

HERE'S A STEP-BY-STEP GUIDE TO HELP YOU THROUGH EVERY STEP OF YOUR MEDICAL CLAIM JOURNEY



As your trusted insurer, we are here to make your life even more convenient by providing a seamless and hassle-free medical claiming process.

Which is why this guide has been developed to communicate the process for submitting your medical claim in such a simple way so that you can navigate your medical claiming process with ease and confidence.

LET'S START OFF WITH THE ESSENTIAL CONTACT DETAILS

(The details below are also mentioned in your insurance card)

**For overseas hospitalisations / inquiries,
contact Paramount Healthcare Management Pvt. Ltd.,
our Third-Party Assistance Company.**

Dedicated Helpline No. +91 22 40908319

US Toll Free No. +1 866 978 5205

Regular Helpline No. +91 22 40004219

Fax No. +91 22 4000428

Email ID for the submission of preauthorization documents

travelhealth@paramount.healthcare

For local hospitalisations/inquiries,

contact the Fairfirst Hotline. +94 11 2428428

Fairfirst Approved Hospital List For Overseas Hospitals

<http://www.paramount.healthcare/providerNetwork.aspx> For

Local Hospitals

<https://www.fairfirst.lk/partner-hospitals/>

PLANNED HOSPITALISATIONS PREAUTHORIZATION PROCESS

The company requires preauthorization of planned treatments to provide financial protection to the insured from unexpected costs that might incur. When issuing a confirmation of cover, the company confirms that the planned treatments:

- Is eligible under the policy; and
- Is medically necessary; and
- Is within reasonable and customary (R&C) medical charges for such treatments; and
- Cost falls within the remaining benefit limit; and
- If it is within the Fairfirst approved hospital list

The company requires preauthorization for the following treatments and services before the insured's treatments begin:

- All in-patient and day-care admissions
- All in-patient hospital services
- Tests, diagnostics, treatments, surgery, and other medical service
- Home nursing
- Cancer treatments
- Kidney dialysis

A request for preauthorization should be submitted by the insured at least ten (10) working days before the scheduled treatment date. This is to allow the company to confirm if the treatments are eligible for reimbursement and/or direct billing can be arranged accordingly.

Upon the receipt of such requests, the company will give a verbal or written confirmation to the insured. Moreover, where preauthorization is required and not obtained, the benefits may be declined or reduced.

EMERGENCY HOSPITAL ADMISSIONS

Where the insured's life or health status is at risk and if the insured is not immediately admitted to the hospital, the insured's family member(s), or the treating medical practitioner, or the hospital must contact the company within the next forty-eight (48) hours, or before the insured's discharge, whichever is earlier. Otherwise, the claim will not be admissible under the policy.

Note: It is important to submit the claim form within 48 hours to assess the admissibility under the policy.

CLAIM REIMBURSEMENT PROCEDURE

In relation to medical claims, the company reserves the right to accept or refuse the request by the insured to use any hospital outside the Fairfirst approved hospital list, particularly when an approved hospital is available in the area where the treatments takes place. Exceptions will be considered for medical emergencies or life-threatening accidents.

→ Please ensure all in-patient and day-care treatments are preauthorized and falls within the Fairfirst approved hospital list to facilitate any direct billing arrangements.

→ In cases where the company does not have direct billing arrangements in place, the company will offer a pay-and-claim reimbursement service

→The insured can pay the hospital first and then can claim the costs from the company.

→Only costs incurred from eligible medical conditions and treatments will be reimbursed within the limits stated in the table of benefits.

→ If the insured is required to pay a deposit in advance of any medical treatments, the cost incurred will only be reimbursed after the treatments have taken place. It is the insured's responsibility to retain any original supporting documents (e.g. medical receipts) as the company reserves the right to request the original supporting documents/receipts for claims settlements and auditing purposes.

→If the insured paid for treatments while they were outside Sri Lanka or received an invoice for covered services in a currency other than the currency the premium was paid, the company will

then make a currency conversion outside Sri Lankan Rupees (LKR) as published by the State Bank of Sri Lanka.

→The company will use the exchange rate that applies on the date on which the treatments were done and for in-patient and day-care treatments, the insured's date of discharge from the hospital will be applied.

→ The company will not be liable for any bank or credit card charges or losses due to currency fluctuation.

CLAIM NOTIFICATION AND SUBMISSION (REIMBURSEMENT CLAIMS)

- While the policy is valid, all medical claims together with the completed Claim Form and supporting information/original documents must be submitted to the company within thirty (30) days.
- Where it is not reasonably possible to submit medical claims within thirty (30) days, the medical claim may be submitted later with the company's prior approval but in no case later than ninety (90) days from the date of commencement of the event which gave rise to the medical claim. The company will not be liable for any medical claims submitted after the said period.

- While assessing the submitted medical claims, the company may request for further documents and/or requirements, which the insured must provide within thirty (30) days of receiving such request.
- For medical claim reimbursements incurred outside the Fairfirst approved hospital list, the company will:
 - a. Require the reason why that hospital was used instead of a hospital within the approved list.
 - b. Reimburse the medical claim only if it is within the reasonable and customary medical charges for such treatments.
- If the policy coverage has ceased, eligible medical claims incurred during the policy period of insurance must be submitted within thirty (30) days of the date of expiry or termination of the policy. The company will not be liable for any medical claims submitted after the said period and all medical claims received will be returned.

HERE ARE A FEW METHODS TO SUBMIT YOUR REIMBURSEMENT CLAIMS

Online: Email to Worldwidehealth@fairfirst.lk

Fairfirst Health Portal : <https://healthportal.fairfirst.lk/healthportal/public/login>

To register, kindly contact our hotline at [+94 11 2428428](tel:+94112428428)

Physically Hand over/courier all supporting documents to the address below:

Fairfirst Insurance Limited Access Towers II (14th Floor),
No. 278/4, Union Place, Colombo 02, Sri Lanka

