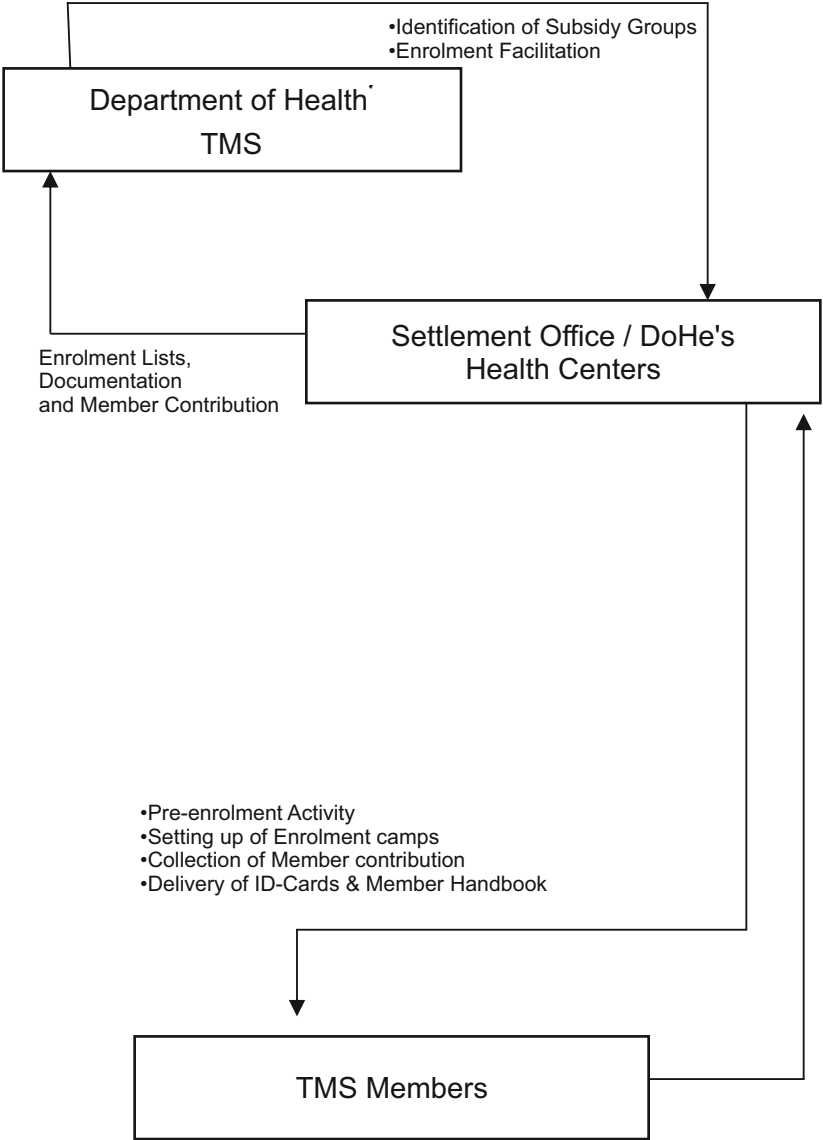


07. TMS-ENROLMENT PROCESS FLOW



08. CLAIMS PROCESS UNDER TMS HEALTH PLAN

Consult Health Care Center under (TVHA) Department of Health or any branch of Men-Tse-khang with your TMS identity card.



Only if treatment cannot be done at TVHA hospital, then the Doctor/Nurse/TMS Contract Doctor/Men-Tsee-Khang Doctor will provide a referral slip to Government/Corporate hospital depending on the disease.



If no Healthcare Centers of DoHe or no contract doctor of TMS is available in your locality, you can go ahead and consult either Government or private hospitals. But you are obliged to inform your respective Settlement Officer within 48 hours of your admission.



Another referral letter is needed from the Government / Corporate hospital in case of need for further and continuous treatment to higher Medical Centre where the patient should be hospitalized for 24 hours or more to avail the benefit.



After discharge from the hospital, documents mentioned in no. 2 at the back page "needed documents" must be submitted to Settlement Office or DOHe's Healthcare Center within seven days.



The documents once received at the Department of Health, CTA, will be considered for the final claim.

The Claimant will receive benefit as per the treatment category mentioned in page number 28.

1. During Emergency

Enrolled member can be admitted in to any nearest hospitals to save life. But you must inform the concerned enrolment officer within 48 hours of admission in that hospital. In death of patient, TMS covers reimbursement of claimed amount for its members if unfortunate death occurs in hospital before 24 hours of hospitalization.

2. Needed Documents for Reimbursement of Medical Expenses

- I. Referral slip from Settlement Doctor.
- II. Supporting letter from Settlement Officer or Executive Secretary of your Settlement.
- III. Doctor's medical prescription.
- IV. Discharge certificate or summary (Can send copy if original needed for follow up).
- V. Detailed Itemized Original bills.
- VI. Investigation and Radiology Reports (Can send copy if original needed for follow up).
- VII. Original payment receipts.
- VIII. Original Receipt of advance payment.
- IX. Filled claim form along with the declaration signed by the patient or spouse or attending relative.

Note: If a patient is referred to third hospital, reference from second hospital must be submitted.

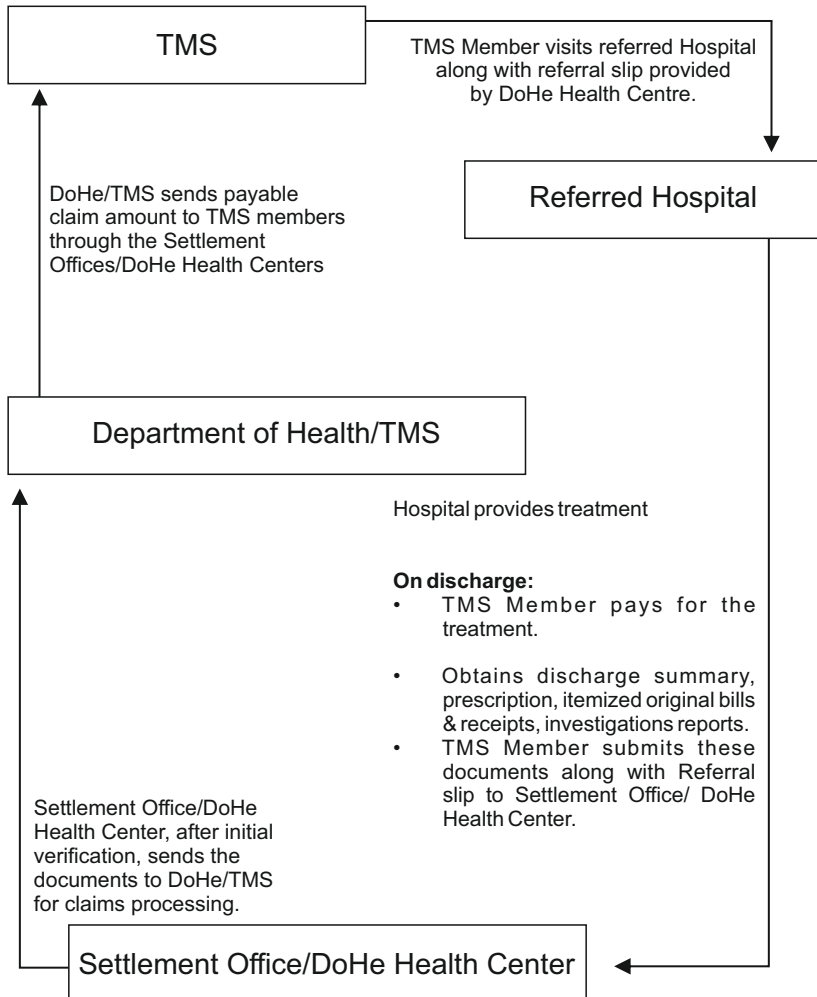
3. Payment of Claim

- i. Submit all your inpatient medical documents mentioned above to your TVHA health care centre or settlement office within 7 days from the discharged date and within 30 days for those who availed medical facilities outside the respective settlement. Thereafter, TVHA health centre or settlement office will forward the duly signed claim form and all the needed information/documents to the TMS section, Department of Health.
- ii. On receipt of the complete set of claim documents, Department of Health will make the payment for the admissible amount, along with a settlement statement.

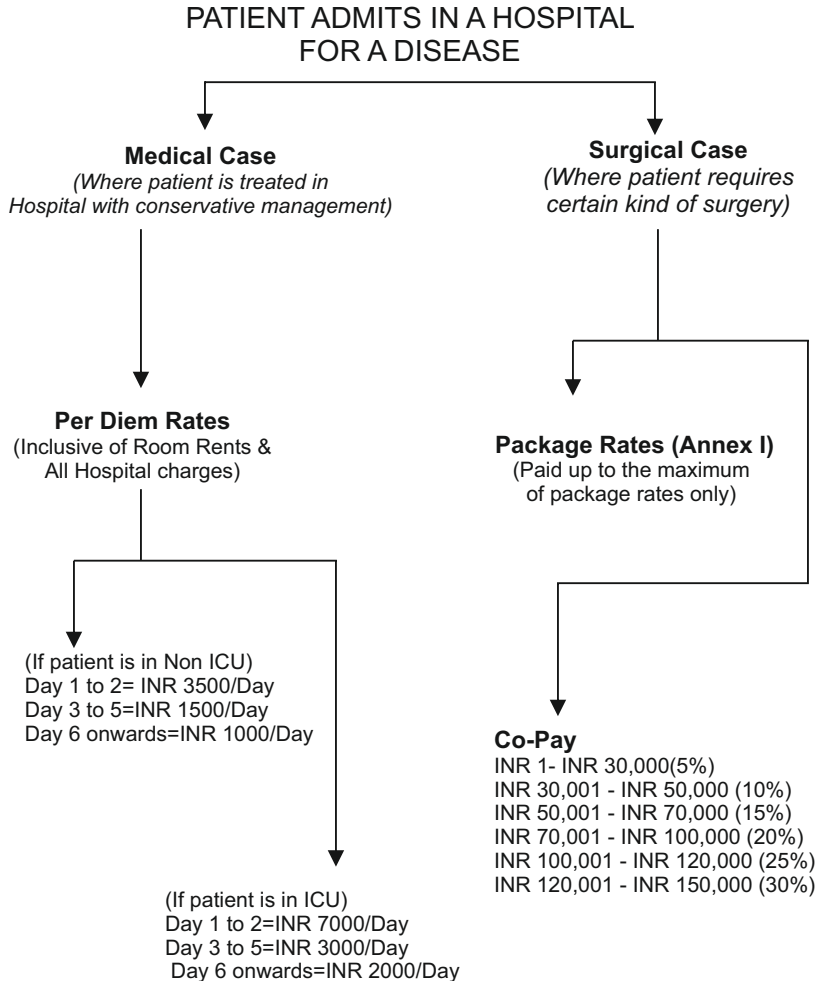
4. Post-hospitalization expenses

- i. These are costs of care incurred after discharge from the hospital. 50% costs of medicines only incurred up to 15 days after discharge are reimbursed under TMS Health Plan.
- ii. Reimbursement of post hospitalization expense for medicines is subject to production of original bill incurred on medical expenses.

09 TMS-CLAIMS PROCESS FLOW



10. BENEFIT LIMIT



Due to COVID-19 or its new variants, if a TMS member gets hospitalized in the ICU and non ICU then he or she can avail of Rs.7000 and Rs.3500 per day irrespective of the number of days they are admitted in the hospital.

Note:

1. When applying package rates, no Co-Pay deduction will be made.
2. Room entitlement of 1% yearly benefit in Non ICU and 2% of yearly benefit in ICU will be applicable in Co-Pay.