

**GOVERNMENT OF INDIA
FINANCE
LOK SABHA**

UNSTARRED QUESTION NO:2893

ANSWERED ON:26.11.2010

MEDICAL CLAIMS

Paranjpe Shri Anand Prakash

Will the Minister of FINANCE be pleased to state:

- (a) whether the Public Sector insurance Companies have denied claim in case a policy holder failed to submit his papers within the specified time frame after discharging from the hospital;
- (b) if so, the details thereof for the last three years and the current financial year and the reasons therefor alongwith the details of such claims settled during the said period;
- (c) whether the Government has issued guidelines for providing adequate time to the claimants and entertaining their claims in case of late submission of documents;
- (d) if so, the details thereof;
- (e) whether some fraudulent claims have been unearthed in the said insurance companies during the said period; and
- (f) if so, the details thereof alongwith the action taken thereon?

Answer

THE MINISTER OF STATE IN THE MINISTRY OF FINANCE (SHRI NAMO NARAIN MEENA)

(a) to (f): General Insurers' (Public Sector) Association (GIPSA) has reported that as per the existing provisions in Mediclaim (Health insurance) policies, final bills and cash memos in support of treatment, claim form etc are required to be submitted to the TPA/ insurer within the prescribed time period from the date of discharge from hospital in case of reimbursement claims (15 or 30 days depending on the policy chosen).

There is also a provision for waiver of delay in extreme cases of hardships of claimants for inability to submit the documents within the prescribed time limit. Therefore, in general, all genuine claims can be considered by waiving the prescribed time limit under this condition. However, the records of fraudulent claims during the period of delay are not maintained separately.