

Taking Cover

# Housebound? You can still file your health claims

Submit your documents digitally — via apps, chatbots or WhatsApp; we tell you how

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Insurance companies have taken to adopting technology—such as chatbots and mobile applications—to respond to policyholders' queries without them having to visit the branch or an insurance agent. Now, with lockdown restrictions in place to contain the spread of Covid-19, these digital services play a more crucial role in servicing a policy—starting with purchase of policy and premium payment to claim settlement.

Here, we discuss how the digital claim filing process works with health insurers.

### Filing claims

Any health insurance claim starts with claim intimation, followed by claim assessment or investigation and claim acceptance or rejection. You, as a policyholder, can reach out to your insurer through any one of the methods—call centre, which with most insurers operates 24/7, through the insurer's website (chatbot) or through the insurers' mobile apps.

For instance, Bajaj Allianz General Insurance has Caringly Yours, a mobile app, for accessing services including filing for claim online. Similarly, HDFC Ergo and Aditya Birla Health Insurance have myhealth app and Actv Health app, respectively, of-

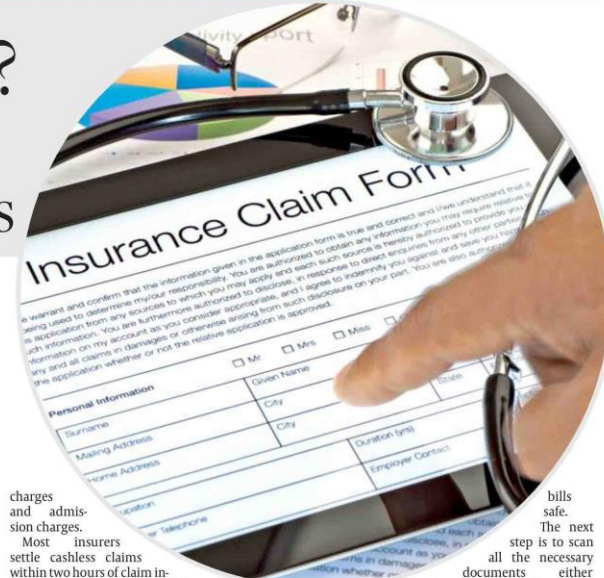
fering digital services related to health policies.

Alternatively, you can avail the services of a chatbot on the website of the respective insurer. For instance, Tata AIG's virtual assistant TARA can take you through the claim initiation process and answer other claims related queries. Similarly, Bajaj Allianz has a chatbot named BOING that can inform you about the current status of your claim filed, based on your policy number.

Given the lockdown, insurers have recently launched WhatsApp or SMS services to answer policyholder queries. For instance, Aditya Birla Health insurer has launched WhatsApp services to provide assistance in case of Covid-19 claims or any other queries. Similarly, Bajaj Allianz General has launched WhatsApp and SMS (for feature phone users) services.

### Claims procedure

The benefits on a health insurance policy can be taken in two ways—cashless or reimbursement. In cashless claim settlement, the insured is not required to pay hospital bills upfront and the insurer settles the bill directly with the hospital (if it is a network hospital). The insured, though, may have to pay charges such as non-medical item expenses (for example soap or shampoo), doctor



charges and admission charges.

Most Insurers settle cashless claims within two hours of claim intimation. For instance, Bajaj Allianz claims that its response time is 45 minutes while Max Bupa Health Insurance claims to process 98 per cent of the cashless claims within 30 minutes.

Under the cashless facility, the claims process is rather simple. The first step is to plan your surgery/treatment in a network hospital (the list of hospitals empanelled will be available in your policy document and on the company website). Then intimate the insurer. When you get admitted, fill out the cashless form at the hospital and provide details of the health policy and the Aadhar or PAN card for identity proof.

Once the requisite information is provided, the hospital will send the same to the insurer who will then process your claim and authorise the amount for treatment. In the case of emergency hospitalisation, post the treat-

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ment (if availed in network hospitals), the insured can inform the insurer for cashless treatment, and the hospital usually co-ordinates the same.

Do note that there are situations when insurance companies may not be able to provide a cashless facility. This is common when a hospital is not networked with the insurer or if your policy does not provide cover for cashless settlement of expenses for surgery. In such cases, you will have to first pay the bill, and then claim reimbursement from your insurer.

### Required documents

The role of digital services offered by the insurer plays a significant role in case of reimbursements. From your side, keep all your original documents including test reports and other

ills safe.

The next step is to scan all the necessary documents either

through the app/WhatsApp or attach the same in the email.

Many insurers including ICICI Lombard, Tata AIG, Bajaj Allianz General, Max Bupa Health Insurance and Aditya Birla Health Insurance accept digital documents to process claims. It is far easier using an app, since all your details—policy number, identity proof, other medical/claim history, reward points and NCB (no claim bonus)—are already uploaded. Thus, the process of claims is easier and quicker, mostly carried out within few hours or within a week.

For instance, HDFC Ergo says that on receipt of the complete set of requisite documents digitally, 20 per cent of its claims are approved within two hours. Bajaj Allianz General Insurance claims to settle reimbursement claims within five working days and Aditya Birla Health in seven working days.



### Easy ways to file claims

- Mobile app
- Chatbots
- WhatsApp/SMS services
- E-mail services
- 24/7 call centres

### Quick settlement

Most insurers settle cashless claims within two hours of claim intimation