएगा। यथा :
   I. सरकारी कर्मियों/पेंशनरो के संबंधित DDO।
   II. विश्वविद्यालय पदाधिकारी/कर्मियों के लिए के लिए संबंधित रजिस्ट्रार/ Vice Chancellor।
   III. बोर्ड/ कॉरपोरेशन के कर्मी/पदाधिकारी के लिए संबंधित MD/ED।
   IV. अधिवक्तागण के लिए संबंधित न्यासी बोर्ड की सचिव/अध्यक्ष।

2. कर्मियों के द्वारा Application Form भरने के उपरांत संबंधित Application Form, DDO के Dashboard पर Verification हेतु उपलब्ध होगा।
3. योजना के पोर्टल पर Verifier Login की सुविधा उपलब्ध होगी। Verifier Login अन्तर्गत प्रत्येक श्रेणी के आवेदन कर्त्ता द्वारा आवेदन के दौरान पोर्टल पर उपलब्ध/ भरे गये Application form को संबंधित प्राधिकार/Authority द्वारा सत्यापित किया जायेगा। प्राधिकार/ Authority अपने विभाग/संस्था के अधिन मातहत कार्यरत/सेवानिवृत कर्मियों/ पदाधिकारियों के द्वारा योजना के Web Portal पर उपलब्ध कराए गए Application form के माध्यम से उपलब्ध कराए गए आवेदक के डाटा को Validate करेंगे।
4. आवश्यकतानुसार आवेदन में त्रुटि/ बदलाव होने की स्थिति में उसमें आवश्यक परिवर्त्तन करवाकर, पूर्ण संतुष्ट होने के पश्चात ही संबंधित DDO Application form को अग्रेतर कार्रवाई हेतु अग्रसारित करेंगे। इस व्यवस्था के माध्यम से प्राप्त Application form त्रुटि रहित होगा।
5. संबंधित प्राधिकार द्वारा आवेदनकर्त्ता के डाटा को Validate करने के उपारांत जो Application Form जसास को प्राप्त होगा जो त्रुटिरहित एवं अग्रेतर उपयोग हेतु मान्य होगा।
6. आवेदनकर्त्ता का प्रारंभिक Application Form Validation के अतिरिक्त समय–समय पर आवश्यकतानुसार आवेदनकर्ता अगर अपनी सूचना में किसी प्रकार का परिवर्त्तन करते हैं (जैस आश्रितों का विवरणी) तो उसे भी संबंधित प्राधिकार द्वारा Validate करने पर ही Application Form में परिवर्त्तन मान्य होगा।

Executive Director
Jharkhand State Arogya Society
Jharkhand, Ranchi

***

झारखण्ड स्टेट आरोग्य सोसायटी

Annexure – 4

Tata AIG Group MediCare
UIN: TATHLGP21248V022021

CLAIM FORM

TATA AIG INSURANCE
WITH YOU ALWAYS

(Part-A)

To be filled in by the insured . The issue of this Form is not to be taken in as admission of liability
Please fill-up this form in **CAPITAL LETTERS**

DETAILS OF PRIMARY INSURED (SECTION A)

Policy No:

Sl. No. Certification No: Company TPA ID No:

Name (Mr/Mrs/Ms/Dr): First Name Middle Name Surname

Address:

Landmark

Area

City/Town District

Pin Code State

E-Mail

Phone

DETAILS OF INSURANCE HISTORY (SECTION B)

Currently covered by any other Mediclaim/Health Insurance: Yes ☐ No ☐

Date of commencement of first insurance without break : D D M M Y Y Y Y

If yes, Company Name:

Policy No: Sum Insured (Rs.):

Have you been hospitalized in the last four years since inception of the contract? Yes ☐ No ☐

Date: D D M M Y Y Y Y Diagnosis: _____

Previously covered by any other Mediclaim/Health Insurance: Yes ☐ No ☐

If yes, Company Name:

DETAILS OF INSURED PERSON HOSPITALIZED (SECTION C)

Name (Mr/Mrs/Ms/Dr): First Name Middle Name Surname

Gender: Male ☐ Female ☐ Date of birth: D D M M Y Y Y Y Age ☐☐ Years ☐☐ Months

Relationship to Primary Insured: Self ☐ Spouse ☐ Child ☐ Father ☐ Mother ☐ Other ☐ (Please Specify) _____

Occupation: Service ☐ Self Employed ☐ Homemaker ☐ Student ☐ Retired ☐ Other ☐

(Please Specify) _____

Regd Office: 15th Floor, Tower A, Peninsula Business Park, G. K. Marg, Lower Parel, Mumbai - 400 013
Toll Free No. (24x7): **1800 266 7780 OR 1800 209966 (For Senior Citizens)** • Email: **customersupport@tataaig.com**
IRDA of India Registration No: 108 • Website: **www.tataaig.com** • CIN: U85110MH2000PLC128425

Tata AIG Group MediCare
UIN: TATHLGP21248V022021

Address:
Landmark
Area
City/Town District
Pin Code State
E-Mail
Phone

DETAILS OF HOSPITALIZATION (SECTION D)

Name of Hospital: where Admitted
Room Category occupied: Day Care ☐ Single occupancy ☐ Twin sharing ☐ 3 or more beds per room ☐
Hospitalizaton due to: Injury ☐ Illness ☐ Maternity ☐
Date of injury/Date Disease first detected/Date of Delivery : D D M M Y Y Y Y
Date of Admission: D D M M Y Y Y Y Time: H H M M
Date of Discharge: D D M M Y Y Y Y Time: H H M M
If Injury give cause: Self Inflicted ☐ Road Traffic Accident ☐ Substance Abuse/Alcohol Consumption ☐
If Medico legal Yes ☐ No ☐
Reported to police Yes ☐ No ☐
MLC Report & Police FIR attached Yes ☐ No ☐
System of Medicine

DETAILS OF CLAIM (SECTION E)

Details of the treatment expenses claimed:

Pre-hospitalization Expenses Rs.
Post-hospitalization Expenses Rs.
Ambulance Charges Rs.
Hospitalization Expenses Rs.
Health-Check up Cost Rs.
Other (Code) ☐ Rs.
Total Rs.

Pre-hospitalization period: ☐☐☐ days
Post-hospitalization period: ☐☐☐ days

Claim for Domiciliary Hospitalization: Yes ☐ No ☐ (If yes, provide details in annexure)

Details of Lump sum/cash benefit claimed

Hospital Daily Cash Rs.
Critical Illness Benefit Rs.
Pre/Post hospitalization Lump sum benefit Rs.
Surgical Cash Rs.
Convalescence Rs.
Other Rs.
Total Rs.

CLAIM DOCUMENTS SUBMITTED-CHECK LIST

- ☐ Claim Form duly signed
- ☐ Hospital Main Bill
- ☐ Hospital Bill Payment Receipt
- ☐ Pharmacy Bill
- ☐ ECG
- ☐ Investigation Reports (Including CT/MRI/USG/HPE)
- ☐ Copy of the claim intimation, if any
- ☐ Hospital Break-up Bill
- ☐ Hospital Discharge Summary
- ☐ Operation Theatre Notes
- ☐ Doctors request for investigation
- ☐ Doctors Prescription
- Others ☐

Regd Office: 15th Floor, Tower A, Peninsula Business Park, G.K. Marg, Lower Parel, Mumbai - 400 013
Toll Free No. (24x7): **1800 266 7780 OR 1800 229966 (For Senior Citizens)** • Email: **customersupport@tataaig.com**
IRDA of India Registration No: 108 • Website: **www.tataaig.com** • CIN: U85110MH2000PLC128425

DETAILS OF BILLS ENCLOSED: (SECTION F)

Sl. No.	Bill No.	Date	Issued by	Towards	Amount
1		D D M M YYYY		Hospital Main Bill	
2		D D M M YYYY		Pre-hospitalization Bills ..... Nos.	
3		D D M M YYYY		Post-hospitalization Bills ..... Nos.	
4		D D M M YYYY		Pharmacy Bills	
5		D D M M YYYY			
6		D D M M YYYY			
7		D D M M YYYY			
8		D D M M YYYY			
9		D D M M YYYY			
10		D D M M YYYY			

DETAILS OF PRIMARY INSURED BANK ACCOUNT: (SECTION G)

PAN Card: Account No:

Bank Name and Branch:

Cheque/DD Payable details: ..... IFSC Code:

DECLARATION BY THE INSURED (SECTION H)

I hereby declare that the information furnished in this Claim From is true & correct to the best of my knowledge and belief. If I have made any false or untrue statement, suppression or concealment of any material fact with respect to questions asked in relation to this claim, my right to claim reimbursement shall be forfeited. I also consent & authorize TPA/insurance company, to seek necessary medical information/documents from any hospital/Medical Practitioner who has attended on the person against whom this claim is made. I hereby declare that I have included all the bills/ receipts for the purpose of this claim & that I will not be making any supplementary claim except the pre/post-hospitalization claim, if any.

Date: D D M M Y Y Y Y Signature of the Insured .....

Place .....

GUIDANCE FOR FILLING CLAIM FORM-PART A (To be filled in by the insured)

Sl. No.	DATA ELEMENT	DESCRIPTION	FORMAT
	SECTION A: DETAILS OF PRIMARY INSURED		
a.	Policy No.	Enter the policy number	As allotted by the insurance company
b.	Sl. No./Certificate No.	Enter the social insurance number or the certificate number of social health insurance scheme	As allotted by the organization
c.	Company TPA ID No.	Enter the TPA ID No.	License number as allotted by IRDA and printed in TPA documents
d.	Name	Enter the full name of the policyholder	Surname, First name, Middle name
e.	Address	Enter the full postal address	Include Street, City and Pin Code
	SECTION B: DETAILS OF INSURANCE HISTORY		
a.	Currently covered by any other Mediclaim/Health Insurance?	Indicate whether currently covered by another Mediclaim/Health Insurance	Tick Yes or No
b.	Date of Commencement of first Insurance without break	Enter the date of commencement of first Insurance	Use dd-mm-yy format
c.	Company Name	Enter the full name of the Insurance company	Name of the organization in full
	Policy No.	Enter the policy number	As allotted by the insurance company
	Sum Insured	Enter the total sum insured as per the policy	In rupees
d.	Have you been Hospitalized in the last four years since inception of the contract?	Indicate whether hospitalized in the last four years	Tick Yes or No
	Date	Enter the date of hospitalization	Use mm-yy format
	Diagnosis	Enter the diagnosis details	Open Text

Sl. No.	DATA ELEMENT	DESCRIPTION	FORMAT
e.	Previously Covered by any other Mediclaim/Health Insurance?	Indicate whether previously covered by another Mediclaim/Health Insurance?	Tick Yes or No
f.	Company Name	Enter the full name of the insurance company	Name of the organization in full
	SECTION C: DETAILS OF INSURED PERSON HOSPITALIZED		
a.	Name	Enter the full name of the patient	Surname, First name, Middle name
b.	Gender	Indicate Gender of the patient	Tick Male or Female
c.	Age	Enter age of the patient	Number of years and months
d.	Date of Birth	Enter Date of Birth of Patient	Use dd-mm-yy format
e.	Relationship to primary insured	Indicate relationship of patient with policyholder	Tick the right option. If others, please specify.
f.	Occupation	Indicate occupation of patient	Tick the right option. If others, please specify.
g.	Address	Enter the full postal address	Include Street, City and Pin Code
h.	Phone No.	Enter the phone number of patient	Include STD code with telephone number
i.	E-mail ID	Enter e-mail address of patient	Complete e-mail address
	SECTION D: DETAILS OF HOSPITALIZATION		
a.	Name of Hospital where admitted	Enter the name of hospital	Name of hospital in full
b.	Room category occupied	Indicate the room category occupied	Tick the right option
c.	Hospitalization due to	Indicate reason of hospitalization	Tick the right option
d.	Date of Injury/Date Disease first detected/Date of Delivery	Enter the relevant date	Use dd-mm-yy format
e.	Date of admission	Enter date of admission	Use dd-mm-yy format
f.	Time	Enter date of admission	Use hh-mm format
g.	Date of discharge	Enter date of discharge	Use dd-mm-yy format
h.	Time	Enter date of discharge	Use hh-mm format
i.	If Injury give cause	Indicate cause of injury	Tick the right option
	If Medico legal	Indicate whether injury is medico legal	Tick Yes or No
	Reported to Police	Indicate whether police report was failed	Tick Yes or No
	MLC Report & Police FIR attached	Indicate whether MLC report and Police FIR attached	Tick Yes or No
j.	System of Medicine	Enter the system of medicine followed in treating the patient	Open Text
	SECTION E: DETAILS OF CLAIM		
a.	Details of Treatment Expenses	Enter the amount claimed as treatment expenses	In rupees (Do not enter paise values)
b.	Claim for Domiciliary Hospitalization	Indicate whether claim is domiciliary hospitalization	Tick Yes or No
c.	Details of Lump sum/cash benefit claimed	Enter the amount claimed as lump sum/cash benefit	In rupees (Do not enter paise values)
d.	Claim Documents submitted-Check List	Indicate which supporting documents are submitted	Tick the right option
	SECTION F: DETAILS OF BILLS ENCLOSED		
Indicate which bills are enclosed with the amounts in rupees			
	SECTION G: DETAILS OF PRIMARY INSURED'S BANK ACCOUNT		
a.	PAN	Enter the permanent account number	As allotted by the Income Tax department
b.	Account Number	Enter the bank account number	As allotted by the bank
c.	Bank Name and Branch	Enter the bank name along with the branch	Name of the Bank in full
d.	Cheque/DD payable details	Enter the name of the beneficiary the cheque/DD should be made out to	Name of the individual/ organization in full
e.	IFSC Code	Enter the IFSC code of the bank branch	IFSC code of the bank branch in full
	SECTION H: DECLARATION BY THE INSURED		
Read declaration carefully and mention date (in dd-mm-yy format), place (open text) and sign.			

CLAIM FORM

(PART-B)

To be filled in by the Hospital. The issue of this Form is not to be taken as an admission of liability. Please include the original preauthorization request form in lieu of PART A

Please fill-up this form in CAPITAL LETTERS

DETAILS OF HOSPITAL (SECTION A)

Name of the Hospital:

Hospital ID:

Type of Hospital: Network ☐ Non Network ☐ (If non network fill section E)

Name of the treating Doctor:
First Name Middle Name Surname

Qualification:

Registration No.:
(with State Code)

Phone No.:

DETAILS OF THE PATIENT ADMITTED (SECTION B)

Name of the Patient:
First Name Middle Name Surname

IP Registration Number:

Gender: Male ☐ Female ☐ Age: Years ☐☐ Months ☐☐

Date of Birth: D D M M Y Y Y Y

Date of Admission: D D M M Y Y Y Y Time: H H M M

Date of Discharge: D D M M Y Y Y Y Time: H H M M

Type of Admission: Emergency ☐ Planned ☐ Day Care ☐ Maternity ☐

If Maternity: i) Date of Delivery: D D M M Y Y Y Y i) Gravida Status: ☐☐☐

Status at time of discharge: Discharge to home ☐ Discharge to another hospital ☐ Deceased ☐

Total claimed amount:

DETAILS OF AILMENT DIAGNOSED (PRIMARY) (SECTION C)

ICD 10 Codes:	Description	ICD 10 PCS:	Description
i) Primary Diagnosis		i) Procedure 1	
ii) Additional Diagnosis		ii) Procedure 2	
iii) Co-morbidities		iii) Procedure 3	
iv) Co-morbidities		iv) Details of Procedure	

Pre-authorization obtained: Yes ☐ No ☐

Pre-authorization Number:

If authorization by network hospital not obtained, give reason: _____

Hospitalization due to injury: Yes ☐ No ☐

i) If yes, give cause: Self-inflicted ☐ Road Traffic Accident ☐ Substance abuse / alcohol consumption ☐

ii) If injury due to Substance abuse/alcohol consumption, Test conducted to establish this: Yes ☐ No ☐ (If Yes, attach report)

Regd Office: 15th Floor, Tower A, Peninsula Business Park, G. K. Marg, Lower Parel, Mumbai - 400 013
Toll Free No. (24x7): 1800 266 7780 OR 1800 229966 (For Senior Citizens) • Email: customersupport@tataaig.com
IRDA of India Registration No: 108 • Website: www.tataaig.com • CIN: U85110MH2000PLC128425

iii) If Medico legal: Yes ☐ No ☐ iv) Reported to Police: Yes ☐ No ☐

v) FIR No.: ☐☐☐☐☐☐☐☐☐☐

vi) If not reported to police give reason: _____

_____

CLAIM DOCUMENTS SUBMITTED-CHECK LIST (SECTION D)

- ☐ Claim Form duly signed
- ☐ Original Pre-authorization request
- ☐ Copy of the Pre-authorization approval letter
- ☐ Copy of photo ID card of patient verified by hospital
- ☐ Hospital Discharge summary
- ☐ Operation Theatre notes
- ☐ Hospital main bill
- ☐ Hospital break-up bill
- ☐ Investigation reports
- ☐ CT/MR/USG/HPE investigation reports
- ☐ Doctor's reference slip for investigation
- ☐ ECG
- ☐ Pharmacy bills
- ☐ MLC report & Police FIR
- ☐ Original death summary from hospital where applicable
- ☐ Any other please specify

ADDITIONAL DETAILS IN CASE OF NON NETWORK HOSPITAL (SECTION E)

(ONLY FILL IN CASE OF NON-NETWORK HOSPITAL)

Name of the Hospital: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Address: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

City/Town ☐☐☐☐☐☐☐☐☐☐☐☐ District ☐☐☐☐☐☐☐☐☐☐☐☐☐

Pin Code ☐☐☐☐☐☐ State ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

E-Mail ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Phone ☐☐☐☐☐☐☐☐☐☐

Registration No: with State Code ☐☐☐☐☐☐☐☐☐☐

Hospital PAN: ☐☐☐☐☐☐☐☐☐☐ Number of Inpatient beds: ☐☐☐

Facilities available in the hospital: : i) OT: Yes ☐ No ☐ ii) ICU: Yes ☐ No ☐ iii) Others _____

DECLARATION BY THE HOSPITAL (SECTION F)

(PLEASE READ VERY CAREFULLY)

We hereby declare that the information furnished in this Claim From is true & correct to the best of our knowledge and belief. If we have made any false or untrue statement, suppression or concealment of any material fact, our right to claim under this claim shall be forfeited.

Date: D D M M Y Y Y Y

Place _____ Signature and Seal of the Hospital Authority _____

Communication details of TPA (kindly submit the dully signed filled claim form along with original documents at following address)

TAGIC Health Claims,
TATA AIG General Insurance Company Limited, 5th and 6th Floor, Imperial Towers, H.No 7-1-6-617/A, GHMC No - 615,616, Ameerpet, Hyderabad – 500016, Telangana, Phone-040-66864900
Toll Free: 1800 266 7780 or 1800 229 966 (For Senior Citizens)
Website: www.tataaig.com; Email: healthclaimsupport@tataaig.com

Prohibition of Rebates - Section 41 of Insurance Act, 1938 as amended by Insurance Laws (Amendment) Act, 2015

1. No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectus or tables of the insurer.
2. Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to ten lakh rupees.

GUIDANCE FOR FILLING CLAIM FORM-PART B (To be filled in by the Hospital)

Sl. No.	DATA ELEMENT	DESCRIPTION	FORMAT
	SECTION A: DETAILS OF HOSPITAL		
a.	Name of Hospital	Enter the name of hospital	Name of hospital in full
b.	Hospital ID	Enter ID number of hospital	As allocated by the TPA
c.	Type of Hospital	Indicate whether in network or non network hospital	Tick the right option
d.	Name of treating doctor	Enter the name of the treating doctor	Name of doctor in full
e.	Qualification	Enter the qualification of the treating doctor	Abbreviations of educational qualification
f.	Registration No. with State Code	Enter the registration number of the doctor along with the state code	As allocated by the Medical Council of India
g.	Phone No.	Enter the phone number of doctor	Include STD code with telephone number
	SECTION B: DETAILS OF THE PATIENT ADMITTED		
a.	Name of Patient	Enter the name of hospital	Name of hospital in full
b.	IP Registration Number	Enter insurance provider registration number	As allocated by the insurance provider
c.	Gender	Indicate Gender of the patient	Tick Male or Female
d.	Age	Enter age of the patient	Number of years and months
e.	Date of Birth	Enter date of admission	Use dd-mm-yy format
f.	Date of Admission	Enter date of admission	Use dd-mm-yy format
g.	Time	Enter time of admission	Use hh-mm format
h.	Date of Discharge	Enter date of discharge	Use dd-mm-yy format
i.	Time	Enter time of discharge	Use hh-mm format
j.	Type of Admission	Indicate type of admission of patient	Tick the right option
k.	If Maternity:		
	Date of Delivery	Enter Date of Delivery if maternity	Use dd-mm-yy format
	Gravida Status	Enter Gravida status if maternity	Use standard format
l.	Status at time of discharge	Indicate status of patient at time of discharge	Tick the right option
m.	Total claimed amount	Indicate the total claimed amount	In rupees (Do not enter paise values)
	SECTION C: DETAILS OF AILMENT DIAGNOSED (PRIMARY)		
a.	ICD 10 Code		
	Primary Diagnosis	Enter the ICD 10 Code and description of the primary diagnosis	Standard Format and Open text
	Additional Diagnosis	Enter the ICD 10 Code and description of the additional diagnosis	Standard Format and Open text
	Co-morbidities	Enter the ICD 10 Code and description of the Co-morbidities	Standard Format and Open text
b.	ICD 10 PCS		
	Procedure 1	Enter the ICD 10 PCS and description of the first procedure	Standard Format and Open text
	Procedure 2	Enter the ICD 10 PCS and description of the second procedure	Standard Format and Open text
	Procedure 3	Enter the ICD 10 PCS and description of the third procedure	Standard Format and Open text
	Details of Procedure	Enter the details of the procedure	Open text
c.	Pre-authorization obtained	Indicate whether pre-authorization obtained	Tick Yes or No
d.	Pre-authorization Number	Enter pre-authorization number	As allotted by TPA

e.	If authorization by network hospital not obtained, give reason	Enter reason for not obtaining pre-authorization number	Open text
Sl. No.	DATA ELEMENT	DESCRIPTION	FORMAT
f.	Hospitalization due to injury	Indicate if hospitalization is due to injury	Tick Yes or No
	Cause	Indicate cause of injury	Tick the right option
	If injury due to substance abuse/ alcohol consumption, test conducted to establish this	Indicate whether test conducted	Tick Yes or No
	Medico Legal	Indicate whether injury is medico legal	Tick Yes or No
	Reported To Police	Indicate whether police report was filed	Tick Yes or No
	FIR No.	Enter First information report number	As issued by police authorities
	If not reported to police, give reason	Enter reason for not reporting to police	Open Text
	SECTION D: CLAIM DOCUMENTS SUBMITTED-CHECK LIST		
	Indicate with supporting documents are submitted		
	SECTION E: ADDITIONAL DETAILS IN CASE OF NON NETWORK HOSPITAL		
a.	Address	Enter the full postal address	Include Street, City and Pin Code
b.	Phone No.	Enter the phone number of hospital	Include STD code with telephone number
c.	Registration No. with State Code	Enter the registration number of the doctor along with the state code	As allocated by the Medical Council of India
d.	Hospital PAN	Enter the permanent account number	As allocated by the Income Tax department
e.	Number of Inpatient beds	Enter the number of inpatient beds	Digits
f.	Facilities available in the hospital	Indicate facilities available in the hospital	Tick the right option, if others, please specify
	SECTION F: DECLARATION BY THE HOSPITAL		
	Read declaration carefully and mention date (in dd-mm-yy format), place (open text) and sign and stamp		

झारखण्ड स्टेट आरोग्य सोसाईटी

Regd Office: 15th Floor, Tower A, Peninsula Business Park, G. K. Marg, Lower Parel, Mumbai - 400 013
Toll Free No. (24x7): **1800 266 7780 OR 1800 229966 (For Senior Citizens)** • Email: **customersupport@tataaig.com**
IRDA of India Registration No: 108 • Website: **www.tataaig.com** • CIN: U85110MH2000PLC128425

Annexure – 5

CONSENT FORM

To be sent on Department / Organization Letter Head

Undertaking by various Boards / Nigam / Institution / Universities and Others as Notified in Sankalp of Department Of Health, Medical Education and Family Welfare, Government of Jharkhand for Enrolment Under State Employee Insurance Scheme .

(State Employee Health Insurance Scheme)

Jharkhand State Aarogya Society, Ranchi

Department of Health, Medical Education and Family Welfare, Govt. of Jharkhand

Dated -

Department/Organization Details	
Name of the **Boards/Nigam/Institution/ Universities and Others**	
Department/Organization Code **(To be filled by JSAS)**	
Registered Office address for all communication	
Management Point of Contact with email id and contact number	
Technical Point of Contact with email id and contact number	
TAN/PAN Number of institution	
Mode of Payment of applicants insurance premium (Bulk payment/Payment through payment gateway as applicable)	
Purpose for which Authentication will be used:	
State Employee Health Insurance Scheme(For Authentication of Applicants, Dependents and Application Verifier)	As per Department of Health, Medical Education and Family Welfare, Government of Jharkhand Sankalp number 185(13) dated 31.07.2023 and 13(13) dated 24.01.2025

I. Information

Full Name of HOD -..... (As approved and Informed to JSAS on Letter Head)

Designation - .....

Official Address - .....

Contact Number -.....

Official Email Address -.....

Government ID/ Aadhaar Number -.....

राज्य आरोग्य सोसाईटी झारखण्ड राँची, झारखण्ड

II. Purpose of Consent

By signing this consent form, I/ we acknowledge that I / we are voluntarily participating in the **State Employee Health Insurance Scheme** provided by the Department of Health, Medical Education and Family Welfare (Jharkhand State Aarogya Society, Ranchi). I/ We understood that this Insurance Scheme aims to provide Medical Facility through Cashless Procedures / Reimbursement Mode as eligible as per the approved SOP of the scheme to the eligible Applicants and their Dependents (Notified Sankalp by Department of Health, Medical Education and Family Welfare).

III. Consent Statement

I/ We..... (Institution), hereby provide consent to the following:

1. **Enrolment in the Insurance Program** - I/ We agree to enroll in the State Employee Health Insurance Scheme, read all the sankalp of the scheme and understand the terms, conditions, and coverage provided under this program.
2. **Collection and Use of Personal Information** - I/ We authorize the Jharkhand State Aarogya Society, Ranchi to collect, store, and use personal information for the purpose of administering the insurance program. This includes but is not limited to my name, date of birth, contact details, and government ID / Aadhaar number.
3. **Sharing of Information** - I/ We consent to the sharing of information with authorized third parties, such as insurance providers, healthcare facilities, or other government agencies, as necessary for the implementation of this Insurance Scheme.
4. **Communication** - I/ We I agree to receive communications related to the insurance program via mail, email, phone.
5. **Acknowledgment of Terms** - I/ We have read and understood the terms and conditions of the insurance program, including the coverage, exclusions, and claims process.

IV. **Declaration**

I/ We declare that the information being provided on https://sehis.jharkhand.gov.in Portal and verified by the HOD are true and as per the Notified Sankalp of Department of Health, Medical Education and Family Welfare. I / We understand that providing any false information may result in the cancellation of Insurance or denial of benefits and may be Subject to the Jurisdiction of the Honourable Court, Ranchi jurisdiction only as applicable/required.

Signature of HoD

Date

For Official Use of JSAS Only	
Enrolment Date:	
Approved By:	
Date of Approval:	

Important Notes :	
S.No.	**Description**
01	**Claim Form** :- Only part **A** of the claim form has to be filled by Beneficiary which contains the basic details like Name, Address, Card No. , details of hospital and bills. If beneficiary feels difficulties in filling form they can contact to Insurer Toll Free Number/TPA contact person/ Scheme portal or JSAS.
02	**Claim Form (Part B):-** Part **B** of the Claim form has to be filled by hospital and needs to be mandatorily collected at the time of discharge of the patient and submitted along with claim form.
03	**Consent Form :-** It has to be filled by HoD(Head of Department) of category "B" & "C" beneficiaries as their Application will come to JSAS through their concerned dept. Like Board/ Corporation/ Institution/ Universities Etc.

Executive Director
Jharkhand State Arogya Society
Jharkhand, Ranchi

झारखण्ड स्टेट आरोग्य सोसाइटी ★ राँची, झारखण्ड ★