BUYWISE LAB
RESEARCH. TEST. COMPARE. DECIDE.

AVOID THESE COSTLY MISTAKES — INDIA EDITION

The 7-Point Health Insurance Claim Checklist

Check every box before you file a claim — most rejections are avoidable gaps, not unfair insurers

1. **Patient Info Matches Exactly** ☐
   Policy number, name, and date of birth match your Aadhaar/PAN exactly.
2. **Filed Within the Deadline** ☐
   Insurer/TPA notified before admission; reimbursement filed within 15–30 days.
3. **Waiting Period Has Passed** ☐
   Waiting period (typically 24–36 months) for any pre-existing condition has passed.
4. **Pre-Authorization Obtained** COMMONLY MISSED ☐
   Written pre-authorization secured before any planned, cashless procedure.
5. **Treatment Isn't Excluded** ☐
   Checked exclusions: cosmetic, certain dental, self-inflicted injury, etc.
6. **Documents Are Complete** COMMONLY MISSED ☐
   Signed discharge summary, all bills, reports & prescriptions collected.
7. **Treated at a Network Hospital** ☐
   Confirmed the hospital is on your insurer's current network list.

DO THIS TONIGHT — NOT NEXT WEEK

1. Review your policy's waiting periods & exclusions
2. Save your insurer's network hospital list
3. Keep this checklist with your policy folder

A rejection isn't final: escalate to your insurer's GRO, then Bima Bharosa, then the Insurance Ombudsman.

Source: IRDAI • Bima Bharosa • Insurance Ombudsman Scheme, India

A BuyWise Lab Guide