

Guidebook

WAPMED welcomes you into the fold of health insurance policyholders. WAPMED, as the preferred TPA of your insurance company, is glad to provide you with services in a hassle free manner within the terms and conditions of your coverage under health insurance policy. As a Third Party Administrator for your Insurance Company, WAPMED will provide you the following services:

- ID Card.
- "Direct Billing Facility" at all our Network Providers for all eligible ailments/conditions.
- Processing and settlement of claims under the Health Insurance policy.
- Call Centre Service.

We request you to check:

- (a) Your card for any discrepancies. If you find any discrepancies, please bring it to the notice of our office nearest to you or return the card for rectification. Please keep a xerox copy of the card before returning it to WAPMED.
- (b) Please go through the guidebook in detail to familiarize yourself with the proper procedures to be followed while availing the various services offered by WAPMED.
- (c) Please go through your Health Insurance policy, especially the clauses pertaining to the exclusions under the policy, in detail to be aware of, what ailments are covered under the policy and what ailments/conditions are excluded.

For any doubts or clarifications and/or information, contact our nearest office or call our office line or log-on to our website or mail us at info@wapmed.net

The Health Insurance policy, your WAPMED card and the guidebook are important documents. Please keep them in safe custody and carry them with you whenever you go to a hospital for admission or for availing any medical facility.

Please quote your UHID number, policy number and the name of your insurance company in all your correspondence with WAPMED.

Network Provider and "Direct Billing Facility": Network providers are Hospitals, Nursing Homes, Diagnostic Centres, Clinics who have contracted with WAPMED to provide direct billing facility, for Inpatient treatment/Out-patient services/day care services/diagnostic facilities/consultations, for ailments, diseases and medical conditions covered under the Health Insurance policy, to all those who are insured and enrolled with WAPMED. The provisional list of our Network Providers is attached to the guidebook. Please note that we are constantly adding to or deleting from this list and as such to get the most current list of Network Providers, please contact our nearest office or call us on our office Number or log on to our website or mail us at info@wapmed.net

"Direct Billing Facility" is the service wherein you need not pay any amounts either as a deposit at the time of admission or for the hospital bills at the end of treatment / discharge for the services which are covered under the policy except for the deductibles/co-payment/excess. This facility is available only at the Network Providers. To avail the "Direct Billing Facility" you need to get an authorization from WAPMED. This authorization along with a copy of the card issued by WAPMED has to be given to the Network Provider at the time of admission.

Please Note: WAPMED will authorize "Direct Billing Facility" at the Network Providers in all cases eligible under the insurance policy. "Direct Billing Facility" may be denied in some of the situations as listed below.

- In case of any doubt in the policy terms with respect to the present ailment.
- The ailment/condition etc. not being covered under the policy.
- The insured amount not being sufficient to cover the medical expenses.
- If the request for preauthorization is not received by WAPMED in time.
- If the information sent to WAPMED is insufficient to confirm coverage.

Denial of "Direct Billing Facility" is not denial of treatment. You can continue with the treatment, pay for the services to the hospital, and later send the claim to WAPMED for processing and reimbursement, which would be processed on merits, based on the policy terms and conditions.

AVAILING OF INPATIENT HOSPITALIZATION SERVICES

In case you need to avail inpatient hospitalization services, you can go to any Medical service Provider of your choice, either a provider on our network or a hospital outside the network. The difference between the two being that WAPMED can authorize for "Direct billing facility" in the provider on its network whereas you will have to settle all the bills in the medical service provider which is outside WAPMED's network. However you have to follow the procedures listed below to get the services in different situations.

A) Emergency hospitalization/consultation/Diagnostic procedure in Non Network Provider

- Step 1. Approach the nearest hospital/clinic/diagnostic centre.
- Step 2. As soon as possible, inform WAPMED about the hospitalization/medical service used.
- Step 3. At the time of discharge/leaving the provider, settle the bills in full and collect all the bills, documents and reports.
- Step 4. Lodge your claim with WAPMED for processing and reimbursement.

B) Planned hospitalization/consultation/diagnostic procedure in Non Network Provider

- Step 1. Inform WAPMED about Planned hospitalization/consultation/diagnostic procedure.
- Step 2. Avail the healthcare facility.
- Step 3. At the time of discharge, settle the bills in full and collect all the bills, documents and reports.
- Step 4. Lodge your claim with WAPMED for processing and reimbursement.

C) Emergency hospitalization/consultation/Diagnostic procedure in Network Provider

- Step 1. Approach the nearest Network hospital/clinic/diagnostic centre.
- Step 2. As soon as possible inform WAPMED and coordinate with the network provider to have the details sent to WAPMED for authorization for direct billing facility.
- Step 3. **A) In case of non-receipt of authorization for "Direct billing facility" by from WAPMED or if "Direct billing facility" was denied by WAPMED-**
 - (i) At the time of discharge/leaving the network provider premises, please settle the bills in full and collect all the bills documents and reports.
 - (ii) Lodge your claim with WAPMED for processing and reimbursement

or

B) If authorization for "Direct billing facility" from WAPMED has been received

- (i) At the time of discharge/leaving network provider premises
 - (a) Pay for those items that are not reimbursable under the Health Insurance policy/excess/co-payments/deductibles.
 - (b) Verify the bills and sign on all the bills.
 - (c) Leave the original discharge summary and other investigations reports with the network provider. Retain a Xerox copy for your records.

D) Hospitalization/consultation/Diagnostic procedure at Network Provider

- Step 1. Please co ordinate with your doctor and the hospital/diagnostic centre/clinic and send in all the details of your plan of treatment/diagnostic procedure, cost estimates etc. to WAPMED. Also indicate the address or fax number to where the authorization is to be sent. This should be sent to WAPMED at least 3 days prior to availing the facility, along with-

- (i) Photocopy of your ID card.
- (ii) Photocopy of your policy.

FREQUENTLY ASKED QUESTIONS

Q1. What are the services offered by WAPMED to its beneficiaries?

- A. WAPMED is the service provider for required Health care service to its members through activities like - Issuance of ID cards for easy access at network providers, Direct billing facility at Network Providers, Member Reimbursement facility for treatment/consultations at non-network providers, Personalized client servicing, Enrollment and Claims administration.

Q2. How different is WAPMED from Health Insurance Company?

- A. WAPMED is a Third Party Administrator (TPA) in health Insurance Sector servicing all insurance companies. Health Insurance policies for individuals are basic products of Insurance Companies on which WAPMED adds value and facilitates smooth operation through its value-addition like network of healthcare service providers, medical care standardization, Claims management, Client servicing, expert opinion etc. Thus WAPMED administers a 'healthcare package' for its clients with customized healthcare delivery.

Q3. Would WAPMED extend direct billing facility for Out Patient / Out door services covered under the insurance policy?

- A. Yes. If out patient treatment coverage forms a part of your insurance cover, WAPMED would extend direct billing facility to the members at its Network Providers.

Q4. Where can the member avail the required services?

- A. At all Network Providers if he / she wants direct billing facility or at any Health care Service provider where he/she has to pay the amount first and have to submit the bills along with complete documents for re-imburement.

Q5. Will location of dependent family matter in availing services under WAPMED?

- A. No, Location does not affect the operational activities, main member or the dependant member can avail same and equal benefits irrespective of their location. WAPMED's Network of Healthcare Service Providers is across the country and worldwide. These accredited healthcare providers would assure qualitative healthcare delivery to WAPMED members and WAPMED proactively monitors and reviews the outcomes of its network. The worldwide coverage would be provided depending on the policy that member/group has chosen.

Q6. Will the change in names in between policy period matters?

- A. Yes, According to the Insurance Company the claim will not be settled (unless prior intimation to WAPMED and Insurance company) if there is any alterations in the name and in bills / reports (documents) submitted by member / Healthcare service provider.

Q7. Can I change my or my dependants name in between the policy period?

- A. Yes, you can change but you need to intimate WAPMED / Insurance company before hand with necessary documents (attestation from relevant Government office).

Q8. Should the claim be submitted with the insurance company or with WAPMED?

- A. Preferably at WAPMED only.

Q9. Are there chances of 'claim rejection'?

- A. WAPMED's network is wide and is customizable to suit the requirements of the users. Thus there is little chances of a member utilizing the services of any other provider out of WAPMED network.

Within the network, if ailment is covered as per the terms and conditions of the package, the providers will extend the facilities, on proper verification of the 'Member's Manual'. If it is not covered, the member may not be given the direct billing facility, instead they will be asked to pay. If the member avails healthcare facilities out of the network and submits the bills for reimbursement, the same shall be subject to the terms and conditions of the healthcare insurance policy.

Q10. If I have not utilized my permissible eligibility amount in a particular policy period will I get any benefits like carry forward for the next period if I renew the policy?

A. The amount will not be carry forward to subsequent periods.

Q11. What are the documents required to be submitted to WAPMED to claim under reimbursement procedure?

General

- ✓ Copy of Member ID card with the member's details.
- ✓ Copy of Civil ID card
- ✓ Copy of the policy papers, if any.

In-Patient services/Day care procedures

- ✓ Original detailed discharge summary
- ✓ Original investigation reports
- ✓ Original Hospital Bill-consolidated and with detail breakup with the patients signature
- ✓ Incase of surgical packages – detail breakup of the package
- ✓ Pharmacy bills and breakup

Out-patient facilities

- ✓ Original consultation papers
- ✓ Original investigation reports
- ✓ Original Bills-consolidated and with detail breakup with the patients signature on it.
- ✓ Pharmacy bills and breakup.

Note: Member needs to retain a photocopy of all the documents he is submitting for future reference.