



# HEALTH & ACCIDENT SCHEME OF AMC

OCTOBER 2025 – SEPTEMBER 2026

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**

- ❖ Introduction of the **individual policy** (existing up to 2022-23) wherein each member of the family can take a CSI as per their requirement. This implies that non-medical spouses and family members have been brought to the same level playing field in terms of taking CSI suited to their individual needs; however, the primary member has to have the highest CSI while other members of the family can choose the same or different sum insured per their requirement
- ❖ Continuation of **family floater** for all main members, spouses and children
- ❖ For both – family floater as well as Individual policy, CSI up-to 30 Lacs shall be offered
- ❖ For parents and parents & in-laws, a **separate** parents scheme will continue
- ❖ Age limit for entry into parents' policy has been increased to 75 years
- ❖ Continuation of higher Sum Insured for the Personal Accident Scheme
- ❖ Maternity benefit for primary member and spouse continues

## INTRODUCTION

The Association of Medical Consultants' Health and Accident scheme was introduced in 1990 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. They were instrumental in overcoming the 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. Even today most companies do not permit you to increase CSI after the age related and lifestyle related ailments set in. Dr. Suresh Rao continued the hard work to make our scheme a "Social Responsibility Scheme" and he continues to guide the policy decisions as a Patron and Dr. Suhas Kate as the Advisor. The committee now under Dr. Smita Sharma as Chairman is always brainstorming on how to keep improving the policy for all our members. In October 2023-24 we rolled out the floater policy. While the idea of floater was a progressive step in the minds of our members, when the ground reality unfolded, we would like to put on record with utmost honesty that not every member was happy about it and therefore, based on our understanding and feedback we realized that the demographics of our members is such that both the policies are needed to give every member a choice. Hence, we have decided to bring back the earlier individual policy and continue the family floater as is. This year, we will have 3 policies:

- Individual policy (The policy that was in force up to September 2023)
- Family floater policy
- Parents and Parents-in-law (they will continue to be in a separate policy)

### **The main reasons for reintroduction of the Individual policy are:**

- On inception of the floater policy those members whose spouses were AMC members had the option of taking Individual policy and opted in the floater as 1+0. The same option was not available to the members whose spouses were non-AMC members
- All members of a family were compelled to take the same CSI and perhaps pay higher premiums for their children than required
- The sum Insured was restricted to INR 20 Lacs in the first year and INR 30 Lacs last year. The amount is small for larger family groups. There is always a fear of one member exhausting the CSI which may be concerning for the rest of the family members
- The Individual policy is more suited to the single members as they will get the direct benefit of the no claim discounts we propose to give
- On moving from floater to Individual policy, only the claimant will not be able to avail the no claim discount. The rest of the members who have not claimed will get the no-claim discount this year

The committee continues to work ongoingly with a mission and commitment. We are ably assisted and supported by Marsh. They continue to guide us with their technical expertise and have provided all the logistical and structural support to run this policy which is growing in its economics year on year. It is important to mention here that "Medical Inflation" is a very real phenomenon. Medical bills are increasing significantly year on year. Health insurance premiums have gone up very significantly both in the public sector and private insurance companies. Even with this limitation we have kept premiums very reasonable and affordable. We continue to make our scheme attractive to younger members. You may have noticed that some policies have introduced Robotics as a newer modality. We at AMC have been progressive and have been paying it for years as a capped ailment. So please be rest assured that your robotic assisted surgery will be paid as per your eligible CSI. In the coming years we will study the trends and make appropriate changes in the future.

Our sincere request to all age groups is to study the schemes 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.

❖ **SUM INSURED & ELIGIBILITY:**

✓ **INDIVIDUAL SCHEME:**

5 Lacs	10 Lacs	15 Lacs	20 Lacs	25 Lacs	30 Lacs
--------	---------	---------	---------	---------	---------

✓ **FAMILY FLOATER SCHEME (Member + Spouse + Children)**

Family Size	Sum Insured					
	5 Lacs	10 Lacs	15 Lacs	20 Lacs	25 Lacs	30 Lacs
1+1	Eligible	Eligible	Eligible	Eligible	Eligible	Eligible
1+2	NA	NA	Eligible	Eligible	Eligible	Eligible
1+3, 1+4 & 1+5	NA	NA	Eligible	Eligible	Eligible	Eligible

✓ **PARENTS & PARENTS-IN-LAW SCHEME**

3 Lacs	5 Lacs	7 Lacs	10 Lacs
--------	--------	--------	---------

❖ **FAMILY DEFINATION – INDIVIDUAL & FAMILY FLOATER:**

- Self, Spouse, Children.
- Members and Spouses can enter up to 79 years of age
- Children, Son & Daughter-in-law can enter up to 25 years of age
- No new siblings and grandchildren will be added to the policy
- The family floater scheme does not include dependent parents/parents-in-law

❖ **FAMILY DEFINATION – PARENTS & PARENTS-IN-LAW:**

- This scheme is only for parents & parents-in-law
- No new Aunts, Uncles and other relatives will be permitted to join the policy
- New parents, parents-in-law can join up to the age of 75 years
- Sum insured can also be increased up to 75 years and not beyond
- Kindly note that new parents will not be accepted under portability
- While we are allowing entry up to 75 years, members to take note of waiting periods for pre-existing ailments

❖ **BED CHARGES PER DAY - INDIVIDUAL, FAMILY FLOATER & PARENTS SCHEME:**

Bed charges per day as per eligible CSI		
CSI	Ward	ICU
5 Lacs	1% of CSI	2% of CSI
10 Lacs	1 % of CSI	2% of CSI
15 Lacs	1 % of CSI	2% of CSI
20 Lacs	1% of CSI	2% of CSI up to maximum of INR 30,000
25 Lacs	1% of CSI	2% of CSI up to maximum of INR 30,000
30 Lacs	1% of CSI Maximum of INR 25,000	2% of CSI up to maximum of INR 30,000

**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
- ✓ Waiting periods will be applicable for enhanced Sum Insured for all including parents & parents-in-law

❖ **DETAILED FEATURES OF THE SCHEME:**

- We do not ask for medical and health check-up before joining the scheme. Pre-existing diseases are by self-declaration.
- Costly investigations such as CT, MRI, and PET scan are reimbursed on OPD basis.
- Ambulance is paid on the way to the hospital only up to INR 4,000
- 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 periods in pre-existing ailments will apply.
- 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 hospitalization cases. Standard terms and conditions of Oriental Insurance policy will apply.
- This year we are increasing immunotherapy sub-limit from 10% of CSI to 20% of eligible CSI
- 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*
- As we are moving towards a higher CSI in all policies, H&A Committee reserves the right to refuse enhancement of CSI on a case-to-case basis in all the 3 Schemes; this step is necessary to keep in mind the overall final implications of those members who make high value claims, year on year

- Endoscopies may be covered on day care basis, this is subject to the requirement of a procedure keeping in mind the overall clinical history. Routine screening endoscopies are not covered. H&A committee reserves the right to decide the whether or not this claim is payable. Kindly note that since this is considered a day care procedure the claim amount has to be reasonable and customary and has to match the OPD rates of the hospital
- Endoscopy and Anti VGEF will not be covered under cashless benefits. Endoscopy will be reimbursed on the basis of reasonable and customary and Anti VGEF as per capped rated
- NO LOADING CONTINUES

### **MOST IMPORTANT OF ALL**

**The scrutiny of all claims is by the H. & A. Committee of AMC within the framework of the IRDA rules and regulations, whose decision is final and binding on “The Oriental Insurance Co. Ltd” who are our official insurers. Claims are settled within the framework of the IRDA rules and regulations and as per the beneficiary chart made by the Oriental Insurance Company.**

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) Standard waiting period apply for all pre-existing diseases; these diseases have been tabulated below
- 2) For members below the age of 55 years, the waiting period will be **2 years**
- 3) For members of the age 55 and above, there’ll be a standard waiting period of **3 years**
- 4) Surgery and treatment of **Morbid Obesity & all Organ Transplants** will be covered only after the waiting periods mentioned in the appended table are honored

### **SPECIFIC PRE-EXISTING DISEASES**

***The following Diseases/Treatments are included under pre-existing and have capped rates:***

- **Cataract**
- **Cardiac Diseases- All cardiac claims**
- **Joint replacement**
- **Robotic surgery**
- **Morbid obesity**

***The following ailments have standard waiting periods after entering the policy as well as on enhanced sum insured as per age:***

- **Chronic Renal disease and its treatments/Dialysis/Transplants**
- **Malignancy**
- **Hysterectomy**

***The following Diseases/Treatments will have a waiting period of 2 years:***

- Diabetes and claims related to the same
- Hypertension and claims related to the same
- Mental Health
- Pre-existing diseases leading to either conservative, endoscopic or surgical intervention
- All surgical cases

Kindly note that for all the above mentioned conditions, the ailment capping, room rent charges and claim payout shall be on the basis of the rules of the earlier individual AMC policy (2022-23). Waiting period shall be applicable on enhanced Sum Insured

**SUM ENHANCED (CSI) Sum enhanced is not available immediately for the above preexisting conditions and capped ailments as per age limit description.**

**AGE IS COUNTED AS COMPLETED AGE ONLY**

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.

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 <b>per year</b>	75% of CSI or Max 7.5 Lakhs per joint; whichever is lower	75% of CSI or Max 7.5 Lakhs per joint; whichever is lower	75% of CSI or Max 7.5 Lakhs per joint; whichever is lower
2	CHRONIC RENAL PROBLEM / DIALYSIS/	Not Covered	Not Covered	Not Covered	50% of CSI	75% of Eligible CSI	75% of Eligible CSI	75% of Eligible CSI
3	ALL ORGAN TRANSPLANTS	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	50% of Eligible CSI	75% of Eligible CSI
4	MORBID OBESITY	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	50% of Eligible CSI	75% of Eligible CSI
5	ROBOTIC SURGERY	Not Covered	Not Covered	Not Covered	75% of Eligible CSI incorporated in the basic cost of surgery	75% of Eligible CSI incorporated in the basic cost of surgery	75% of Eligible CSI incorporated in the basic cost of surgery	75% of Eligible CSI incorporated in the basic cost of surgery

**❖ MATERNITY BENEFIT (Introduced in 2023-24 Scheme)**

- Maternity benefit is available for primary members and their spouses only
- Maternity benefit is 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
- There will be no cover for the new born under this maternity benefit

❖ **CONDITIONS THAT HAVE CAPPING FOR ALL 3 POLICIES**

Charges payable toward surgical treatments for Cataract / All cardiac claims / Jt. Replacement will be basis the rules of the earlier individual policy and standard waiting periods shall apply. For these conditions, there will be No Co pay.

Sum Insured	Cataract Per Eye	All Cardiac Claims	Jt. Replacement per one joint Per year	Robotic Surgery Per Year (All claims other than joint replacement)
300,000	35,000	225,000	225,000	225,000
400,000	45,000	300,000	300,000	300,000
500,000	50,000	375,000	375,000	375,000
600,000	55,000	450,000	450,000	450,000
700,000	60,000	525,000	525,000	525,000
800,000	65,000	600,000	600,000	600,000
900,000	70,000	675,000	675,000	675,000
1,000,000	75,000	7,50,000	7,50,000	7,50,000
1,200,000	80,000	9,00,000	7,50,000	7,50,000
1,500,000	100,000	11,25,000	7,50,000	7,50,000
20,00,000	125,000	15,00,000	7,50,000	7,50,000
2,500,000	125,000	15,00,000	7,50,000	7,50,000
3,000,000	125,000	15,00,000	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)

**Now our H. & A. Scheme also gives Life Cover for members up to 60 years of Age**

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. This is applicable only to those members who have not taken a claim for the last 5/10 years respectively.

# PREMIUM TABLES

PREMIUM CHARTS FOR 2025-2026  
ALL PREMIUMS ARE INCLUSIVE OF GST

**TABLE NO – 1 – INDIVIDUAL POLICY (Member, Spouse, Children)**

Per Person Rate as per Member's Completed Age - Inclusive of GST											
SI/Age	0-20	21-35	36-45	46-50	51-55	56-60	61-65	66-70	71-75	76-80	Above 80
500000	4295	6305	9706	13537	14970	23351	30192	36310	40901	43402	46388
1000000	6642	10093	16788	23665	27580	41554	50735	64456	70998	74121	79160
1500000	8421	12854	21789	27833	33543	47461	57740	78539	85234	88739	94261
2000000	10032	15539	22918	32872	36959	47482	65788	87806	94554	98419	107393
2500000	13425	20521	29190	41108	46511	61209	83413	114161	124328	130054	141160
3000000	15081	23212	34028	48664	52381	73860	97457	132689	144058	150108	162530

➤ **Discount in premium for individual policy:**

10% no-claim discount on premium for members who haven't claimed in 2024-25

Members falling in the 1+0 category will get a discount of 15% discount if they haven't claimed in the last 2 years

**TABLE NO – 2 – FAMILY FLOATER (Member, Spouse, Children & Existing Grandchildren)**

Per Person Rate as per Member's Completed Age - Inclusive of GST											
SI/Age	0-20	21-35	36-45	46-50	51-55	56-60	61-65	66-70	71-75	76-80	Above 80
500000	3985	5843	7667	10067	11134	17374	24700	35068	39503	41918	44802
1000000	6150	9331	13587	20068	21774	31402	44076	62253	68571	71587	76454
1500000	7802	11890	18348	26882	28882	40869	55765	75854	82320	85705	91038
2000000	9302	14404	22134	31748	34041	47469	63539	84804	91321	95054	103722
2500000	12389	17998	28192	39703	41701	61195	80848	109522	119275	124769	135423
3000000	13521	19206	32462	47000	50590	71335	94460	128609	139627	145493	157532

➤ **Discount in premium for the family floater:**

Group discounts of 10% will be given only to those groups where no member from the group has taken a claim in 2024-25

Particulars	Group Discount
1+1, 1+2, 1+3, 1+4 & above Family Structure	10%

➤ **SPECIAL NOTE ON DISCOUNTS IN PREMIUM**

- Discounts on premiums will be generated in the premium notice
- Members will be required to sign an undertaking confirming that, in case a claim is lodged from the date of premium payment until September 30th, they will first **return** the **discount** provided or offered to them
- This has to be actioned **immediately** on lodgment of Cashless claim
- For a reimbursement claim, this has to be actioned before settlement of the claim
- The claimant will receive an immediate communication by email and registered post (Courier) for the same
- In case of non-compliance of the member in doing so H&A committee reserves the right to take appropriate action



**Note:** For the 2025-26 policy renewal, if a family switches from a family (floater) policy to an individual policy, the non-claimant member will receive a 10% discount on their premium, regardless of claims made by other family members.

However, in subsequent years, while members will still have the option to switch from a floater to an individual policy, families with a claimant member will no longer be eligible for a no-claim discount.

**TABLE NO –3 PARENTS + PARENTS-IN-LAW SCHEME**

Per person Rate as per Member's Completed Age – Inclusive of GST							
SI/Age	0-55	56-60	61-65	66-70	71-75	76-80	Above 80
300000	21150	27324	39249	41118	48994	51327	59015
500000	26880	35164	48703	49891	59902	61363	70561
700000	37631	49230	68184	69847	83863	85909	98785
1000000	41556	59022	84813	86881	98832	101242	116400

**TABLE NO – 4 – PERSONAL ACCIDENTAL PREMIUM AT HIGHLY NEGOTIATED RATES)**

Capital Sum Insured	Premium with Weekly Benefit Cover – Inclusive of GST
500000	414
1000000	828
1500000	1243
2000000	1657
2500000	2071
3000000	2485

**Note:** Doctors and spouses above 80 of age will be given a Personal Accident cover of INR 5lacs only and will be restricted to weekly benefit coverages only

### **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.
- D. In case there is no clarity on date of joining the scheme, the nature of treatment, waiting periods for pre-existing diseases or any other similar situation, TPA in consultation with AMC committee reserves the right to deny cashless authorization. Kindly note that denial of Cashless Access should in no way be construed as denial of liability. The same claim may be considered for reimbursement after studying the file documents

## **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. The sum insured will be considered as the CSI eligibility of the primary ailment and not the floater CSI of the family group. In case of capped ailments, physiotherapy is included in the capped rates.

## **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; in which case co-payment will not be applicable. Outsourced investigations and medicine bills will be fully payable. External treating doctor charges may be payable subject to submission of receipt. In both these scenarios; co-payment will be applicable as the case may be. 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.

Kindly note that Cashless facility is not available for owner hospital claims

### **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 1<sup>st</sup> of every month and all such policies will end 30<sup>th</sup> September 2025. The proposal form along with the requisite cheque, amount must be submitted before 25<sup>th</sup> of any month to become operative from 1<sup>st</sup> of the following month

## **Rules of Portability to AMC H& A Scheme:**

- A. *Any 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 past claims (if any) in order to claim portability benefits*
- B. *Member should give a self-undertaking that his/her existing insurance 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 75 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 4<sup>th</sup> 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 has the rights to refuse increase in CSI for any member in any of the 3 schemes***

***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 TABLES - 1, 2 & 3 SHOWN ABOVE.**

**Modes of payment**

**Cheque/Demand Draft made in favor of "Association of Medical Consultants, Mumbai"**

**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**

**PLEASE NOTE YOUR UTR NUMBER AND HAND IT OVER TO YOUR H&A AGENT**

**Online Payment Link: <https://rzp.io/rzp/AMC-HNA>**

**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, Home Dialysis & its equipment and similar related items etc. and also any medical equipment which is subsequently usable at home etc.*
- 3) *Pain management treatments*
- 4) *Stem cell therapy*
- 5) *Any condition excluded in standard mediclaim will also be considered excluded in our policy unless specified otherwise.*
- 6) *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.*
- 7) *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 hospitalization for treatment.*
- 8) *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.*
- 9) *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.*
- 10) *Non allopathic treatments: Naturopathy treatment, unproven procedure or treatment, experimental or alternative medicine and related treatment including acupressure, acupuncture, magnetic and such other therapies etc.*

- 11) Doctor's home visit charges, Attendant / Nursing charges during pre and post hospitalization period.
- 12) 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
- 13) As per the policy's terms and conditions, coverage is only for treatment received at hospitals in India.

**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.**

#### **HENCE A WORD OF CAUTION**

- ❖ **Members must understand ours is a GROUP POLICY-be it Individual, Floater or parents policy.** 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

H&A Committee		
Dr. Smita Sharma	Chairman	Cell: 9820046656
Dr. Jayesh Shah	Convener	Cell: 98690 57414
Dr. Suhas Kate	Advisor	Cell: 98201 47041
Dr. Suresh Rao	Patron	Cell: 98200 25201
Dr. Ajay Hariani	Co Convener	Cell: 9820288508
Dr. Sudhir Naik (Trustee and Past PI Chairman)	Member	By Invitation
Dr. Nitin Rao	Member	Cell: 9820022368
Dr. Deepak Vaidya	Member	Cell: 9322511069

#### **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) **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 up to 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	9930950216/8450939980	Western Mumbai
Mrs. Uma Suri	9987369298	South Mumbai up to Matunga (C. Rly) & (W.Rly) Powai
Mr. Sachin Patkar	7558553276	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.*

TPA	Policy Issuing Office
Paramount Health Services Pvt. Ltd. Head Office: PLOT NO. A-442, Road No. 28, M.I.D.C., Industrial Area, Wagale Estate, Ram Nagar  <b>Mr. Santosh Patil - Vice President;</b> santoshpatil@paramounttpa.com Mob- 9323231050/022 66620815	The Oriental Insurance Company Limited Corporate Business Office No. 1, Oriental House, 2nd floor, 7, Jamshedji Tata Road, Churchgate, Mumbai – 400 020 <b>Mr. Milind Tendulkar- Deputy General Manager</b> Office: 022-22821725

### ***Our Support Helpdesk:***

AMC Office (10 AM to 6 PM)	Mrs. Janhavi Salvi	022- 49765332/ 26844639 / 26841109
AMC Office WhatsApp Queries (10 AM to 6 PM)	Mrs. Janhavi Salvi	8976870618 / 9867450066
Marsh Insurance Brokers Private Limited	Vaishnavi/ Pranali	AMC_Servicing@Marsh.Com
Claim Intimation	TPA & AMC Office	Claim.intimation@paramounttpa.com supporthna@amcmumbai.org

Kindly note that you will receive group/email communication from [amcmumbai.hacell@gmail.com](mailto:amcmumbai.hacell@gmail.com)  
 However, members to write to [supporthna@amcmumbai.org](mailto:supporthna@amcmumbai.org) for any query/official communication

### ***CLAIM DOCUMENT CHECK LIST***

**Members are requested to go through this check list and submit total documents at one time. Please go through this check list during your stay in the hospital so that you have all the relevant documents with you at the time of discharge. This facilitates early claim settlement**

LMNO:

Main Member:

Patient Name:

Diagnosis and Treatment

Date of Admission:

Date of Discharge:

Claim file submission date

Additional deficiency submission Date when applicable

<i>Sr. No.</i>	<i>Document</i>
1	Claim Form: Part A to be filled by patient (Member)
2	Claim Form Part B-To be filled by Hospital
3	PPN Form to be filled if the claim is filed for hospitals having Cashless facility and member has not availed of Cashless but has put in reimbursement claim
4	KYC Details – Pan and Aadhar
5	NEFT DETAILS- Cancelled cheque of Primary Member/Insured –KYC of account holder compulsory
6	All original Bills-duly signed and stamped by the hospital
7	Receipts-duly signed and stamped by the hospital
8	Prescriptions
9	First Consultation Letter
10	Discharge card
11	Reports
12	Indoor case papers

