

[Tips To Ensure Your Health Claim Is Not Rejected](#)

Health insurance claims often get rejected due to various reasons, leaving the policyholders in dire straits. Here are some tips to ensure your health claim is not rejected.



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UPDATED: 26 JAN 2022 8:11 AM

Manorama Das, 60, had to undergo an angioplasty operation recently. While the procedure went well, her family were left anxious as her medical claim got rejected. Though the health insurance policy promised cashless hospitalisation, her family had to pay the bill of Rs 4 lakh from their own savings.

“The insurer told us that my condition was due to pre-existing heart ailments and that they needed time to scrutinize the claim. However, doctors told me that my illness had nothing to do with any sort of cardiac ailment,” says Das.

Denial of the health insurance claim at a time of dire need came as a shock to Das, like it does for many others in our country. While rejection of a claim does not necessarily mean the claim is invalid, as the re-imburement route would still be open, but it erodes the user’s trust in the health insurance company.

Here’s a look at why some claims get rejected and how to avoid that situation.

Mistakes To Avoid While Filing Health Claims

The key to ensuring that you don’t face any trouble at the time of making a claim is to maintain transparency and disclose relevant information to your insurer at the time of buying the

health insurance policy. Non-disclosure of information such as pre-existing diseases or an earlier surgery could affect the decision made on your health claim.

“The claim form should be duly filled with necessary details by the insured as it gives a clear picture to the insurer and helps settle the claim at a faster pace. You should avoid over-writing in case any mistake is made – simply strike off that part and countersign the corrections. Another common mistake that people make is, non-submission of mandatory documents to the insurer. If you have mentioned any previous illness while taking treatment, enclose the first diagnosis papers of same. Include all cash receipts and bills obtained,” says Bhaskar Nerurkar, head-health claims, Bajaj Allianz General Insurance.

Understand The Policy

The most important step to ensure a smooth claim process is for the policyholder to understand the coverage and exclusions under the policy. This ensures that the user is not caught unawares when he or she receives the eligible claim amount post the necessary deductions.

The policyholder needs to know the documents that are needed to process the claim. The list of documents needed is available on insurance company websites. “One can also approach the insurance company and get necessary clarifications if required. With all documents in place, it becomes easier for the insurance company to settle the claim faster. Typically, the claim documentations required would be duly filled claim form, details of the customer’s bank account, complete papers of the treatment undergone, discharge summary, and all the copies of bills, pathology reports and previous treatment papers, if any,” adds Nerurkar.