

your first hour at the *hospital.*

nobody is calm in a hospital lobby — least of all the person holding the bag and the phone. so here's the script: what to do in the **first hour**, what the paperwork actually wants, and how to push back when the bill comes in short.

THE FIRST HOUR

EMERGENCY ADMISSION

- 1 get them admitted. treatment first, always.**
no insurer expects you to do paperwork before care. stabilise first.
- 2 find the insurance / TPA help desk — show the e-card.**
every network hospital has one. give them your health card or policy number and a government ID.
- 3 ask the desk to file the cashless pre-authorisation.**
the hospital sends your details to the TPA/insurer. you sign the pre-auth form — read what it says before you do.
> the insurer must now decide cashless within 1 hour
- 4 intimate the insurer yourself too — within 24 hours.**
a quick call/app intimation. for a planned admission, do it ~48 hours before. don't rely only on the hospital.
- 5 if cashless is refused, switch to reimbursement — and keep every paper.**
pay, but collect originals: itemised bills, discharge summary, every report and prescription. that's your claim.

planned surgery? you have time — confirm cashless 48 hours ahead, and check your hospital is on the network (or use **Cashless Everywhere**, below). the calm version of all of this.

Insurance is the subject matter of solicitation. General education on the claims process, not advice. Your own policy terms – room rent, co-pay, waiting periods – govern your claim; read the wording.

WHAT THE DESK WILL ASK FOR

KEEP THESE TO HAND

- health card / policy number & a government photo ID (Aadhaar / PAN).**
- the signed cashless pre-authorisation form** — filled with the doctor's diagnosis and estimate.
- doctor's admission advice + initial investigation reports.**
- for reimbursement, later:** itemised final bill, discharge summary, all reports, pharmacy bills, and your bank details (cancelled cheque).

TWO WAYS A CLAIM IS PAID

AIM FOR THIS

cashless

the insurer settles directly with the hospital. you pay only the deductions (co-pay, room-rent excess, non-covered items). far less stress at discharge.

THE FALLBACK

reimbursement

you pay the bill, then claim it back with documents. used when cashless is refused or the hospital is off-network. keep every original.

YOUR RIGHTS – IRDAI MASTER CIRCULAR, MAY 2024

the clock is on *their* side now.

1 hour

to approve or decline your **cashless request**, from when the hospital sends it.

3 hours

to clear your **final discharge** — you shouldn't wait all day on the bill.

cashless everywhere

cashless even at a **non-network** hospital that meets basic norms.

5-year shield

after 5 years of continuous cover, a claim **can't be denied** for non-disclosure (barring fraud).

Source: IRDAI Master Circular on Health Insurance Business, dated 29 May 2024. Timelines and protections apply to IRDAI-licensed insurers; specific implementation can vary by insurer and TPA.

WHY THE PAYOUT COMES IN SHORT

four cuts to *see coming.***■ room-rent cap → proportionate deduction.**

pick a room above your limit and the insurer can scale down *the whole bill* in the same ratio — not just the room. the most expensive clause in Indian health cover. take a "no room-rent limit" policy if you can.

■ co-pay.

a fixed % of the claim you pay yourself (common on senior or cheaper plans). know your number before you choose a hospital.

■ waiting periods.

pre-existing conditions and some specific illnesses are covered only after a waiting period. early-policy claims for these get declined.

■ non-disclosure.

the single biggest reason claims die — an illness or habit you didn't declare when you bought the policy. (after 5 years of cover, this shield drops — see page 2.)

IF THEY STILL SAY NO — THE ESCALATION LADDER

1 the insurer's Grievance Redressal Officer (GRO).

email the GRO (on your policy + the insurer's site) with your claim number and a tight summary. ask for written reasons.

they must respond within 15 days

2 IRDAI — the Bima Bharosa portal.

no resolution in 15 days, or you're not satisfied? lodge it on IRDAI's grievance portal (bimabharosa / policyholder.gov.in).

free · online

3 the Insurance Ombudsman.

an independent authority — free, no lawyer needed, and binding on the insurer if you accept the award. handles disputes up to ₹50 lakh.

file within 1 year of the insurer's rejection

Insurance is the subject matter of solicitation. Deductions and waiting periods depend on your specific policy wording. The escalation route reflects IRDAI's grievance framework; details at policyholder.gov.in.

DO THIS TODAY , NOT IN THE LOBBY

the difference between a smooth claim and a bad night is usually decided **before** the emergency. take ten minutes now and put these where your family can reach them — a pinned note on the phone, a photo in the family group, a line in your wallet.

policy number + insurer name

health e-card (photo)

TPA helpline number

nearest network hospitals

who to call first

list of declared conditions

■ tell your family the policy exists — and where it lives.

the calmest claim is the one your spouse or parent can start without you, because they already know the number to call.

■ once a year, check your room-rent and co-pay terms.

the two clauses that quietly shrink payouts. if yours are tight, that's the upgrade worth making before you need it.

unsure what your policy actually covers? *let's check.*

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