



HEALTH & ACCIDENT INSURANCE SCHEME OF AMC OCTOBER 2023 - SEPTEMBER 2024

EVERY SCHEME MEMBER MUST PRESERVE THIS BROCHURE

**ASSOCIATION OF MEDICAL CONSULTANTS (MUMBAI),
302, THE SUMMIT BUSINESS BAY PREMISES CSHL,
OPP. PVR CINEMA, ANDHERI (EAST),
MUMBAI 400093**

H. & A. Cell – NEFT Details

Name: Association of Medical Consultants, Mumbai

Bank Name	Central Bank Of India
Branch	Andheri (East)
IFSC Code	CBIN0280595
Account No	3 1 5 4 8 0 4 1 8 6
Account Type	Savings
GST NO	27AAATA0909Q1ZK

INTRODUCTION

The Association of Medical Consultants Health and Accident scheme was introduced in 1990 for AMC members, their family & dependents. This policy was started under the able leadership of Dr. Mahendra Sheth along with Dr. P N Rao. In those days Insurance companies never entertained pre-existing diseases and co-morbidities in the policy and claims payout was very unsatisfactory.

Late Dr. Mahendra Sheth and Dr. Prabhakar Rao with their determination and powers of persuasion overcame this resistance of the Insurance companies and successfully introduced pre-existing disease (PED) in the AMC Health and Accident scheme. It was a dream come true.

Later, Dr Suresh Rao continued the hard work to make our scheme a “Social Responsibility Scheme”. Dr. Suresh Rao continues to guide the policy decisions as a Patron.

There has been a significant increase in the claims in the last 5 to 6 years. The claim ratio has stayed 100% and has gone up to 120% in few years. The reasons for this are:

- 1) Withdrawal of several restrictions and generous claim settlement
- 2) Younger members not joining the policy as they perhaps felt that it was not suited to their needs
- 3) The younger generation feels that family floater is better suited to their needs

Our enthusiastic team under the Chairmanship of Dr. Suhas Kate took several expert opinions to attract the younger age group. It was decided to revamp our group standard Mediclaim. Our team has taken a major decision to switch over to **floater group policy** keeping in mind an adequate cover to all age groups, no restrictions for younger age groups, and reduction in overall premium across all age groups keeping in mind senior members as well.

Our sincere request to all age groups is to study the scheme properly. We invite all AMC members who are not in our scheme to join us. Only when you claim will you realize the positive impact of this policy – that’s our promise.

Our committee is always available to you for any advice or to address any of your grievances. Similarly, we have dedicated scheme advisors in every area who will assist you for your claim lodgment, settlement and cashless authorization and policy renewal process.

We recommend you to take higher insurance coverage in view of rising health care costs and increasing bed charges. The single floater policy covers all members of your family.

COMPARISON BETWEEN 2022-23 & 2023-24 POLICY WORDING:

Features	2022-23	2023-24
Family Floater	No	Yes
Waiting period		
<45 years	2 years waiting period for all members below 55 years of age	30 days waiting period applicable
Between 46-55 Years	2 years waiting period for all members below 55 years of age	1 Year Waiting period applicable
Co-payment		
<55 years	No co-payment below 55 years	No co-payment below 55 years
>55 years	10% co-payment	10% co-payment
Loading	No loading	No loading
Maternity Benefit	No maternity benefit	Maternity Benefit included without an additional premium

This year we’re also introducing a Super Top up policy which can meet your additional insurance needs once your base policy is exhausted. More details on the same have been mentioned on page 7

❖ **FAMILY FLOATER CSI – ELIGIBILITY :**

Family Size	Sum Insured			
	5 Lacs	10 Lacs	15 Lacs	20 Lacs
1+0 & 1+1	Eligible	Eligible	Eligible	Eligible
1+2 & 1+3	NA	Eligible	Eligible	Eligible
1+4 to 1+8	NA	NA	Eligible	Eligible

Family definition:

Self, Spouse, 2 Children's, 2 Parents, 2 parents in law

Existing dependent siblings will be permitted to continue in scheme

No new dependent sibling will be permitted to join the scheme

Age Limit of Joining:

Members and spouses can enter the scheme up to the age of 79 years

Dependents can enter the scheme up to the age of 70 years

Children and son & daughter in law can enter the policy up to the age of 25 years

Once registered, a member can continue lifelong, subject to continuation in payment of premium

❖ **BED CHARGES PER DAY:**

Bed charges eligibility		
CSI	Ward	ICU
5 Lacs	1% of CSI	2% of CSI
10 Lacs	1.5 % of CSI	2.5% of CSI
15 & 20 Lacs	1.5% of CSI Maximum of Rs 15,000	2.5% of CSI Maximum of Rs 25,000

KINDLY NOTE: If you utilize higher bed charges the claim will go up proportionately and the family sum insured may exhaust/get depleted leaving significantly lesser sum insured for the subsequent claims for your family

DETAILED FEATURES OF THE SCHEME

Enumerated below are the unique benefits of the AMC H&A scheme specially designed by the doctors for the doctors and their families:

- We do not ask for medical and health check up before joining the scheme. Pre-existing diseases is by self-declaration.
- Costly investigations such as CT, MRI, PET scan are reimbursed on OPD basis.
- Several day care procedures are covered.
- In case of Congenital anomalies, procedures necessary to correct any functional disability is readily covered by us.
- Portability is possible and waiting period is honored.
- We were amongst the first to introduce Intravitreal injection in 2021-22 policy
- Mental health is now covered by IRDA and AMC readily paid for the same from the month that the notification came. We now pay psychiatry claims. For new entrants it will be considered as a pre-existing disease and the waiting period is 1 year for the age group of 45 to 55 years and 3 years for the age group of 56 and above. It will be paid for indoor admissions only.
- Newer modalities of treatment approved by IRDA are payable with capped rates.

- Copayment is only 10%. Benefits were introduced in 2021-22 scheme for those who did not have claims for years
“Those in scheme for 5 years or more, without a claim in last 5 years, pay only 5% as Co-Pay. Those in scheme for 10 years or more, without a claim in last 10 years, Co-pay will be nil for the first claim only and is applicable only for the member who has made the claim.
- H. & A. committee reserves the rights to refuse acceptance of proposals where some family members/dependents are suffering from serious/terminal/congenital disease. Specific exclusions may also be imposed if accepted.
- NO LOADING CONTINUES

MOST IMPORTANT OF ALL

The scrutiny of all claims is by the H. & A. Committee of AMC, whose decision is final and binding on “The Oriental Insurance Co. Ltd” who are our official insurers.

A person realizes the importance of a policy only when you really need it. Claim settlement in most policies is impersonal. Your agent has no means to influence the decisions or challenge the unfairness of the settlement. That’s what makes our AMC policy so special. The decision lies with the AMC H. & A. committee (within IRDA guidelines) and most of the times our members end up getting far more than they would have got from a regular policy.

THE SALIENT FEATURES OF OUR H. & A. POLICY ARE BEING TABLED BELOW ALONG WITH OUR LATEST PREMIUM TABLE.

❖ WAITING PERIOD

- 1) This year we introduce a **special feature**: New entrants below the age of 45 will have a customary waiting period of only 30 days for any claim, which means that our policy will cover those diseases falling under the category of pre-existing from the 2nd month onwards for those below 45 years of age
- 2) For the age group of 45 to 55 years the waiting period for preexisting diseases will be **1 year**
- 3) After 55 years it will be the standard waiting period i.e., **3 years**

Specific Pre-existing diseases

The following Diseases/Treatments are included under pre-existing.

- **Cataract**
- **Cardiac Diseases**
- **Hysterectomy**
- **Malignancy**

Standard waiting period above the age of 55 year is **3 years**.

In other words, the member between 45 to 55 years can claim after **1 year** of waiting period
Members who have completed 55 years and in their 56th year of age can claim in the 4th year

Pre-existing diseases such as diabetes, hypertension, mental health, surgical cases and any other pre-existing disease that the member has will have a waiting period of 1 year for age group 45 to 55 years and 3 years for 56 years and above

SUM ENHANCED (CSI) Sum enhanced is not available immediately for the above preexisting conditions. For those between 45 to 55 years the sum enhanced is available in the 2rd and in the 4th year at the age of 56 years and above.

AGE IS COUNTED AS COMPLETED AGE ONLY

Apart from the medical conditions mentioned above, the following 4 conditions have a specific WAITING PERIOD as mentioned in this table. KINDLY NOTE THE WAITING PERIOD OF EACH CONDITION INDIVIDUALLY.

Investigation and treatment of the following 4 conditions will be payable as per the following schedule. In these conditions they will be No-Copayment.

Kindly note that this table is for the purpose of understanding the waiting periods and is not absolutely operational.

SR. NO.	Disease	Year 1	Year 2	Year 3	Year 4	Year 5	6 to 10 Years	Beyond 10 Years
1	JOINT REPLACEMENT	Not Covered	Not Covered	Not Covered	50% of Cap Amount Max 4.5 Lakhs	75% of Capped Amount Max 9 Lakhs whichever is lower	75% of Capped Amount Max 9 Lakhs whichever is lower	75 % of Amount Max 9 Lakhs whichever is lower
2	CHRONIC RENAL PROBLEM / DIALYSIS/ TRANSPLANTS	Not Covered	Not Covered	Not Covered	50% of CSI	75 % of CSI max 9 Lakhs whichever is lower	75 % of CSI max 9 Lakhs whichever is lower	75 % of CSI max 9 Lakhs whichever is lower
3	MORBID OBESITY	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	50% of Capped Amount Max 9 Lakhs whichever is lower	75 % of CSI max 9 Lakhs whichever is lower
4	ROBOTIC SURGERY	Not Covered	Not Covered	Not Covered	50% of Cap Amount Max 9 Lakhs whichever is lower	75% of Capped Amount Max 9 Lakhs whichever is lower	75% of Capped Amount Max 9 Lakhs whichever is lower	75% of Capped Amount Max 9 Lakhs whichever is lower

MEMBERS ARE REQUESTED TO TAKE A SPECIAL NOTE OF THE FOLLOWING CLAUSES AND CONDITIONS FOR CLAIM SETTLEMENT

❖ MATERNITY BENEFIT (Introduced in 2023-24 Scheme)

Maternity benefit allowed at **no extra premium** after completion of 12 months of joining the policy. It is applicable for first 2 children only

Eligibility up to 10% of CSI or Rs 75000 whichever is less

Free cover for the new born till the existing policy ends

Congenital anomalies, pre and post-natal cover, complication during pregnancy not included

CONDITIONS THAT HAVE CAPPING

Charges payable toward surgical treatments for Cataract / All cardiac claims / Jt. Replacement are being capped as below. In these conditions they will be No Co pay.

FINAL TABLE

SUM INSURED	AMOUNT PER EYE CATARACT	ALL CARDIAC CLAIM	JT. REPLACEMENT PER ONE JOINT	ROBOTIC SURGERY
5 LACS	40,000	3,00,000	3,00,000	3,00,000
10 LACS	60,000	5,00,000	5,00,000	5,00,000
15 LACS	80,000	7,50,000	7,50,000	7,50,000

❖ Cataract Packages will be honored irrespective of the cost and quality of the lens.

❖ Intravitreal injections: 10% of the CSI up to a maximum of Rs 60,000

CO-PAYMENTS:

Age Group	Co payment
0 to 55	NA
56 & above	10% (As per existing policy)

In the event of natural death of member up to 60 years of age given that he/she was a part of the Health scheme for more than 10 years, the family will be given an amount equivalent to average of the sum insured in last 10 years. If he/she was a part of the Health scheme between 5 to 10 years, the family will be given 50% of amount of average sum insured in last 5 years. Deaths due to accidents and Suicides will not be payable.

Up to 31Dec 2023, those below 50 years of age, who join H & A Scheme, shall be given free membership & advance deposit to join CBS Cell. All new members shall be given free additional Indemnity Insurance of 25 lacs.

PREMIUM TABLES**GST INCLUSIVE REVISED PREMIUM CHARTS FOR 2023-2024**

Table No – 1 –

- MEMBER
- SPOUSE
- DEPENDANTS UPTO 45 YEARS

Sum Insured	AGE BAND: COMPLETED AGE										
	0-20	21-35	36-45	46-50	51-55	56-60	61-65	66-70	71-75	76-80	Above 80
500000	3484	5109	7156	9388	10391	16218	20957	26179	29495	31304	33461
1000000	5388	8175	12654	18699	20288	29255	37332	46402	51113	53359	56991
1500000	6817	10389	17063	24993	26854	37998	47136	56434	61250	63751	67733
2000000	8105	12550	20560	29500	31626	44104	53668	63025	67879	70653	77095

Table No – 2 –

- DEPENDANTS 46 YEARS AND ABOVE

Sum Insured	AGE BAND: COMPLETED AGE								
	46-50	51-55	56-60	61-65	66-70	71-75	76-80	Above 80	
500000	10282	11380	17763	22953	28672	32304	34285	36648	
1000000	20480	22220	32041	40887	50821	55981	58441	62419	
1500000	27373	29411	41617	51625	61809	67083	69822	74184	
2000000	32309	34638	48305	58779	69028	74344	77382	84438	

Discount in premium for the Family floater

Sr No	Particulars	Discount
1	Member / Dependant with highest age	0 %
2	Member / Dependant with second highest age	40%
3	Member / Dependant with third highest age	50%
4	All other members / Dependant with lower ages	60%

SUPER TOP UP POLICY ELIGIBILITY

FAMILY FLOATER SUM INSURED	SUPER TOP UP ELIGIBILITY CSI
500000	NA
1000000	500000
1500000	1000000
2000000	1000000

SUPER TOP UP PREMIUMS

Table – 3 –

- MEMBER
- SPOUSE
- DEPENDANTS

Sum Insured	AGE BAND: COMPLETED AGE										
	0-20	21-35	36-45	46-50	51-55	56-60	61-65	66-70	71-75	76-80	Above 80 Years
500000	1892	2774	3885	5097	5641	9090	11376	14211	16011	16994	18165
1000000	2925	4438	6869	10151	11013	15881	20265	25189	27747	28966	30938

CASHLESS SERVICES

- A. Cashless services are available for the hospitals empaneled with paramount for the oriental insurance co ltd. The updated list is available on the website of paramount healthcare Pvt Ltd.
- B. **RECOVERY PROCESS FOR CASHLESS CLAIM:** In case of overpayment in cashless claim which can occur rarely as complete information about the sum enhanced history may not available in emergency and night admissions, admissions on office holidays or any other reason: On behalf of the H& A Cell, OIC/Paramount has the right to recover the excess paid amount from the member.
- C. IF HOSPITAL HAS AN AGREEMENT WITH ORIENTAL OR TPA ABOUT CHARGES; ONLY THOSE CHARGES ARE PAYABLE.

PHYSIOTHERAPY

Physiotherapy taken during hospitalization is fully covered. However, Physiotherapy on OPD basis given by qualified physiotherapist is covered within the period of 30 days of hospitalization and the maximum payable amount is 2.5% of sum insured in Dept. of Physiotherapy in a hospital or Physiotherapy Institute.

Bed ridden cases and post-surgery case may be allowed on case-to-case basis with prior approval from H & A committee

DOMICILIARY TREATMENT

Domiciliary Hospitalization and/or Domiciliary treatment are not reimbursable. Nursing charges are only payable when the patient is admitted in a hospital and a fully qualified B.SC. registered nurse is specially called for by the treating physician to do nursing services, exclusively for the patient. A stamped receipt from the qualified nurse for such payment made to her must be sent separately with the bills for reimbursement. This should not be more than 2 % of CSI

Incremental deduction:

Remember, if you use a room of a class higher than your eligibility for reimbursement, in the hospitalization, all other charges will only be reimbursed as per your eligibility in that class. Rates billed in a class higher than your eligibility will be reduced on percentage basis i.e. if the member is eligible for room up to Rs. 5000 but is admitted in a room (+nursing charges) Rs. 7500, he will be entitled to 2/3 of all other expenses (except Material Cost) subject to maximum of 50% deduction. Incremental charges are thus deductible.

Owner Hospital:

When any member of the group is treated for any illness or disease in your own family hospital setup or institution or you are a Stakeholder, you will be paid 50% of the total bill. Outsourced investigations and medicine bills will be fully payable.

External treating doctor charges may be payable subject to submission of receipt.

Your professional charges when treating your own family will not be allowed even when your dependents are treated elsewhere in another hospital

Since it was found some of our members are disregarding this limitation, the decision of H & A cell will be final regarding any claim approval.

❖ PLEASE NOTE:

Most claims are settled without dispute. However, some claims which are considered excessive, unreasonable or out of range by the H & A Committee, will be called in for scrutiny; the claimant would have to justify the fairness of the claim made by him, and abide by the decision of the professional colleagues in the H & A Cell.

Mis-representation, suppression of material fact at the inception of policy or during claim will lead to repudiation of claim.

FOR ALL NEW ENTRANTS; Insurance will be initiated from the 1st of every month and all such policies will end 30th September 2024. The proposal form along with the requisite cheque amount must be submitted before 25th of any month to become operative from 1st of the following month.

Rules of Potability to AMC H& A Scheme:

- A. *If the applicant is between 45 TO 55 years (Then their only restriction/exclusion is for pre-existing diseases for 1 year). However, if you are changing over an existing policy to our H. & A. policy, these restrictions of 1 year will be removed if you have not claimed in previous 1 year in existing policy.*
- B. *If age more than 60 years, the applicant desirous of changing over to our H.& A. policy must provide proof of having held any health insurance policy for at least last 3 continuous years along with details of claim if any. Depending on whether the past outgoing insurance has been claim free or any claim had been made in those years, continuity of benefits of our policy will be determined*

(The 4 diseases restrictions clause table seen elsewhere in this brochure will then be made applicable according to the number of claim free years of the outgoing health insurance of the applicant.)

C. Member should give an undertaking or certificate from previous insurance company that the existing policy is discontinued. Should the member wish to continue with his old policy and still want to join us... he can join us as a **totally new member**

KINDLY NOTE THE FOLLOWING TERMS AND CONDITIONS:

- The age for fresh entrants for primary member there will be 79 yrs. of completed age and after that insurance cover if unbroken will be provided for life. Increase in sum insured will not be allowed after 79 years of age. However, when limit is increased in general, highest sum insured holding persons will be allowed to increase their sum insured irrespective of age
- Dependents of new members shall be admitted only up to age of 70 years
- ❖ Chronic claimants can increase their sum insured. This increase in CSI cannot be use for the chronic illness for 3 years and available is in the 4th year.
- ❖ In case of > 90 % of CSI claims in last three years, CSI will be reduced by 50 %
- ❖ In case of > 50% of CSI claims in last three years, CSI will be reduced by 25 %
- Those discontinuing from the H. & A. scheme after having made a claim during the current year will not be readmitted in the scheme for at least next five years

H. & A. committee reserves the rights to refuse acceptance of proposals where some family members/dependents is suffering from serious/terminal/congenital disease. Specific exclusions may also be imposed if accepted.

Kindly note that the rules and terms of condition of the AMC H&A scheme are revised on a yearly basics by the H&A committee. The review is done and is necessary as the claim ratio and IRDA regulations have to be studied and kept up with. Members, be rest assured that the committee always aims to make the policy better for all our members and the group (AMC family)

KINDLY NOTE THE FOLLOWING:

PLEASE ADD Rs. 300/- PER HEAD AS AMC corpus Fund FOR ALL 3 TABLE 1, 2 & 3 SHOWN ABOVE.

Modes of payment

Cheque/Demand Draft made in favor of "Association of Medical Consultants Mumbai a/c/ H & A"

NEFT Details

BANK NAME: CENTRAL BANK OF INDIA

BRANCH: ANDHERI

IFSC CODE: CBIN0280595

ACCOUNT NO: 3154804186

ACCOUNT TYPE: SAVINGS

***PLS SEND YOUR REFERENCE NUMBER/TRANSACTION NUMBER & NAME, AS YOU MAKE THE PAYMENT**

TABLE

PREMIUM FOR PERSONAL ACCIDENT COVER		
Capital Sum Insured in Rupees	Premium with weekly benefit cover incl. GST in	Premium without weekly benefit cover incl. GST in

	Rupees	Rupees
1,00,000	200	136

Important note – those having no income such as children below 21 yrs. of age, doctors above 75 of age and not in active practice and house wives are not to be given PA cover for more than INR .5lacs and that too “without weekly benefit.” (No cover “with weekly benefit”)

N.B.: FOR CSI UPTO Rs.10 LACS PREMIUM TO BE CALCULATED IN MULTIPLES OF 1 LAC

Minimum personal accident cover CSI for all New Entrants is Rs.1 Lac

EXCLUSIONS FOR AMC HEALTH AND ACCIDENT POLICY

The Insurance company shall not be liable to make any payment under this policy in respect of any expenses whatsoever incurred by any insured person in connection with or in respect of: -

- 1) *Any cosmetic surgery including surgery for correction of eye sight cost of spectacles, contact lenses, hearing aids etc.*
- 2) *External and or durable Medical / non medical equipment of any kind used for diagnosis and or home treatment including CPAP, BIPAP, NEBULIZER, CAPD, Infusion pump etc. Ambulatory devices i.e. walker, Crutches, Belts, Collars, Caps, splints, slings, braces, Stockings etc. of any kind, Diabetic foot wear, Glucometer / Thermometer, Dialysis Equipment and similar related items etc and also any medical equipment which is subsequently usable at home etc.*
- 3) *Stem cell therapy*
- 4) *Any condition excluded in standard mediclaim will also be considered excluded in our policy unless specified otherwise.*
- 5) *Circumcision (unless necessary for treatment of a disease not excluded hereunder or as may be necessitated due to any accident), vaccination, inoculation or change of sex or cosmetic or of aesthetic treatment of any description, plastic surgery other than as may be necessitated due to an accident or as a part of any illness.*
- 6) *Any dental treatment or surgery which is corrective, cosmetic or of aesthetic procedure, filling of cavity, root canal including wear and tear etc unless arising from accidental injury and which requires hospitalisation for treatment.*
- 7) *The treatment of macular degeneration, photodynamic therapy is, injection visudyne & other such treatments however will not be eligible for reimbursement. Neither will payment for Osteoporosis supplements, TNF alpha inhibitors & visco supplements etc. be done.*
- 8) *Convalescence, general debility, “run down” condition or rest cure, congenital external diseases or defects or anomalies, sterility, any fertility, sub-fertility or assisted conception procedure, venereal diseases, intentional self-injury/suicide, all psychiatric and psychosomatic disorders and diseases / accident due to and or use, misuse or abuse of drugs / alcohol or use of intoxicating substances or such abuse or addiction etc.*
- 9) *Naturopathy treatment, unproven procedure or treatment, experimental or alternative medicine and related treatment including acupressure, acupuncture, magnetic and such other therapies etc.*
- 10) *Doctor’s home visit charges, Attendant / Nursing charges during pre and post hospitalization period.*

11) Treatment which is continued before hospitalization and continued during and after discharge for an ailment / disease / injury different from the one for which the hospitalization was necessary

12) In the unfortunate event of death of the main member (consultant) in the scheme, those family members who are already enrolled with us will be permitted to continue in the H & A scheme of the AMC, provided there is no break in continuity of their existing policies with us.

As you can see for yourself, your new AMC H & A Family floater scheme is not just another product available to you. It is tailor made to meet our requirements and provide cover for dependents. It's a not just an insurance; it is social security insurance, where the consultant community looks after the health needs of its members and their dependents to the maximum extent feasible.

HENCE A WORD OF CAUTION

- ❖ **Members must understand ours is a group floater health Insurance and NOT standard mediclaim.** If we make higher claims, the total of all claims made by our members will go up more than the premium paid by us in that year. If this happens, all of us have to pay higher premium next year. Hence it is in OUR INTEREST that the hospital bills claimed by us are fair and reasonable to prevent an increase in premium the next year. We request you to go to a tertiary care center or major hospital only for major illnesses; for other illness please take treatment in smaller hospitals where the bills generated and claims amount will be much less.
- ❖ If scrutinizing committee of H & A Cell feels the bills submitted are inflated or unreasonable then H & A Cell decision will be final regarding approval of claims.

HEALTH & ACCIDENT CELL				
1	Dr. Suhas Kate	Chairman	-	Cell: 98201 47041
2	Dr. Jayesh Shah	Convenor	TEL: C-26131803/ 98190 67414	Cell: 98690 57414
3	Dr. Smita Sharma	Co-Convenor	-	Cell: 9820046656
4	Dr. S.S.Rao	Patron	-	Cell: 98200 25201
5	Dr. Deepak Vaidya	Member	TEL: C-26286688	Cell: 93225 11069
6	Dr. Ajay Hariani	Member	-	Cell: 9820288508
7	Dr. P. N. Rao	Founder	-	Cell: 98200 42957

IN CASE OF CLAIM:

Paramount Health Services (TPA) Pvt. Ltd

Paramount is our outsourced center for receiving & processing of claims. They will be receiving all the claim papers and processing them, as per the terms and conditions of our policy and making payment.

It is advised to intimate a claim prior to hospitalization for planned hospitalization and within 7 days of admission for emergency hospitalization. All claim papers along with pre hospitalization bills (up to 30 days prior to hospitalization) must be submitted to Paramount within 15 days from the date of discharge. However, where treatment is continuing, (period up to 60 days after hospitalization) post hospitalization bills can be submitted within 75 days of discharge from hospital or within 15 days of completion of post hospitalization treatment whichever is earlier. No claim will be entertained beyond this period.

- a) Please Submit Cancelled Chq (signed with name written / printed) For Direct Payment to Your Account.**

b) In Case the Claim Is Above Rs. 1 Lac Pls Submit Photo Id Proofs Such as Aadhar Card, Passport Copy Etc. Along with Claim Form.

Deduction of non-payable of medicines and disposable is as per IRDA guidelines this list is readily available with our TPA Paramount Health Care Services.

HEALTH & ACCIDENT INSURANCE SCHEME OF AMC

List of approved Insurance Agents for Health & Accident policy.

AGENT'S NAME	TEL NO. AND CELL NO.	AREAS OF COVERAGE
Mrs. Shobha Shah	9821091530 / 24185483	South Mumbai upto Matunga (C.Rly) & (W.Rly)
Mr. Bhupendra Shah	9820181275 / 25013447	Sion and All Central Rly. Suburbs up to Kalwa, Navi Mumbai
Miss. Aarya Punyarthi	9821079832 / 8425800032	Mahim to Dahisar
Mr. Krishnakant Garodia	9322227801	South Mumbai to Andheri
Mrs. Trupti Sampat	9869072993 / 8879431307 / 9702440249	South Mumbai to Borivali
Mr. Mandar Datar	9769527708 / 25368029	Beyond Kalwa on Central Rly New Mumbai
Mr. Sanjay M Sureka	9820497117 / 26114812	Churchgate To Andheri
Mr. Rooproy Harbinder Singh	9869468615 / 9702061070	Churchgate To Borivali & Chembur
Mr. Jitendra K Udeshi	9819587785 / 0251-2861361	Dombivali & Central Suburban
Mr. Kiran Shah	9869104614 / 27454171	Panvel – New Mumbai
Mr. Shailesh Mawani	9869038208	Western Mumbai
Mr. Sagar Mestry	8286746427 / 8779969758	All
Mr. Vasant Sakpal	9405655215 / 7387659852	All
Mrs. Apeksha Sanghavi	8369485785 / 8450939980	Western Mumbai
Mrs. Uma Suri	9987369298	South Mumbai upto Matunga (C. Rly)&(W.Rly) Powai
Mr. Sachin Patkar	7558553276	All
Mrs. Chetana Tanna	9819091490	All
Mr. Jagdish Salvi	9867245453	All
Mr. Kuldeep Bisht	9372005206	All
Mr. Arjun	8088477653	Mangalore

Any new member in the H. & A. scheme will generally be serviced by the agent covering that area However members do have the right to choose any agent from the list above.

AMC Office (10 am – 6 pm) Mrs. Janhavi Salvi: TEL: 022- 49765332/ 26844639 / 26841109

AMC - WhatsApp Number: 8976870618 / 9867450066

TPA- Paramount Health Services Pvt. Ltd.
Mr. Santosh Patil
Vice President
: Mob- 9323231050/022 66620815
Head Office: PLOT NO. A-442, Road No. 28,
M.I.D.C., Industrial Area, Wagale Estate, Ram
Nagar

POLICY ISSUING OFFICE:
MCDO 22, The Oriental Insurance Co. Ltd.
Oriental Bldg. 3 rd. Floor, above LIC of India
Flora Fountain, Mumbai - 400 001.
Mr. Ninad Pote Regional Manager -02222044301 (D)
Board -02222853324,
Email: amcmumbai.jyoti@gmail.com
Mrs. Jyoti Bhosle: 8828294748

Claim Intimation Email:

Claim.intimation@paramounttpa.com & support@amcmumbai.org