

Dear Sir,

I thank you for the opportunity given to me for explaining the difficulties experienced by your staff and officers. The following points were discussed and we may place them on record for the consumption of persons who did not attend the meeting.

1. No physical Identity Cards are issued by Paramount Health and the employee concerned need to download the same from our website for his use.
2. The IRDA made it a regulation that Aadhar Cards of all claimants are to be submitted once along with their claims so that KYC norms are complied with.
3. Cancelled cheque is to be given afresh for the current policy where the account holder's name is clearly printed over the leaf. We would be updating the data in our system and the same is valid till the next renewal.
4. The claims are to be submitted within 30 days of treatment to our office and in case there is a delay either in intimation of a claim or submission of claim, your Nodal Officer, Mr Srinivas of PPG department is authorised persons to recommend waiver of delay. His signature along with the official stamp need to be sent to us for our taking up the matter with insurers.  
Kindly note that the claim process gets delayed due to the above requirement and the members need to cooperate with us for settlement. The Status may be viewed by themselves from our website at any given time.
5. Once the claim is approved by us, a message is sent to the registered mobile of the claimant and payment would be made by the Insurers directly to the account of the beneficiary and sometimes, the payment may be delayed for technical reasons. Paramount Office is often contacted for the exact date of payment and we would not be in a position to communicate the same as the payment portal is done in Mumbai.
6. It is mandatory to give mobile number and email id in all the claims submitted to us as the deficiencies or other communication is possible with these ids.
7. In case of death of the employee/spouse, the bills would be settled with the Legal Heirs of the deceased by obtaining an affidavit, death certificate and a legal heir certificate issued by your Bank.

8. In case of closure of earlier account by the members of the Group Policy, they need to submit us the fresh cheque leaf and intimate us for updating our records. Otherwise , the NEFT based on earlier account gets rejected and to make the payment once again involves reconciliation at Insurers end which is time consuming.

9. The treatment in respect of Homeopathy, Ayurvedic are not covered under the policy unless they are taken from Government Hospitals. Bills for these treatments once submitted to us are forwarded to Insurers for rejection. Once they convey the approval for rejection, it would be done. Again it is a time consuming exercise.

10. For common ailments such as fever, joint pains,neck pain, are not covered under the policy and in case the claimant wants the bills back, a written request is taken from them and bills returned.

11. For common queries and information, you may visit our Website for FAQs and they are listed over there which can be read and understood.  
Kindly communicate the above to your members

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With Regards,

Satyanarayana NV

Branch Manager

PARAMOUNT HEALTH SERVICES & INSURANCE (TPA) PVT LTD

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