Vijaya Bank Retirees’ Association(Regd)

(Affiliated to AIBRF\*\*\* Central office: Kochi)

Central Office, No.83, 5th Cross, Malleshwaram, Bangalore-560003

Mobile: Chairman:9886146994. President:9739399977 Gen.Secretary:9448276015

25/06/2017

Dear friends,

**GROUP MEDICLAIM POLICY- CHANGE OF TPA FROM VIDAL TPA TO MEDIASSIST**

The TPA in respect of our Group Mediclaim Policy has been changed from Vidal TPA to Mediassist TPA with effect from 16/6/2017.

Circular Bearing No HOC17192 issued by our Head Office is attached for your information.

**Please note the following in this connection:**

1. All claims from 16/6/2017 onwards are to be sent to or processed through M/s. Mediassist.
2. Fresh I.D. cards issued by M/s. Mediassist are uploaded on their website ww.mediassistindia.com
3. If you find any difficulty in downloading your I D Card, please mail us your Staff Code No and full name as furnished to the Bank. We will help you in getting the card.
4. Cashless facility will continue as hitherto. List of Network Hospitals are available on the website of Mediassist. A list is also available on our website [www.vbra.in](http://www.vbra.in)
5. If treatment is taken in a non-network hospital, reimbursement claim has to be submitted to M/s. Mediassist along with discharge certificate, prescriptions, bills etc. Claim form for reimbursement is the same which was used earlier. This form with complete instructions is available on the website of the TPA as well as on our website.( This form is not attached. Will be sent to those who require it)

**DOMICILIARY CLAIMS:**

1. Mediclaim Policy Number is **5001002816P111644969 covering Insurance with Domiciliary treatment..** Please enter this Policy number at item No.3 in Domiciliary Claim Form.

1. There is no change in the procedure of claim.
2. Claims are to be submitted before 10th of the subsequent month.
3. The claim form is changed. A copy of the claim form is attached for your ready reference and use.

**Claim for re-imbursement of domiciliary expenses should be made as follows:**

1. Attending/treating doctors certificate cum prescription which should not be older than 90 days should be attached. During the first claim, original certificate has to be attached. During subsequent claims, for continuation of the same treatment, a photocopy of the Certificate cum prescription, self-attested, has to be attached. A suggested form for Doctors Certificate is attached herewith.
2. If the certificate does not contain prescription of medicines, a separate prescription is to be obtained `and enclosed to the claim form.
3. The Doctor's certificate/prescription should contain the signature, name of the doctor, registration no and  his rubber stamp.
4. The certificate can be for any length of time. If it is issued for more than one year, the same has to be countersigned by the same Doctor, at the end of every year.
5. Bills( Original) issued by the chemist/drug store, with serial numbers of the bills are to be attached. Please keep copies of the same without fail.
6. Fill up ECS mandate- which is attached to the Domiciliary claim form.
7. Photocopy of first page of Bank's pass book, containing account number, name and other details of account holder is to be enclosed. This page should contain signature of the Bank official/br. manager.
8. One cancelled cheque leaf of the account, to which the sanctioned amount are to be credited as per ECS mandate.
9. While submitting Claim for the first time, original medical certificate is to be enclosed. For subsequent claims, photo copy of the same is to be attached.
10. All these papers are to be sent to the TPA Desk by Registered Post/speed post or by a courier, who provides a Proof Of Delivery(POD).
11. Please send each claim (Like Self and spouse or for two months at a time), by separate post/cpurier.
12. Please keep Xerox copies of all the papers submitted by you.
13. Address of TPA desk is as follows:

**VIJAYA BANK**

**DESK-M/S. MEDI ASSIST INDIA TPA PVT LTD**

**HEAD OFFICE, 44/2, TRINITY CIRCLE, M.G.ROAD, BANGALORE-560001.**

1. CONTACT NUMBERS

Mediassist Desk At our Head Office: 080-25584066 Extn.273

Direct No at our Head Office: 080-15011273

 Toll Free Number of TPA: 1800 4255 2222

1. E,mail:

ibacare@mediassistindia.com

1. E.Mail for Escalation/Complaints:

leenad@mediassistindia.com

**Please pass on this information to all those who have taken Group Mediclaim Policy .**

ALL THE FORMS ARE AVAILABLE ON OUR WEBSITE   [vbra.in](http://vbra.in/).

With Greetings,

Truly Yours,

K.VISHWANATH NAIK

Gen.Secretary

9448276015.

**Form for Doctor’s Certificate:**

**To be filled in Hospital/ Doctor’s Letter head**

**Date**

**TO WHOM SO EVER IT MAY CONCERN**

 **This is to certify that**

**Smt./Sri……………………………………………………………………………**

**………………(name of the patient) aged ……years, wife/husband of**

 **Sri/Smt……………………………………………………………………………………**

**(name of ex-employee) is under my treatment for ……………………………….**

**…………..…………………………………………………………………… (name of the ailment).**

 **I have prescribed to take the following medicine on domiciliary basis for a period of ……………(Months).**

|  |  |  |
| --- | --- | --- |
| **Sl No** | **Name of the medicine** | **Dosage per day** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**He/she is advised to undergo the following one time/ periodical investigation for diagnosis/monitoring of his/her health condition.**

**1.**

**2.**

**3.**

**Advised Review after …………..Months.**

 **Signature of the doctor**

 **Name of the Doctor**

 **Designation**

 **Seal with Regn No.**