Wockhardt Group Mediclaim Policy

Mediclaim Policy No. 124500/48/2015/1331
Effective from: 29th April 2014
Renewal Date: 29th April 2015

1. Objective:

It has been a continuing endeavor by Wockhardt to provide comprehensive medical assistance to the Associates and family (as defined under the Policy).

The company has taken a Mediclaim Insurance Policy to meet the expenses that may have to be incurred by the Associate in the event of hospitalization.

2. Scope

2.1 All Wockhardt Locations in India.

2.2 All Associates of the company (i.e. Management / Staff / Field Staff Associates are covered under this Policy).

3. Details of the Policy (Scope of Coverage)

3.1 The Mediclaim Policy Number is 124500/48/2015/1331.

3.2 The Policy Period is 29/04/2014 to 28/04/2015.

3.3 Minimum 24 hours hospitalization is required.

3.4 It covers hospitalization expenses incurred for illnesses, diseases or injury sustained to self & dependent family members. Dental treatment / surgery, if caused due to accident, is also covered.

3.5 Pre-existing diseases are covered.

3.6 Expenses for pre-hospitalization upto 30 days & post-hospitalization upto 60 days are covered in the Policy.

3.7 It covers self, spouse, two dependent children upto 21 years of age and both parents upto the age of 80 years only (in case of married women, either parents or in-laws), and are insured for a sum of Rs.2,00,000/- (family floater) per annum.

3.8 New born baby is covered from Day One, subject to the nomination of the baby in the same month of birth.
3.9 Normal room rent is allowed maximum up to Rs. 2000/- per day (1% of sum insured) and ICU room rent up to Rs. 4000/- per day (2% of sum insured). If the Associate opts for a higher room rent, i.e., more than Rs. 2000/- for normal room rent or more than Rs. 4000/- in case of ICU, the expenses incurred which are variable in nature and charged as per the room rent will be apportioned on pro-rata basis.

4. Nomination of dependent family members

4.1 To nominate the dependent family members, Associates have to fill up the nomination form at the time of joining the organization.

4.2 Mid-term inclusion of family members is not allowed. However, a missed out family member can be included at the time of renewal of the Policy.

4.3 Only a newly married spouse and new born baby can be added during the Policy period.

4.4 Any inclusion or exclusion of family members should be intimated to the Corporate HR (through local HR) on time (within the same month) to avail the benefits of the Mediclaim Policy.

5. Procedure and conditions to process the claims

5.1 The Associate must intimate the TPA within 48 hours of hospitalization. Associates can directly intimate the TPA about the hospitalization through e-mail and telephone by giving reference of their Employee Code Number & the Organization name. For planned surgery or any planned treatment, we recommend that you give intimation well before hospitalization.

5.2 The claim should be submitted to the TPA within 30 days of the date of discharge from the hospital. Kindly keep the Corporate HR informed of the same. The claim must contain all the original bills towards purchase of medicines along with prescriptions, copies of the investigation reports, discharge card clearly indicating date of admission and date of discharge with nature of disease/illness and details of treatment.

5.3 The claim should be completed in all respects before submitting to the Insurance Company for processing.

5.4 The Insurance Company will make the payment to the Company and Company will reimburse the same to the Associate. The Company will not be responsible in any manner for any deductions, non-acceptance of the claims for any reason including no intimation of hospitalization, late submission of the claims, shortfall of documents, fraudulent claims supported by fraudulent documents etc.
5.5 The Insurance Company is the sole and final judge for the validity of the entitlement, amount of expenses to be reimbursed and the genuineness of the claim.

5.6 The Associates can track their claim status on the TPA’s website. To login, the Associate should go the TPA’s website at www.mediassistindia.com & then go to the Corporate Employee login option. The login ID for any Associate will be employeecode@wockhardt and the one time password will be wockhardt. After login, the Associate must change the password & only then he / she will be able to view the details.

6. Reimbursement of expenses incurred above the sum insured

6.1 All the necessary paperwork must be in order as explained in Section 5.2.

6.2 Thereafter, approval needs to be taken from the Functional Head and sent to the Corporate HR for final authorisation.

6.3 The Management will evaluate such claims and may reimburse appropriate amount depending on the merits of the case.

7. Exclusions

- Circumcision, unless it is certified by the attending doctors.
- Cost of spectacles, contact lenses, hearing aids.
- Dental treatment, surgery unless it requires hospitalization.
- Convalescence or rest cure.
- Congenital external diseases.
- Venereal diseases.
- Condition directly or indirectly related to HIV / AIDS.
- HIV / AIDS.
- All cases related to pregnancy. eg: birth / miscarriage / abortion etc.
- Ayurvedic treatment and expenses.
- Cosmetics, vaccination or plastic surgery unless necessary due to an accident or part of an illness as certified by the attending doctor.
- Expenses on tonics and vitamins unless it forms part of treatment of an injury and disease as certified by the attending doctors.
- Expenses on consumables.
- Any other non-medical expenses.
8. Check List of documents to be submitted with the claim.

1. Hospital Registration Number. ☐

2. Qualified Medical Practitioner’s / Doctor’s Registration Number. (Registered by the Medical Council of any State of India). ☐

3. Hospital / Nursing Home is duly licensed as a Hospital or Nursing Home with the appropriate authorities and is under a qualified Medical Practitioner. In the areas where the licensing & registration facilities with appropriate authorities are not available, then the following condition should be completed:
   a. It should have minimum 15 beds in case of Metros, A class cities & B class cities. ☐
   b. It should have minimum 10 beds in case of C class cities. ☐

4. Summary of attached original bills & documents. ☐

5. All 3 pages of the Mediclaim Insurance Policy Claim Form duly filled & signed by the Associate. ☐

6. Original Discharge Card from the Hospital with the Doctor’s stamp & signature (should contain the summary of diagnosis, period of admission and treatment in the Hospital). ☐

7. Original Hospital final bill (Detailed Breakup of various heads like OT Charges, Nursing Charges and Room Rent etc) with stamps & authorized signature. ☐

8. Original Hospital payment receipt with serial number (duly signed & stamped from the Hospital if the main Hospital bill does not carry bill number). ☐


10. Original receipts with serial number (For Consultancy / Surgeon charges if charged outside the Hospital final bill). ☐

11. Original Investigation reports and bills & receipts (along with prescriptions / reports for all tests done along with images). ☐

12. Cash memos / bills from the Hospital / Chemist supported by proper prescriptions. ☐


15. Countersignature from the doctor on any corrections. ☐
16. Police FIR/ Medico Legal Certificate. (Mandatory for all road traffic accident duly attested by Police).

17. Certificate from the doctor that the patient is completely cured / physically fit.

18. Associates should mentioned their contact no. & email ID on the claim form.

9. Important Points to remember:

A. Please retain a copy of all submitted documents for further reference.

B. Please retain POD copy of the courier for tracking your consignment in case of any delay etc.

C. For implants used in Cataract, Heart Valve Surgeries, CABG, Abdominal Surgeries, Knee replacement surgeries, please submit the invoice (in case purchased from outside) from the Vendors for the prosthetic devices used along with the Sticker.

D. Please arrange the enclosures as per the checklist mentioned in Section 7.

E. Please ensure contact no. and email ID has been mentioned on the claim form.

10. Assistance to the Associates

To further aid our Associates, a Mediclaim Helpdesk is now available at HO, to resolve mediclaim related queries. The helpdesk will be available at 8th East, Desk No: 83A on Mondays, Wednesdays & Fridays between 11:00 am and 5:30 pm. The helpdesk contact person details are provided below:

<table>
<thead>
<tr>
<th>Sr. No</th>
<th>Name</th>
<th>Direct Line No</th>
<th>E-mail ID</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Mr. Deepak Suryavanshi</td>
<td>022-2659 6685</td>
<td><a href="mailto:deepak_s@mediassistindia.com">deepak_s@mediassistindia.com</a></td>
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Contact persons from Corporate HR

<table>
<thead>
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<th>Name</th>
<th>Direct Line No</th>
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<tr>
<td>1</td>
<td>Mr. Pradip Sarkar</td>
<td>022-2659 6631</td>
<td><a href="mailto:psarkar@wockhardt.com">psarkar@wockhardt.com</a></td>
</tr>
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</table>
**Contact persons from Medi Assist India TPA Pvt. Ltd.**

<table>
<thead>
<tr>
<th>Level</th>
<th>Name</th>
<th>Mobile No</th>
<th>E-mail ID</th>
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<tbody>
<tr>
<td>1</td>
<td>Mr. Deepak Suryavanshi</td>
<td>7498581380</td>
<td><a href="mailto:deepak_s@mediassistindia.com">deepak_s@mediassistindia.com</a></td>
</tr>
<tr>
<td>2</td>
<td>Mr. Manish Joshi</td>
<td>9325016424</td>
<td><a href="mailto:manishnj@mediassistindia.com">manishnj@mediassistindia.com</a></td>
</tr>
<tr>
<td>3</td>
<td>Ms. Ashwini Karambele</td>
<td>9320749630</td>
<td><a href="mailto:ashwini.karambele@mediassistindia.com">ashwini.karambele@mediassistindia.com</a></td>
</tr>
<tr>
<td>4</td>
<td>Mr. Purushottam Pageder</td>
<td>9326773573</td>
<td><a href="mailto:purushottamp@mediassistindia.com">purushottamp@mediassistindia.com</a></td>
</tr>
</tbody>
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Mail ID for intimation of hospitalization: [intimationmumbai@mediassistindia.com](mailto:intimationmumbai@mediassistindia.com)

(Please also mark CC to Level 1 and 2)

**Mumbai Office Address**

1st Floor, North Wing, Plot No. 7, Excom House, Saki Vihar Road, Saki Naka, Andheri East, Mumbai 400 072.

Tel. No. 022-3084 3800/01/02/03.

Toll free Number: 1800 4259 449

Website: [www.mediassistindia.com](http://www.mediassistindia.com)

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**Contact persons from Beacon Broker Insurance Pvt. Ltd.**

<table>
<thead>
<tr>
<th>Level</th>
<th>Name</th>
<th>Mobile No</th>
<th>E-mail ID</th>
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<tbody>
<tr>
<td>1</td>
<td>Mr. Gaurav Mishra</td>
<td>9978997452</td>
<td><a href="mailto:gaurav.mishra@beacon.co.in">gaurav.mishra@beacon.co.in</a></td>
</tr>
<tr>
<td>2</td>
<td>Mr. Anuj Joshi</td>
<td>9727742358</td>
<td><a href="mailto:anuj.joshi@beacon.co.in">anuj.joshi@beacon.co.in</a></td>
</tr>
<tr>
<td>3</td>
<td>Mr. Tonmoy Sen</td>
<td>972773215</td>
<td><a href="mailto:tonmoy.sen@beacon.co.in">tonmoy.sen@beacon.co.in</a></td>
</tr>
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