

MEDICLAIM INSURANCE

CUSTOMER INFORMATION SHEET

This document provides key information about your policy. You are also advised to go through your policy document

Sl No	Title	Description	Policy Clause Number
1	Name of Insurance Product	Mediclaim Insurance	
2	Policy Number	Kindly refer to Your Policy schedule	
3	Type of Insurance	Kindly refer to Your Policy schedule	
4	Sum Insured (Basis)	Kindly refer to Your Policy schedule	
5	Policy Coverage (What the Policy Covers)	In-patient Hospitalization Treatment - Medical Expenses incurred due to admission to a Hospital for Illness or Accidental Bodily Injury, longer than 24 consecutive hours.	Section C) 1
		Pre-Hospitalization - up to 30 days prior to date of admission in hospital	Section C) 2
		Post-Hospitalization - up to 60 days from date of discharge from the hospital	Section C) 3
		Modern Treatment Methods and Advancement in Technologies – Medical expenses incurred during admissible hospitalization, towards listed procedures shall be covered as mentioned in the Certificate of Insurance	Section C) 4
6	Exclusions (What the policy does not cover)	<p>Exclusions</p> <p>General Exclusions</p> <ol style="list-style-type: none"> Any hospital admission primarily for investigation diagnostic purpose (Excl04) Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. (Excl05) Obesity/Weight Control (Excl06) Change-of-gender treatments (Excl07) Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident, Burn(s) etc. (Excl08) Expenses related to any treatment necessitated due to participation as a professional in hazardous or adventure sports (Excl 09) Expenses for treatment arising from Insured committing or attempting to commit a breach of law with criminal intent. (Excl10) Excluded Providers (Excl11) Treatment for Alcoholism, drug or substance abuse. (Excl12) Treatments received in health hydros, nature cure clinics, etc. where admission is arranged wholly or partly for domestic reasons. (Excl 13) Dietary supplements and substances unless prescribed as part of hospitalization claim or day care procedure. (Excl14) Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptries. (Excl15) Expenses related to any unproven treatment, services and supplies. (Excl16) Expenses related to sterility and infertility. (Excl17) Medical Treatment Expenses traceable to pregnancy and its complications. (Excl 18) <p>Specific Exclusions</p> <ol style="list-style-type: none"> Cosmetic dental procedures unless due to Accidental Injury. Medical expenses where Inpatient care and medical supervision is not required War, invasion, acts of foreign enemies The cost of spectacles, contact lenses, hearing aids, crutches etc. Congenital external diseases or defects or anomalies, growth hormone therapy, stem cell implantation or surgery except for Hematopoietic stem cells for bone marrow transplant for hematological conditions Intentional self-injury Vaccination or inoculation All non-medical Items as per Annexure II in policy wordings Any treatment received outside India is not covered under this Policy Treatment for any other system other than modern medicine (allopathy) and AYUSH therapies 	Section D II

		11. Circumcision unless required for the treatment of Illness or Accidental bodily injury, emergencies or authorised by Us.	
7	<p>Waiting Period</p> <ul style="list-style-type: none"> • Time period during which specified disease/treatment are not covered • It is counted from beginning of the policy coverage 	<p>Initial Waiting period: 30 days for all illnesses (Not applicable in case of continuous renewal or accidents)</p> <p>Specific Waiting period: Up to the number of months of continuous coverage as mentioned in Certificate of Insurance</p> <ol style="list-style-type: none"> 1. Cataract 2. Hysterectomy for Menorrhagia or Fibromyoma 3. Benign hypertrophy of prostate 4. Hydrocele 5. Congenital internal disease 6. Fistula in anus 7. Piles 8. Sinusitis and related disorders <p>Pre-existing diseases: Up to the number of months of continuous coverage as mentioned in Certificate of Insurance</p>	Section D I
8	<p>Financial Limits of Coverage</p> <p>i. Sublimit (it is a pre defined limit and the insurance company will not pay any amount in excess of this limit)</p> <p>ii. Co-payment (it is a specified amount /percentage of the admissible claim amount to be paid by policy holder/insured)</p> <p>iii. Deductible (it is a specified amount: Upto which an insurance company will not pay any claim and Which will be deducted from total claim amount (if claim amount is more than the specified amount)</p> <p>iv. Any other limit (as applicable)</p>	All conditions will be as per the limits specified in the Certificate of Insurance	
9	<p>Claims/claims procedure</p>	<p>Cashless Claim process</p> <p>Cashless treatment is only available at Network Hospitals</p> <ul style="list-style-type: none"> • You or Your representative must intimate Us 48 hours before the planned Hospitalization and within 24 hours of emergency hospitalization and request pre-authorization by way of the written form • We will review each claim for Medical Expenses, coverage and accordingly issue an authorization letter either to You or the Network Hospital. <p>Reimbursement claim process</p> <ul style="list-style-type: none"> • Applicable for claims where treatment is taken at a Non network hospital OR If we have denied your claim as per Cashless Claims Procedure. • You or Your representative must intimate Us 48 hours before the planned Hospitalization and within 48 hours of emergency hospitalization • You or someone claiming on Your behalf must promptly and in any event within 30 days of discharge from a Hospital give Us the documentation <p>Turnaround time (TAT) for claim settlement (Domestic Cover):</p>	Section E.

		<p>1. Turnaround time (TAT) for claim settlement: 15 Working Days 2. TAT for preauthorization of cashless facility: Within 60 Mins 3. TAT for cashless final bill authorization: Within 180 Mins</p> <p>Weblinks Network hospital and Black listed hospital list https://www.bajajallianz.com/branch-locator.html</p> <p>Helpline numbers Tollfree: 1800-103-2529</p> <p>Downloading /getting claim forms Health Insurance Claim Process Accident Insurance Claim (bajajallianz.com)</p>	
10	Policy Servicing	<p>Call centre number (Toll free): 1800-209-5858 Details of Company officials: Branch-wise GRO details can be found on the below link. https://www.bajajallianz.com/download-documents/other-information/GRO-List.pdf</p>	
11	Grievances /Complaints	<p>Grievance Redressal Procedure:</p> <p>a) Toll-free number 1-800-209- 5858 or 020-30305858, Say "Hi" on WhatsApp on +91 7507245858</p> <p>b) Branches for resolution of your grievances /complaints, the Branch details can be found on our website: www.bajajallianz.com/branch-locator.html</p> <p>Register your grievances / complaints on our website: www.bajajallianz.com/about-us/customer-service.html</p> <p>c) E-mail</p> <ul style="list-style-type: none"> Level 1: bagichelp@bajajallianz.co.in and for senior citizens to seniorcitizen@bajajallianz.co.in Level 2: In case you are not satisfied with the response given to you at Level 1 you may write to our Grievance Redressal Officer at ggro@bajajallianz.co.in Level 3: If in case, your grievance is still not resolved, and you wish to talk to our care specialist, please give a missed call on +91 8080945060 OR SMS To 575758 and our care specialist will call you back <p>d) If you are still not satisfied with the decision of the Insurance Company, you may approach the Insurance Ombudsman, established by the Central Government for redressal of grievance. Detailed process along with list of Ombudsman offices are available at www.cioins.co.in/ombudsman</p>	
12	Things to remember	<p>Free Look Cancellation: Policy holder/Insured Beneficiary has an option of cancelling his/her policy up to 30 days from the first inception of policy with Us, subject to rest terms and conditions.</p> <p>Policy Renewal: Except on grounds of fraud, moral hazard or mis representation or non-co-operation, renewal of your policy shall not be denied</p> <p>Migration and Portability: At renewal Insured has an option to migrate his /her policy to other policy with us or port the policy to another insurer subject to terms and conditions specified under Migration and Portability guidelines For detailed guidelines on Migration and Portability, kindly refer the link https://irdai.gov.in/document-detail?documentId=393128</p> <p>Change in Sum Insured: sum insured can be changed (increased/decreased) only at the time of renewal subject to underwriting by the company. For increase in Sum insured, the waiting periods if any shall start afresh only for the enhance portion of the sum insured</p> <p>Moratorium period: After the expiry of Moratorium Period no health insurance policy shall be contestable except for proven fraud and permanent exclusions specified in the policy contract</p>	Section E

Bajaj Allianz General Insurance Co. Ltd.

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 Call at: Sales - 1800 209 0144 / Service - 1800 209 5858 (Toll Free No.)
 Issuing Office:



		The moratorium would be applicable for the sum insured of the first policy and subsequently completion of 60 continuous months would be applicable from date of enhancement of sums insured only on the enhanced limits	
13	Your Obligations	Please disclose all pre-existing disease/s or condition/s before buying a policy. Non-disclosure may affect the claim settlement Disclosure of other material information during the policy period.	
Legal Disclaimer Note: The information must be read in conjunction with the product brochure and policy document. In case of any conflict between the CIS and the policy document, the terms and conditions mentioned in the policy document shall prevail.			

Declaration by policy holder

I have read the above and confirm having noted the details

Place

Date:

Signature of Policy holder

Note: Web link for downloading the product related documents

<https://www.bajajallianz.com/health-insurance-plans/health-insurance-documents.html>