



# HEALTH & ACCIDENT INSURANCE SCHEME OF AMC

## OCTOBER 2024 - SEPTEMBER 2025

**EVERY SCHEME MEMBER MUST PRESERVE THIS BROCHURE**

**ASSOCIATION OF MEDICAL CONSULTANTS (MUMBAI),  
302, THE SUMMIT BUSINESS BAY PREMISES CSHL,  
OPP. PVR CINEMA, ANDHERI (EAST),  
MUMBAI 400093**

**The novelty of our scheme continues for yet another year; scheme USP as follows:**

- ❖ Continuation of **family floater** for all main members, spouses and children
- ❖ For dependents (parents & in-laws), **individual standard medicaid rates** to prevail
- ❖ **For new members up to 45 years of age:**
  - ✓ All diseases which come in the category of pre-existing will be covered after 30 days of initiating the policy except morbid obesity (*terms & conditions apply*)
  - ✓ Maternity benefit with no extra premium for primary members & their spouses
  - ✓ No loading
- ❖ All diseases which come in the category of pre-existing will be covered after **1 year** for new members between 46 to 55 years of age (*terms & conditions apply*)
- ❖ **No Co-payment** for members below 55 years of age
- ❖ **Family floater SI options** increased to **25 lacs & 30 lacs** for members who want a higher coverage
- ❖ Introduction of Sum Insured of **7 lacs** for **Individual Parents Scheme**
- ❖ Introduction of higher Sum Insured of 15 Lacs, 20 Lacs, 25 Lacs and 30 Lacs for **Personal Accident Scheme**

## INTRODUCTION

The Association of Medical Consultants' Health and Accident scheme was introduced in 1990 for AMC members, their family & dependents. This scheme was started under the able leadership of Dr. Mahendra Sheth along with Dr. P N Rao. In those days insurance companies never entertained pre-existing diseases and co-morbidities in the policy and claims payout was very unsatisfactory.

Late Dr. Mahendra Sheth and Dr. Prabhakar Rao with their determination and powers of persuasion overcame this resistance of the insurance companies and successfully introduced pre-existing disease (PED) in the AMC Health and Accident scheme. It was a dream come true.

Later, Dr. Suresh Rao continued the hard work to make our scheme a "Social Responsibility Scheme". Dr. Suresh Rao continues to guide the policy decisions as a Patron.

There has been a significant increase in the claims in the last 5 to 6 years. The claim ratio has stayed 100% and has gone up to 120% in a few years. The reasons for this are:

- 1) Withdrawal of several restrictions and generous claim settlement
- 2) Younger members not joining the policy as they perhaps felt that it was not suited to their needs

The younger generation feel that a family floater is better suited to their needs and hence, last year (2023-24) our enthusiastic team under the Chairmanship of Dr. Suhas Kate and the vision of Dr Suresh Rao took several expert opinions to cater to this need and therefore attract the younger age group. It was decided to revamp our group standard Mediciam. Our team took a major decision to switch over to floater group policy for members, their spouse & their children keeping in mind the need to have higher coverages for a family without a significant increase in the premiums. We have increased the sum insured for families by 2 additional options of Rs 25 and 30 lacs. If the scheme does well, we would like to increase it further in the subsequent years.

On review of the premium structures last year, we found it prudent to keep the Individual policy for parents and parents in law as the higher age of the parents was adding a significant load on the premium the members had to pay (the premium calculations in a floater start from the highest age)

Dr Smita Sharma has taken over as Chairman. The committee continues to work ongoingly with a mission and commitment. We have invited Marsh to join us as risk consultants and scheme experts. They have brought their professional expertise in floater calculations, premium re-structuring and premium rates. It is important to mention here that health insurance premiums have gone up very significantly both in the public and private insurance companies owing to an all-time high medical inflation. Despite this limitation we have kept premiums very reasonable and affordable. We continue to make our scheme attractive to younger members.

We thank Marsh for their guidance and efforts for the same.

Our sincere request to all age groups is to study the scheme properly. We invite all AMC members who are not in our scheme to join us. Only when you claim will you realize the positive impact of this policy – that's our promise.

Our committee is always available to you for any advice or to address any of your grievances. Similarly, we have dedicated scheme advisors in every area who will assist you for your claim lodgment, settlement and cashless authorization and policy renewal process.

We recommend you to opt-in for higher insurance coverage in view of rising health care costs and increasing bed charges.

We are pleased to inform you that we have also increased accidental cover options up to 30 Lacs at highly negotiated rates.

### FAMILY FLOATER SCHEME (Member + Spouse + Children)

#### ❖ ELIGIBILITY:

Family Size	Sum Insured					
	5 Lacs	10 Lacs	15 Lacs	20 Lacs	25 Lacs	30 Lacs
<b>1+0 &amp; 1+1</b>	Eligible	Eligible	Eligible	Eligible	Eligible	Eligible
<b>1+2 &amp; 1+3</b>	NA	Eligible	Eligible	Eligible	Eligible	Eligible
<b>1+4 &amp; 1+5</b>	NA	NA	Eligible	Eligible	Eligible	Eligible

#### ❖ FAMILY DEFINATION FOR FLOATER POLICY:

Self, Spouse, 2 Children up to 25 years of age

**No new** siblings and grandchildren will be added to the policy

The family floater scheme **does not** include dependent parents/parents-in-law

#### ❖ FAMILY FLOATER - BED CHARGES PER DAY:

Bed charges eligibility		
CSI	Ward	ICU
5 Lacs	1% of CSI	2% of CSI
10 Lacs	1 % of CSI	2% of CSI
15 Lacs	1 % of CSI	2% of CSI
20 Lacs	1% of CSI	2% of CSI up to maximum of INR 30,000
25 Lacs	1% of CSI	2% of CSI up to maximum of INR 30,000
30 Lacs	1% of CSI Maximum of Rs 25,000	2% of CSI up to maximum of INR 30,000

**KINDLY NOTE:** If you utilize higher bed charges the claim will go up proportionately and the family sum insured may exhaust/get depleted leaving significantly lesser sum insured for the subsequent claims for your family.

### INDIVIDUAL POLICY (Parents + Parents-in-law)

#### ❖ ELIGIBILITY

All dependent parents/parents-in-law shall continue to be covered – individually via the standard Medclaim group policy. **We have added an option of 7 Lacs Sum Insured for your parents.** Dependents above 70 years **can't increase** their Sum Insured.

SI Options for Parents
3 Lacs
5 Lacs
<b>7 Lacs</b>
10 Lacs

❖ **FAMILY DEFINATION FOR INDIVIDUAL POLICY:**

This policy is only for parents and parents in law

New members can join upto the age of 70 years

No new Aunts, Uncles and other relatives will be permitted to join the policy

❖ **INDIVIDUAL PARENTS POLICY - BED CHARGES PER DAY:**

Bed charges eligibility		
CSI	Ward	ICU
3 Lacs	1% of CSI	2% of CSI
5 Lacs	1% of CSI	2% of CSI
7 Lacs	1% of CSI	2% of CSI
10 Lacs	1% of CSI	2% of CSI

**Age Limit of Joining:**

Members and spouses can enter the scheme up to the age of 79 years

Dependents can enter the scheme up to the age of 70 years

Children, son & daughter in law can enter the policy up to the age of 25 years

Once registered, a member can continue lifelong, subject to continuation in payment of premium

**DETAILED FEATURES OF THE SCHEME**

Enumerated below are the unique benefits of the AMC H&A scheme specially designed by the doctors for the doctors and their families:

- We do not ask for medical and health check up before joining the scheme. Pre-existing diseases is by self-declaration.
- Costly investigations such as CT, MRI, PET scan are reimbursed on OPD basis.
- Ambulance is paid on the way to the hospital only upto INR 4,000
- Several day care procedures are covered.
- In case of Congenital anomalies, procedures necessary to correct any functional disability is readily covered by us.
- Portability is possible and waiting period is honored.
- We were amongst the first to introduce Intravitreal injection in 2021-22 policy
- Mental health is now covered by IRDA and AMC readily paid for the same from the month that the notification came. We now pay psychiatry claims. For new entrants it will be considered as a pre-existing disease and the waiting period is 1 year for the age group of 45 to 55 years and 3 years for the age group of 56 and above. It will be paid for indoor admissions only.
- Newer modalities of treatment approved by IRDA are payable with capped rates.
- Copayment is only 10%. Benefits were introduced in 2021-22 scheme for those who did not have claims for years  
"Those in scheme for 5 years or more, without a claim in last 5 years, pay only 5% as Co-Pay. Those in scheme for 10 years or more, without a claim in last 10 years, Co-pay will be nil for the first claim only and is applicable only for the member who has made the claim.
- H. & A. committee reserves the rights to refuse acceptance of proposals where some family members/dependents are suffering from serious/terminal/congenital disease. Specific exclusions may also be imposed if accepted.
- NO LOADING CONTINUES

## **MOST IMPORTANT OF ALL**

**The scrutiny of all claims is by the H. & A. Committee of AMC within the framework of the IRDA rules and regulations, whose decision is final and binding on “The Oriental Insurance Co. Ltd” who are our official insurers.**

A person realizes the importance of a policy only when you really need it. Claim settlement in most policies is impersonal. Your agent has no means to influence the decisions or challenge the unfairness of the settlement. That’s what makes our AMC policy so special. The decision lies with the AMC H. & A. committee (within IRDA guidelines) and most of the times our members end up getting far more than they would have got from a regular policy.

**THE SALIENT FEATURES OF OUR H. & A. POLICY ARE BEING TABLED BELOW ALONG WITH OUR LATEST PREMIUM TABLE.**

### **❖ WAITING PERIOD**

- 1) New entrants below the age of 45 will have a customary waiting period of only 30 days for any claim, which means that our policy will cover those diseases falling under the category of pre-existing from the 2<sup>nd</sup> month onwards for those below 45 years of age. However, surgery and treatment of **Morbid Obesity** cases will be covered only after the waiting periods mentioned in the appended table are honored. (Terms and Conditions apply)
- 2) For the age group of 45 to 55 years the waiting period for preexisting diseases will be **1 year**
- 3) After 55 years there’ll be a standard waiting period of **3 years**, i.e members who have completed 55 years and in their 56th year of age can claim in the **4th year** (Terms and conditions apply)

### **SPECIFIC PRE-EXISTING DISEASES**

***The following Diseases/Treatments are included under pre-existing and have capped rates:***

- **Cataract**
- **Cardiac Diseases- All cardiac claims**
- **Joint replacement**
- **Robotic surgery**
- **Morbid obesity**

***The following ailments have standard waiting periods after entering the policy as well as on enhanced sum insured as per age:***

- **Chronic Renal disease and its treatments/Dialysis/Transplants**
- **Malignancy**
- **Hysterectomy**

***The following Diseases/Treatments will have a waiting period of 1 year for members between 45 to 55 years of age and 2 years for 56 and above:***

- **Diabetes and claims related to the same**
- **Hypertension and claims related to the same**
- **Mental Health**

○ **Surgical cases**

**Kindly note that for all the above mentioned 12 conditions the ailment capping, room rent charges and claim payout shall be on the basis of the rules of the earlier individual AMC policy (2022-23). Waiting period shall be applicable on enhanced Sum Insured**

In diseases which have ailment capping there is no copayment.

SUM ENHANCED (CSI) Sum enhanced is not available immediately for the above preexisting conditions. For those between 45 to 55 years the sum enhanced is available in the 2<sup>rd</sup> and in the 4<sup>th</sup> year at the age of 56 years and above. *(terms & conditions apply)*

**AGE IS COUNTED AS COMPLETED AGE ONLY**

The following 4 conditions have a specific WAITING PERIOD as mentioned in this table. KINDLY NOTE THE WAITING PERIOD OF EACH CONDITION INDIVIDUALLY.

Investigation and treatment of the following 4 conditions will be payable as per the following schedule. In these conditions they will be No-Copayment.

Kindly note that this table is for the purpose of understanding the waiting periods and is not absolutely operational.

SR. NO.	Disease	Year 1	Year 2	Year 3	Year 4	Year 5	6 to 10 Years	Beyond 10 Years
1	JOINT REPLACEMENT	Not Covered	Not Covered	Not Covered	50% of Cap Amount; Max 4.5 Lakhs <b>per year</b>	75% of CSI or Max 7.5 Lakhs per joint; whichever is lower	75% of CSI or Max 7.5 Lakhs per joint; whichever is lower	75% of CSI or Max 7.5 Lakhs per joint; whichever is lower
2	CHRONIC RENAL PROBLEM / DIALYSIS/  ALL ORGAN TRANSPLANTS	Not Covered	Not Covered	Not Covered	50% of CSI	75% of CSI or Max 9 Lakhs <b>per year</b> ; whichever is lower	75% of CSI or Max 9 Lakhs <b>per year</b> ; whichever is lower	75% of CSI or Max 9 Lakhs <b>per year</b> ; whichever is lower
3	MORBID OBESITY	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	50% of CSI or Max 9 Lakhs <b>per year</b> ; whichever is lower	75% of CSI or Max 9 Lakhs <b>per year</b> ; whichever is lower
4	ROBOTIC SURGERY	Not Covered	Not Covered	Not Covered	75% of CSI or 9 Lakhs <b>per year</b> ; whichever is lower	75% of CSI or 9 Lakhs <b>per year</b> ; whichever is lower	75% of CSI or 9 Lakhs <b>per year</b> ; whichever is lower	75% of CSI or 9 Lakhs <b>per year</b> ; whichever is lower

❖ **MATERNITY BENEFIT (Introduced in 2023-24 Scheme)**

- Maternity benefit is available for primary members and their spouses only
- Maternity benefit allowed at **no extra premium** after completion of 12 months of joining the policy. It is applicable for first 2 children only
- Eligibility up to 10% of CSI or Rs 75000 whichever is less
- Free cover for the new-born till the existing policy ends
- Congenital anomalies, pre and post-natal cover, complication during pregnancy not included

### CONDITIONS THAT HAVE CAPPING

Charges payable toward surgical treatments for Cataract / All cardiac claims / Jt. Replacement will be basis the rules of the earlier individual policy and standard waiting periods shall apply. For these conditions, there will be No Co pay.

Sum Insured	Cataract Per Eye	All Cardiac Claims	Jt. Replacement per one joint Per year	Robotic Surgery Per Year
300,000	35,000	225,000	225,000	225,000
400,000	45,000	300,000	300,000	300,000
500,000	50,000	375,000	375,000	375,000
600,000	55,000	450,000	450,000	450,000
700,000	60,000	525,000	525,000	525,000
800,000	65,000	600,000	600,000	600,000
900,000	70,000	675,000	675,000	675,000
1,000,000	75,000	7,50,000	7,50,000	7,50,000
1,200,000	80,000	9,00,000	7,50,000	7,50,000
1,500,000	100,000	9,00,000	7,50,000	7,50,000
20,00,000	125,000	9,00,000	7,50,000	7,50,000
2,500,000	125,000	9,00,000	7,50,000	7,50,000
3,000,000	125,000	9,00,000	7,50,000	7,50,000

- ❖ Cataract Packages will be honored irrespective of the cost and quality of the lens.
- ❖ Intravitreal injections: 10% of the CSI up to a maximum of Rs 60,000

### CO-PAYMENTS:

Age Group	Co payment
0 to 55	NA
56 & above	10% (As per existing policy)

### **Now our H. & A. Scheme also gives Life Cover for members up to 60 years of Age**

**In the event of natural death of member up to 60 years of age given that he/she was a part of the Health scheme for more than 10 years, the family will be given an amount equivalent to average of the sum insured in last 10 years. If he/she was a part of the Health scheme between 5 to 10 years, the family will be given 50% of amount of average sum insured in last 5 years. Deaths due to accidents and Suicides will not be payable. This is applicable only to those members who have not taken a claim for the last 5/10 years respectively.**

# PREMIUM TABLES

## PREMIUM CHARTS FOR 2024-2025 ALL PREMIUMS ARE INCLUSIVE OF GST

### TABLE NO – 1 – FAMILY FLOATER

- MEMBER
- SPOUSE
- CHILDREN

Per Person Rate as per Member's Completed Age - Inclusive of GST											
SI/Age	0-20	21-35	36-45	46-50	51-55	56-60	61-65	66-70	71-75	76-80	Above 80
500000	3304	4850	6785	8909	9853	15375	21858	31034	34958	37096	39648
1000000	5109	7764	12024	17759	19269	27789	39005	55091	60682	63351	67658
1500000	6478	9888	16237	23789	25559	36167	49350	67127	72850	75845	80565
2000000	7717	11953	19588	28096	30125	42008	56229	75048	80815	84119	91789
2500000	10327	15785	24949	35135	37910	54155	73498	99565	108432	113426	123112
3000000	11601	17855	28727	41593	44770	63128	85873	116917	126934	132266	143211

#### ➤ Discount in premium for the family floater:

Sr No	Particulars	Group Discount
1	1+1 Family Structure	10%
2	1+2 Family Structure	10%
3	1+3 Family Structure	10%
4	1+4 & above	10%

- For members in the **1+0 category**, a no claim discount of 5% shall be given those who have not taken a claim in the 2023-24 scheme. This discount shall be given as a refund after completion of the 2023-24 scheme.

### TABLE NO –2- INDIVIDUAL POLICY (PARENTS + PARENTS-IN-LAW)

Per person Rate as per Member's Completed Age – Inclusive of GST							
SI/Age	0-55	56-60	61-65	66-70	71-75	76-80	Above 80
300000	16355	21118	31788	35734	37875	39680	41477
500000	21767	28478	40407	45054	49700	51056	54848
700000	30474	39869	57598	63075	69581	76794	80011
1000000	33657	54338	71645	83786	90708	97630	112259



**TABLE NO – 3 – ACCIDENTAL PREMIUM AT HIGHLY NEGOTIATED RATES)**

Capital Sum Insured	Premium with Weekly Benefit Cover – Inclusive of GST
500000	414
1000000	828
1500000	1243
2000000	1657
2500000	2071
3000000	2485

**Important note – those having no income such as children below 21 yrs. of age, doctors above 75 of age and not in active practice and housewives are not to be given PA cover for more than INR 5lacs.**

#### **CASHLESS SERVICES**

- A.** Cashless services are available for the hospitals empaneled with paramount for the oriental insurance co ltd. The updated list is available on the website of paramount healthcare Pvt Ltd.
- B. RECOVERY PROCESS FOR CASHLESS CLAIM:** In case of overpayment in cashless claim which can occur rarely as complete information about the sum enhanced history may not available in emergency and night admissions, admissions on office holidays or any other reason: On behalf of the H& A Cell, OIC/Paramount has the right to recover the excess paid amount from the member.
- C.** IF HOSPITAL HAS AN AGREEMENT WITH ORIENTAL OR TPA ABOUT CHARGES; ONLY THOSE CHARGES ARE PAYABLE.
- D.** In case there is no clarity on the nature of treatment, waiting periods for pre-existing diseases or any other similar situation, TPA in consultation with AMC committee may deny cashless. The same claim may be considered for reimbursement after studying the file

#### **PHYSIOTHERAPY**

Physiotherapy taken during hospitalization is fully covered. However, Physiotherapy on OPD basis given by qualified physiotherapist is covered within the period of 30 days of hospitalization and the maximum payable amount is 2.5% of sum insured in Dept. of Physiotherapy in a hospital or Physiotherapy Institute. Bed ridden cases and post-surgery case may be allowed on case-to-case basis with prior approval from H & A committee. The sum insured will be considered as the CSI eligibility of the primary ailment and not the floater CSI of the family group. In case of capped ailments, physiotherapy is included in the capped rates.

#### **DOMICILIARY TREATMENT**

Domiciliary Hospitalization and/or Domiciliary treatment are not reimbursable. Nursing charges are only payable when the patient is admitted in a hospital and a fully qualified B.SC. registered nurse is specially called for by the treating physician to do nursing services, exclusively for the patient. A stamped receipt from the qualified nurse for such payment made to her must be sent separately with the bills for reimbursement. This should not be more than 2 % of CSI

**Incremental deduction:**

Remember, if you use a room of a class higher than your eligibility for reimbursement, in the hospitalization, all other charges will only be reimbursed as per your eligibility in that class. Rates billed in a class higher than your eligibility will be reduced on percentage basis i.e. if the member is eligible for room up to Rs. 5000 but is admitted in a room (+nursing charges) Rs. 7500, he will be entitled to 2/3 of all other expenses (except Material Cost) subject to maximum of 50% deduction. Incremental charges are thus deductible.

**Owner Hospital:**

When any member of the group is treated for any illness or disease in your own family hospital setup or institution or you are a Stakeholder, you will be paid 50% of the total bill; in which case co-payment will not be applicable.

Outsourced investigations and medicine bills will be fully payable. External treating doctor charges may be payable subject to submission of receipt. In both these scenarios; co-payment will be applicable as the case may be.

Your professional charges when treating your own family will not be allowed even when your dependents are treated elsewhere in another hospital

Since it was found some of our members are disregarding this limitation, the decision of H & A cell will be final regarding any claim approval.

**❖ PLEASE NOTE:**

Most claims are settled without dispute. However, some claims which are considered excessive, unreasonable or out of range by the H & A Committee, will be called in for scrutiny; the claimant would have to justify the fairness of the claim made by him, and abide by the decision of the professional colleagues in the H & A Cell.

***Mis-representation, suppression of material fact at the inception of policy or during claim will lead to repudiation of claim.***

**FOR ALL NEW ENTRANTS;** Insurance will be initiated from the 1<sup>st</sup> of every month and all such policies will end 30<sup>th</sup> September 2025. The proposal form along with the requisite cheque amount must be submitted before 25<sup>th</sup> of any month to become operative from 1<sup>st</sup> of the following month.

**Rules of Potability to AMC H& A Scheme:**

- A. *If the applicant is between 45 TO 55 years (Then their only restriction/exclusion is for pre-existing diseases for 1 year). However, if you are changing over an existing policy to our H. & A. policy, these restrictions of 1 year will be removed if you have not claimed in previous 1 year in existing policy.*
- B. *If age more than 60 years, the applicant desirous of changing over to our H.& A. policy must provide proof of having held any health insurance policy for at least last 3 continuous years along with details of claim if any. Depending on whether the past outgoing insurance has been claim free or any claim had been made in those years, continuity of benefits of our policy will be determined (The 4 diseases restrictions clause table seen elsewhere in this brochure will then be made applicable according to the number of claim free years of the outgoing health insurance of the applicant.)*
- C. *Member should give an undertaking or certificate from previous insurance company that the existing policy is discontinued. Should the member wish to continue with his old policy and still want to join us... he can join us as a **totally new member***

**KINDLY NOTE THE FOLLOWING TERMS AND CONDITIONS:**

- ❖ *The age for fresh entrants for primary member there will be 79 yrs. of completed age and after that insurance cover if unbroken will be provided for life. Increase in sum insured will not be allowed after 79 years of age. However, when limit is increased in general, highest sum insured holding persons will be allowed to increase their sum insured irrespective of age*
- ❖ *Dependents of new members shall be admitted only up to age of 70 years*
- ❖ *Chronic claimants can increase their sum insured. This increase in CSI cannot be use for the chronic illness for 3 years and available is in the 4<sup>th</sup> year.*
- ❖ *In case of > 90 % of CSI claims in last three years, CSI will be reduced by 50 %*
- ❖ *In case of > 50% of CSI claims in last three years, CSI will be reduced by 25 %*
- *Those discontinuing from the H. & A. scheme after having made a claim during the current year will not be readmitted in the scheme for at least next five years*

***H. & A. committee reserves the rights to refuse acceptance of proposals where some family members/dependents is suffering from serious/terminal/congenital disease. Specific exclusions may also be imposed if accepted.***

Kindly note that the rules and terms of condition of the AMC H&A scheme are revised on a yearly basics by the H&A committee. The review is done and is necessary as the claim ratio and IRDA regulations have to be studied and kept up with. Members, be rest assured that the committee always aims to make the policy better for all our members and the group (AMC family)

**KINDLY NOTE THE FOLLOWING:**

***PLEASE ADD Rs. 300/- PER HEAD AS AMC corpus Fund FOR ALL 3 TABLE 1, 2 & 3 SHOWN ABOVE.***

**Modes of payment**

**Cheque/Demand Draft made in favor of "Association of Medical Consultants Mumbai a/c/ H & A"**

**NEFT Details**

**BANK NAME: CENTRAL BANK OF INDIA**

**BRANCH: ANDHERI**

**IFSC CODE: CBIN0280595**

**ACCOUNT NO: 3154804186**

**ACCOUNT TYPE: SAVINGS**

***\*PLS SEND YOUR REFERENCE NUMBER/TRANSACTION NUMBER & NAME, AS YOU MAKE THE PAYMENT***

**PLEASE NOTE YOUR UTR NUMBER AND HAND IT OVER TO YOUR H&A AGENT**

## EXCLUSIONS FOR AMC HEALTH AND ACCIDENT POLICY

The Insurance company shall not be liable to make any payment under this policy in respect of any expenses whatsoever incurred by any insured person in connection with or in respect of: -

- 1) Any cosmetic surgery including surgery for correction of eye-sight cost of spectacles, contact lenses, hearing aids etc.
- 2) External and or durable Medical / non-medical equipment of any kind used for diagnosis and or home treatment including CPAP, BIPAP, NEBULIZER, CAPD, Infusion pump etc. Ambulatory devices i.e. walker, Crutches, Belts, Collars, Caps, splints, slings, braces, Stockings etc. of any kind, Diabetic foot wear, Glucometer / Thermometer, Home Dialysis & its equipment and similar related items etc and also any medical equipment which is subsequently usable at home etc.
- 3) Pain management treatments
- 4) Stem cell therapy
- 5) Any condition excluded in standard mediclaim will also be considered excluded in our policy unless specified otherwise.
- 6) Circumcision (unless necessary for treatment of a disease not excluded hereunder or as may be necessitated due to any accident), vaccination, inoculation or change of sex or cosmetic or of aesthetic treatment of any description, plastic surgery other than as may be necessitated due to an accident or as a part of any illness.
- 7) Any dental treatment or surgery which is corrective, cosmetic or of aesthetic procedure, filling of cavity, root canal including wear and tear etc unless arising from accidental injury and which requires hospitalisation for treatment.
- 8) The treatment of macular degeneration, photodynamic therapy is, injection visudyne & other such treatments however will not be eligible for reimbursement. Neither will payment for Osteoporosis supplements, TNF alpha inhibitors & visco supplements etc. be done.
- 9) Convalescence, general debility, "run down" condition or rest cure, congenital external diseases or defects or anomalies, sterility, any fertility, sub-fertility or assisted conception procedure, venereal diseases, intentional self-injury/suicide, all psychiatric and psychosomatic disorders and diseases / accident due to and or use, misuse or abuse of drugs / alcohol or use of intoxicating substances or such abuse or addiction etc.
- 10) Non allopathic treatments: Naturopathy treatment, unproven procedure or treatment, experimental or alternative medicine and related treatment including acupressure, acupuncture, magnetic and such other therapies etc.
- 11) Doctor's home visit charges, Attendant / Nursing charges during pre and post hospitalization period.
- 12) Treatment which is continued before hospitalization and continued during and after discharge for an ailment / disease / injury different from the one for which the hospitalization was necessary
- 13) In the unfortunate event of death of the main member (consultant) in the scheme, those family members who are already enrolled with us will be permitted to continue in the H & A scheme of the AMC, provided there is no break in continuity of their existing policies with us.

**As you can see for yourself**, your new AMC H & A Family floater scheme is not just another product available to you. It is tailor made to meet our requirements and provide cover for dependents. It's a not just an insurance; it is social security insurance, where the consultant community looks after the health needs of its members and their dependents to the maximum extent feasible.

### **HENCE A WORD OF CAUTION**

- ❖ **Members must understand ours is a group floater health Insurance and NOT standard mediclaim.**  
*If we make higher claims, the total of all claims made by our members will go up more than the premium paid by us in that year. If this happens, all of us have to pay higher premium next year. Hence it is in OUR INTEREST that the hospital bills claimed by us are fair and reasonable to prevent an increase in premium the next year. We request you to go to a tertiary care center or major hospital only for major illnesses; for other illness please take treatment in smaller hospitals where the bills generated and claims amount will be much less.*
- ❖ *If scrutinizing committee of H & A Cell feels the bills submitted are inflated or unreasonable then H & A Cell decision will be final regarding approval of claims*

<b>H&amp;A Committee</b>			
<b>1</b>	<b>Dr. Smita Sharma</b>	<b>Chairman</b>	<b>Cell: 9820046656</b>
<b>2</b>	<b>Dr. Jayesh Shah</b>	<b>Convenor</b>	<b>Cell: 98690 57414</b>
<b>3</b>	<b>Dr. Suhas Kate</b>	<b>Advisor</b>	<b>Cell: 98201 47041</b>
<b>4</b>	<b>Dr. Suresh Rao</b>	<b>Patron</b>	<b>Cell: 98200 25201</b>
<b>5</b>	<b>Dr. Ajay Hariani</b>	<b>Co Convenor</b>	<b>Cell: 9820288508</b>
<b>6</b>	<b>Dr Sudhir Naik (Chairman - PI Cell)</b>	<b>Member</b>	<b>By Invitation</b>
<b>7</b>	<b>Dr. Deepak Vaidya</b>	<b>Member</b>	<b>Cell: 93225 11069</b>
<b>8</b>	<b>Dr Nitin Rao</b>	<b>Member</b>	<b>Cell: 9820022368</b>

### **IN CASE OF CLAIM:**

#### **Paramount Health Services (TPA) Pvt. Ltd**

*Paramount is our outsourced center for receiving & processing of claims. They will be receiving all the claim papers and processing them, as per the terms and conditions of our policy and making payment.*

*It is advised to intimate a claim prior to hospitalization for planned hospitalization and within 7 days of admission for emergency hospitalization. All claim papers along with pre hospitalization bills (up to 30 days prior to hospitalization) must be submitted to Paramount within 15 days from the date of discharge. However, where treatment is continuing, (period up to 60 days after hospitalization) post hospitalization bills can be submitted within 75 days of discharge from hospital or within 15 days of completion of post hospitalization treatment whichever is earlier. No claim will be entertained beyond this period.*

- a) **Please Submit Cancelled Chq (signed with name written / printed) For Direct Payment to Your Account.**
- b) **In Case the Claim Is Above Rs. 1 Lac Pls Submit Photo Id Proofs Such as Aadhar Card, Passport Copy Etc. Along with Claim Form.**

**Deduction of non-payable of medicines and disposable is as per IRDA guidelines this list is readily available with our TPA Paramount Health Care Services.**

## HEALTH & ACCIDENT INSURANCE SCHEME OF AMC

List of approved Insurance Agents for Health & Accident policy

AGENT'S NAME	TEL NO. AND CELL NO.	AREAS OF COVERAGE
Mrs. Shobha Shah	9821091530 / 24185483	South Mumbai upto Matunga (C.Rly) & (W.Rly)
Mr. Bhupendra Shah	9820181275 / 25013447	Sion and All Central Rly. Suburbs up to Kalwa, Navi Mumbai
Miss. Aarya Punyarthi	9821079832 / 8425800032	Mahim to Dahisar
Mr. Krishnakant Garodia	9322227801	South Mumbai to Andheri
Mrs. Trupti Sampat	9869072993 / 8879431307 / 9702440249	South Mumbai to Borivali
Mr. Mandar Datar	9769527708 / 25368029	Beyond Kalwa on Central Rly New Mumbai
Mr. Sanjay M Sureka	9820497117 / 26114812	Churchgate To Andheri
Mr. Rooproy Harbinder Singh	9869468615 / 9702061070	Churchgate To Borivali & Chembur
Mr. Jitendra K Udeshi	9819587785 / 0251-2861361	Dombivali & Central Suburban
Mr. Kiran Shah	9869104614 / 27454171	Panvel – New Mumbai
Mr. Shailesh Mawani	9869038208	Western Mumbai
Mr. Sagar Mestry	8286746427 / 8779969758	All
Mr. Vasant Sakpal	9405655215 / 7387659852	All
Mrs. Apeksha Sanghavi	9930950216/8450939980	Western Mumbai
Mrs. Uma Suri	9987369298	South Mumbai upto Matunga (C. Rly) & (W.Rly) Powai
Mr. Sachin Patkar	7558553276	All
Mrs. Chetana Tanna	9819091490	All
Mr. Jagdish Salvi	9867245453	All
Mr. Kuldeep Bisht	9372005206	All
Mr. Arjun	8088477653	Mangalore
Mr. Kamal Barot	9820088480	Virar and beyond - North Mumbai side
Mr. Smeet Shah	98209 86806	Virar and beyond - North Mumbai side

*Any new member in the H. & A. scheme will generally be serviced by the agent covering that area However members do have the right to choose any agent from the list above.*

**TPA:**

Paramount Health Services Pvt. Ltd.  
Head Office: PLOT NO. A-442, Road No. 28, M.I.D.C.,  
Industrial Area, Wagale Estate, Ram Nagar

Mr. Santosh Patil - Vice President  
Mob- 9323231050/022 66620815

**POLICY ISSUING OFFICE:**

The Oriental Insurance Company Limited  
Corporate Business Office No. 1, Oriental House, 2nd  
floor, 7, Jamshedji Tata Road, Churchgate, Mumbai -  
400 020

Mr. Milind Tendulkar- Regional Manager  
Office: 022-22821725

***Our Support Helpdesk:***

AMC Office (10 AM to 6 PM)	Mrs. Janhavi Salvi	022- 49765332/ 26844639 / 26841109
AMC Office WhatsApp Queries	Mrs. Janhavi Salvi	8976870618 / 9867450066
Marsh Insurance Brokers Private Limited	Pranali/Vaishnavi	AMC_Servicing@Marsh.Com
Claim Intimation	TPA & AMC Office	Claim.intimation@paramounttpa.com supportthna@amcmumbai.org

### **CLAIM DOCUMENT CHECK LIST**

**Members are requested to go through this check list and submit total documents at one time. Please go through this check list during your stay in the hospital so that you have all the relevant documents with you at the time of discharge. This facilitates early claim settlement**

LMNO:

Main Member:

Patient Name:

Diagnosis and Treatment

Date of Admission:

Date of Discharge:

Claim file submission date

Additional deficiency submission Date when applicable

<i>Sr. No.</i>	<i>Document</i>
1	Claim Form: Part A to be filled by patient (Member)
2	Claim Form Part B-To be filled by Hospital
3	PPN Form to be filled if the claim is filed for hospitals having Cashless facility and member has not availed of Cashless but has put in reimbursement claim
4	KYC Details – Pan and Aadhar
5	NEFT DETAILS- Cancelled cheque of Primary Member/Insured –KYC of account holder compulsory
6	All original Bills-duly signed and stamped by the hospital
7	Receipts-duly signed and stamped by the hospital
8	Prescriptions
9	First Consultation Letter
10	Discharge card
11	Reports
12	Indoor case papers

