



CASHLESS EVERYWHERE

Dear Customer,

We are glad to inform our customers that in yet another effort to provide better access under our Health Insurance Policy, we are launching Cashless Everywhere.

Presently Cashless Facility is being offered only to Hospitals in our Company's Network. But from now on, Cashless Facility would be extended to even Hospitals which are not in the Company's Network. The provision of Cashless Facility to Hospitals outside the Company's Network is subject to the following conditions:

- 1. For Planned Admission, the Company should receive the Intimation about the Planned Admission at least 48 hours prior to the proposed date of admission. The Intimation should be sent by email to: healthserve@universalsompo.com
- 2. For Emergency Admission, the Company should receive the Request for Cashless Facility in the Prescribed Form at least within 48 hours after the time of admission.
- 3. The Hospital where the treatment is to be taken should meet the requirements of the Policy and the Company's internal guidelines.
- 4. Cashless Facility would be available only if the treatment is found admissible under the terms of the Policy.
- 5. The Request for Cashless Facility (<u>click here for the Prescribed Form</u>) should be completed and signed by the Insured Person and the Hospital and submitted with all the requisite documents including a copy of the Insured Person's Identification.
- 6. The Request for Cashless Facility should be sent by email to the following address: healthserve@universalsompo.com
- 7. Hospitals which are not in the Company's Network should provide the Letter of Consent to extend Cashless Facility. (click here for the Format)
- Company reserves the right to reject the request for Cashless Facility. If Cashless facility is denied, the Customer may submit the papers on completion of treatment, and admissibility of the claim would be subject to the terms of the Policy.
- 9. In case of any query please contact healthserve@universalsompo.com or call 1800224030.

