

## **GROUP MEDICLAIM**

**In The Case of Mr. Dhanjibhai S. Chunara Vs. The New India Insurance Co.Ltd.**

**Complaint Ref. No. AHD-G-049-1617-0471**

**Award Date: 23.09.2016**

**Policy No 120700/34/14/04/00000002**

The Complainant and his wife were insured under the LIC Group Mediclaim Floater Policy issued by the New India Assurance Company Ltd. The complainant's wife Smt. Hansaben was admitted to Dr. Shailesh Shah surgical Hospital and Endoscopy clinic from 28.03.2015 to 29.03.2015 for Foreign body in Paryngopharynx with acid peptic disease with Gerd. When a claim was lodged with the company for Rs. 16,275/- the Company had settled the claim for Rs: 4000/- and deducted Rs: 12275/- under Clause No.G-14. The Complainant's plea for settlement of his full claim to the Company was not accepted. Hence, he had approached this Forum for her claim amount.

The Respondent had not given any reply of Complainant's letter or informed him about the partial settlement. The Respondent had stated that no such letter was issued to the Insured(LIC) or the complainant. The deficiency in the service was established and advice on partial acceptance of the claim was also not communicated to the Insured. However, the complainant was not provided with the terms and conditions of the policy for his understanding and knowledge. The Complaint was entitled for relief & the Complaint succeeded. In view of the foregoing the Respondent is hereby directed to settle the balance claim of Rs:12,275/- to the Complainant.

**Case of- Mr. Hiren H Shah Vs ICICI Lombard General Insurance Co. Ltd**

**Complaint Ref No.AHD-G-020-1617-1193**

**Award Date: 21.02.2017**

**Policy No 4015/108838390/00/000**

The Complainant and his family were insured under group policy purchased by Jain International Organisation insured with ICICI Lombard General Insurance co Ltd. The Complainant's mother was hospitalized at Stavva Spine Hospital & Research Institute/ Annexe-Ahmedabad from 29.08.2016 to 03.09.2016 for surgery of L2-L3-L4-L5-SI Posterior fixation with L2-L3-L4-L5 Laminectomy with PLBG. When a claim was lodged for Rs: 159062/-, the Company had settled it for Rs: 142489/- and deducted Rs:16573/- citing clause 9 (10% Co-payment for Pre-Existing Disease) of the policy terms and conditions. Aggrieved by the decision, he had appealed to the Grievance Cell and dissatisfied with their decision, he had approached the Forum for redressal of his grievance.



The Insured was treated for L2-L3-L4-L5-SI Posterior fixation with L2-L3-L4-L5 Laminectomy with PLBG, which was not connected to pre-existing disease. The decision taken by the Insurance Company to deduct the claim amount was found incorrect. The Complainant was entitled for relief and his complaint was admitted. **Taking into account the facts & circumstances of the case and the submissions made by both the parties during the course of hearing, the Respondent was directed to pay Rs: 15432/- to Complainant.**

**Award No. IO/KOC/A/GI/0004/2015-16**

**Complaint No. KOC-G-051-1617-0015**

**Award passed on : 27.04.2016**

**P. Radhakrishna Kurup Vs The United India Insurance Co. Ltd.**

**Partial/Repudiation of Group Mediclaim**

The Complainant is covered under a Medi-claim policy of the respondent Insurer. He was hospitalized on 14/10/2015 for the treatment of OPHTHALMOLOGIC TREATMENT and underwent "photodynamic Therapy and Intravitreal Avastin injection" and discharged on 15/10/2015. He preferred a claim with the TPA of the Insurer, which has been denied stating that the treatment underwent is a normal OPD procedure for which the confinement is not warranted. He appealed to the Grievance Cell of the Insurer for a review of the claim, for which no reply has been received. Hence, he filed a complaint before this Forum, seeking direction to the Insurer for admission of the claim in full.

Decision : The Respondent insurer is directed to Settle eligible claim.

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**Award No. IO/KOC/A/GI/0016/2015-16**

**Complaint No. KOC-G-040-1617-0040**

**Award passed on : 29.04.2016**

**R. Selvakumar Vs SBI General Insurance Co. Ltd**

**Repudiation of Claim under a Group Mediclaim Policy**

The complainant is covered under a group mediclaim policy taken by the employer. The complainant was admitted to Santhi Ortho Hospital, Kodakkara on 24.06.2015 and was discharged on 27.06.2015 after a surgery "BILATERAL FESS+SEPTOPLASTY under GA" on 25.06.2015. He has preferred a claim which has been denied by the insurer. An appeal to the grievance cell also went unheeded. Hence this complaint, seeking full relief to the extent of claim.

Decision : The Respondent insurer is directed to Addl claim amt of Rs.10000/-.

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**Award No. IO/KOC/A/GI/0021/2015-16**

**Complaint No. KOC-G-040-1617-0032**

**Award passed on : 29.04.2016**

**Akhil. A.T Vs SBI General Insurance Co. Ltd**

**Repudiation of Claim under a Group Mediclaim Policy**

The complainant and his family are covered under a Medi-claim policy of the respondent Insurer. His mother was hospitalized on 25/05/2015 for the treatment of RETROCALCANEAL BURSITIS and was discharged on 26/05/2015. After discharge from the Hospital, he preferred a claim with the TPA of the Insurer, which was rejected stating that need of hospitalization does not warranted. Hence, the same falls beyond purview of policy coverage and is not payable. He appealed to the Grievance Cell of the Insurer for a review of the claim, for which also no satisfactory reply has been received. Hence, he filed a complaint before this Forum, seeking direction to the Insurer for admission of the claim.

Decision : The Respondent insurer is directed to Settle eligible claim.

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**Award No. IO/KOC/A/GI/0022/2015-16**

**Complaint No. KOC-G-048-1617-0038**

**Award passed on : 29.04.2016**

**P. Unni Vs The National Insurance Co. Ltd.**

**Repudiation of claim under Group Mediclaim Policy**

The complainant and wife were covered under a group mediclaim policy (covering the ex-employees of SAIL). The claim in respect of the complainant's now deceased wife Smt. Thankamma was made in 01/2015 which was denied as the Insurer insists there is a delay of a week in filing the claim. The claim pertains to period 24/11/2014 to 25/11/2014 and it was lodged with Emeditek on 01.01.2015 through courier service. On 11/03/2015, the complainant has submitted a letter to the TPA stating the reasons why there was a delay. In the letter the complainant has explained the circumstances; his wife was totally bed ridden including the fact that food was being given through tubes. Therefore, it was essential that the complainant was physically present at her bedside. She continued to be critical and expired on 27.12.2014 and the claim may be considered on humanitarian grounds. However despite meeting the Deputy General Manager and explaining matters, the claim was not released.

Decision : The Respondent insurer is directed to Settle eligible claim.

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**Award No. IO/KOC/A/GI/0044/2015-16**

**Complaint No. KOC-G-049-1617-0046**

**Award passed on : 20.05.2016**

**N V Prasad Vs The New India Assurance Co. Ltd.**

**Repudiation of claim under a Group Mediclaim policy**

The complainant is covered under a Group Medi-claim policy taken out by his employer, for their Employees. The complainant has undergone operation for "MYOPIC CHOROIDAL NEOVASCULAR MEMBRANE" under local Anesthesia on 24.09.2015 and was discharged on 25.09.2015. The operation did not pertain to Age related Macular degeneration, but was conducted in the operation theatre following all procedures of a minor operation. All papers related to the claim were submitted through his employer to the TPA. However no further information was received on the claim and reminder e-mails were sent on 03.01.2016,



17.02.2016, 02.03.2016. Finally on 03.03.2016 a reply was received from the TPA whereby it was informed that the claim was being rejected as the treatment pertained to AMRD. His appeal to the grievance Cell of the Insurer for a review of the claim was also in vain. Hence, this complaint is filed seeking a direction to the insurer to settle the claim in full.

Decision : The Respondent insurer is directed to Reimburse eligible claim.

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**Award No. IO/KOC/A/GI/0045/2015-16**

**Complaint No. KOC-G-051-1617-0062**

**Award passed on : 23.05.2016**

**Sony Philip Pattilakuzhi Vs The United India Insurance Co. Ltd.**

**Repudiation of claim under a Group Mediclaim policy**

The complainant was covered under a Group Medi-claim policy issued to his employer for its employees and their families. His father was hospitalised on 30/03/2015 for the treatment of severe back pain and was discharged on 01/04/2015. A claim was preferred with the TPA of the Insurer, which was rejected stating that the hospitalization is not warranted. Again, his father was hospitalised on 09/05/2015 for the treatment of fever, decreased urine flow etc. and was discharged on 10/05/2015. Another claim was preferred for the second admission in the hospital, which was also rejected by the TPA stating that the hospitalization is not justified and can be treated in OPD. He appealed to the Grievance Cell of the Insurer for a review of the claims, but their reply was not satisfactory. Hence he filed a complaint, seeking direction to the Insurer for admission of both the claims

Decision : The Respondent insurer is directed to Reimburse the eligible amount.

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**Award No. IO/KOC/A/GI/0046/2015-16**

**Complaint No. KOC-G-051-1617-0048**

**Award passed on : 23.05.2016**

**V.V. Ismail Vs The United India Insurance Co. Ltd.**

**Repudiation of claim under a Group Mediclaim policy**

The complainant is retired from HIL, Udyogamandal and is covered under a group Mediclaim scheme provided for by his ex-employer. His wife who is also covered under the scheme was admitted to KIMS hospital on 23.08.2015 and discharged on 26.08.2015. The hospital has charged Rs.27,435/- for which a claim has been made to the Insurer and was rejected. An appeal was also preferred with both the TPA and the Insurer which has not been considered. As on 04.04.2016, the bill remains unpaid at the Hospital. Since the complainant is only having a pension of Rs.1,766/- per month, this complaint is filed seeking direction to Insurer to release the entitled claim amount.

Decision : The Respondent insurer is directed to Reimburse the eligible claim.

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**Award No. IO/KOC/A/GI/0049/2015-16**

**Complaint No. KOC-G-049-1617-0090**

**Award passed on : 26.05.2016**

**Thankachan Sebastian Vs The New India Assurance Co. Ltd.**

**Partial Repudiation of claim under Group Mediclaim Policy**

The complainant is covered under a Group Medi-claim Policy of the respondent Insurer taken by his employer for their employees. His wife was under treatment for Cancer for long and as part of it the consulting Doctor has advised to undergo Nuclear scan to know whether Malignant Cells are spread to other parts of the Body. She underwent the Nuclear scan as an out-patient. A claim was preferred with the TPA of the Insurer for reimbursement of expenses, which has been partially settled stating that there is "Lack of 24 hours hospitalisation". He appealed to the Grievance Cell of the Insurer for a review of the claim for which no reply has been received till date. Hence, he filed a complaint before this Forum, seeking direction to the Insurer for admission of the balance amount of the claim.



Decision : The Respondent insurer is directed to Consider the claim as post hospitalisation benefit and pay the difference.

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**Award No. IO/KOC/A/GI/0052/2015-16**

**Complaint No. KOC-G-049-1617-0089**

**Award passed on : 27.05.2016**

**Mr. V V Surendran Vs The New India Assurance Co. Ltd.**

**Repudiation of claim under Group Mediclaim Policy**

The complainant is covered under a Group Medi-claim Policy of the respondent Insurer taken by his employer for their employees. He was hospitalized on 22/12/2015 for the treatment of his eye and administered Avastin injection. A claim was preferred with the TPA of the Insurer for reimbursement of expenses hospitalization, which has been repudiated. He appealed to the Grievance Cell of the Insurer for a review of the claim for which no reply has been received till date.

Decision : The complaint is dismissed.

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**Award No. IO/KOC/A/GI/0059/2015-16**

**Complaint No. KOC-G-049-1617-0103**

**Award passed on : 15.06.2016**

**Mrs. K.N. Vijayapriya Vs The New India Assurance Co. Ltd.**

**Repudiation of claim under a group Mediclaim policy**

The complainant is a beneficiary of Group Medi-claim Insurance for Club Member Agents of LIC of India, with a cover of Rs.55,000/-. She was hospitalized for the treatment of AUB ADENOMYOSIS on 09/07/2015, underwent Surgery and discharged on 16/07/2015. She was again hospitalized on 21/07/2015 due to vomiting and heavy pain in stomach and discharged on 25/07/2015. She preferred two claims for reimbursement of expenses towards hospitalization, out of which the second claim was partially settled and the first claim was denied fully. She appealed to the Grievance Cell of the Insurer for review of the claims, for which no reply has been received. Hence, she filed a complaint before this Forum, seeking direction to the Insurer for admission of both the claims in full.

Decision : The Respondent insurer is directed to Reimburse eligible claim amount.

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**Award No. IO/KOC/A/GI/0060/2015-16**

**Complaint No. KOC-G-051-1617-0114**

**Award passed on : 15.06.2016**

**Mr. Subramanian Vs The United India Insurance Co. Ltd.**

**Repudiation of claim under a Group Mediclaim policy**

The Complainant and his wife are covered under a Group Medi-claim policy of the respondent Insurer taken by his employer for their employees. His wife's domiciliary claim for November, 2015 has been settled partially by the TPA of the Insurer. The complainant says that all original Bills and Lab reports were sent through his employer but the TPA has intimated that the Claim stands closed. He appealed to the Grievance Cell of the Insurer for the balance amount of the claim (A bill for Lab Report of Rs.450/-) for which no reply has been received. Hence, he filed a complaint before this forum, seeking direction to the Insurer for admission of Rs.450/- also towards Lab Report charges, as per the bills submitted.

Decision : The Respondent insurer is directed to Release Rs.450/-.

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**Award No. IO/KOC/A/GI/0068/2015-16**

**Complaint No. KOC-G-048-1617-0110**

**Award passed on : 17.06.2016**

**Mr. Sunil Krishnan G Vs The National Insurance Co. Ltd.**

**Repudiation of claim on a Group Mediclaim Policy**

The Complainant and his family are covered under a Medi-claim policy of the respondent Insurer. His father was hospitalized on 12/10/2015 for the treatment of severe tiredness and discharged on 17/10/2015. A Claim for reimbursement of expenses towards hospitalization was preferred with the TPA of the Insurer, which has been repudiated stating that the hospitalization is not justified and could be treated as out-patient. He appealed to the Grievance Cell of the Insurer for a review of the claim based on actual facts, but was in vain. Hence, he filed a complaint before this Forum, seeking direction to the Insurer for admission of the claim.

Decision : The Respondent insurer is directed to Reimburse eligible claim amount.

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**Award No. IO/KOC/A/GI/0069/2015-16**

**Complaint No. KOC-G-048-1617-0109**

**Award passed on : 17.06.2016**

**Mr. P. Aravindakshan Pillai Vs The National Insurance Co. Ltd.**

**Repudiation of claim under a Group Mediclaim Policy**

The Complainant and his wife are covered under a Group Medi-claim policy (covering the retired employees of SAIL). He was hospitalized on 28/01/2015 for the treatment of Coronary Artery disease, underwent CAG+Native vessel study and discharged on 02/02/2015. A claim was preferred with the TPA of the Insurer with all the required documents, but the claim has not yet been settled due to the non-submission of the STENT POUCH, which has already been destroyed by the Hospital Authorities. However, he has submitted the STENT STICKER supported by a certificate from the treating Doctor confirming the destruction of the STENT POUCH as per the Hospital policy. But the TPA has insisted for the POUCH for consideration of the claim. He appealed to the Grievance Cell of the Insurer for a review of the claim by waiving the submission of the POUCH, but was in vain. Hence, he filed a complaint before this forum for admission of the claim by waiving the submission of the POUCH.

Decision : The Respondent insurer is directed to Settle eligible claim with 9% S.I. + cost Rs.2000/-.

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**Award No. IO/KOC/A/GI/0070/2015-16**

**Complaint No. KOC-G-051-1617-0102**

**Award passed on : 17.06.2016**

**Mr. P. Gopinatha Kurup Vs The United India Insurance Co. Ltd.**

**Repudiation of claim on a Group Mediclaim Policy**

The Complainant and his wife are covered under a Group Medi-claim policy (covering the retired employees of SAIL). His wife was hospitalized on 10/05/2015 for the treatment of Coronary Artery disease, underwent surgery and discharged on 12/05/2015. A claim was preferred with the TPA of the Insurer with all the required documents, but the claim has not yet been settled due to the non-submission of the STENT POUCH, which has already been destroyed by the Hospital Authorities. However, he has submitted the STENT STICKER supported by a certificate from the treating Doctor confirming the destruction of the STENT POUCH as per the Hospital policy. But the TPA has insisted for the POUCH for consideration of the claim. He appealed to the Grievance Cell of the Insurer for a review of the claim by waiving the submission of the POUCH, but was in vain. Hence, he filed a complaint before this forum, seeking direction to the Insurer for admission of the claim by waiving the submission of the POUCH.

Decision : The Respondent insurer is directed to Settle eligible claim with 9% S.I..

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**Award No. IO/KOC/A/GI/0080/2015-16**

**Complaint No. KOC-G-020-1617-0137**

**Award passed on : 29.06.2016**

**Mr. Sreekumar. R Vs ICICI LOMBARD GENERAL INSURANCE CO.LTD.**

**Repudiation of claim under a group Mediclaim policy**

The Complainant is covered under a Group Medi-claim policy of the respondent Insurer taken by his employer for their employees. He was hospitalized on 16/12/2015 for the treatment of Septoplasty, underwent surgery and discharged on 20/12/2015. A claim was preferred with the Insurer, which has been denied stating that as per policy conditions Septoplasty is not covered under the policy. He appealed to the Grievance Cell of the Insurer for a review of the claim based on actual facts, for which the reply was not satisfactory. Hence, he filed a complaint before this forum, seeking direction to the Insurer for admission of the claim.

Decision : The Respondent insurer is directed to Re-imburse 50% of the medical expenses.

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**Award No. IO/KOC/A/GI/0093/2015-16**

**Complaint No. KOC-G-049-1617-0138**

**Award passed on : 19.07.2016**

**Mr. K. Janardanan Vs The New India Assurance Co. Ltd.**

**Repudiation of claim under a group Mediclaim policy**

The complainant is covered under a Group Medi-claim Policy of the respondent Insurer taken by his employer for their retired employees. He was hospitalized on 01/12/2015 for the treatment of his eye. INTRAVITREAL LUCENTIS was done at the Operation theatre and was discharged on 02/12/2015. A claim was preferred with the TPA of the Insurer, which has been denied stating that administration of Intravitreal Lucentis is an OPD procedure, which is not payable as claim, as per terms and conditions of the policy. He appealed to the Grievance Cell of the Insurer for a review of the claim for which no reply has been received till date. Hence, he filed a complaint before this Forum, seeking direction to the Insurer for admission of the claim

Decision : The Respondent insurer is directed to Pay Rs.15000/-.

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**Award No. IO/KOC/A/GI/0095/2015-16**

**Complaint No. KOC-G-048-1617-0132**

**Award passed on : 19.07.2016**

**Mr. K. Mukundan Vs The National Insurance Co. Ltd.**

**Repudiation of claim under a group Mediclaim policy**

The Complainant and his family are covered under a Health policy of the respondent Insurer. His wife had a case of Bilateral Knee Osteoarthritis and underwent CYTOTRON treatment for 21 days from 10/01/2015 to 30/01/2015 at Innovative Rejuvenation Centre on a Day Care Basis. A claim was preferred with the TPA of the Insurer, which has been repudiated stating that the unproven procedure could have been done on OPD basis and that it did not necessitate hospitalization. As per the policy conditions, any treatment that can be done on OPD basis is not admissible even if converted to IPD or Day Care. He appealed to the Grievance Cell of the Insurer for a review of the claim, but was in vain. Hence, he filed a complaint before this forum, seeking direction to the Insurer for admission of the claim.

Decision : The Respondent insurer is directed to Re-imburse 50% of the eligible claim.

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**Award No. IO/KOC/A/GI/0098/2015-16**

**Complaint No. KOC-G-040-1617-0147**

**Award passed on : 19.07.2016**

**Mr. Denny. P.T Vs SBI General Insurance Co. Ltd**

**Repudiation of claims under group Mediclaim Policy**

The Complainant is covered under a Group Medi-claim policy of the respondent Insurer taken by his employer for their employees. He was hospitalized on 07/08/2015 for the treatment of stomach ache and discharged on 08/08/2015. A claim was preferred with the TPA of the Insurer, which has been denied stating that there is no active line of treatment during hospitalization and hence the claim is not payable as per policy conditions. He appealed to the Grievance Cell of the Insurer for a review of the claim based on actual facts, for which no reply has been received. Hence, he filed a complaint before this forum, seeking direction to the Insurer for admission of the claim.

Decision : The Respondent insurer is directed to Admit and settle the eligible claim amt.

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**Award No. IO/KOC/A/GI/0099/2015-16**

**Complaint No. KOC-G-040-1617-0144**

**Award passed on : 19.07.2016**

**Mr. Praveen A.S Vs SBI General Insurance Co. Ltd**

**Repudiation of claims under group Mediclaim Policy**

The Complainant is covered under a Group Medi-claim policy of the respondent Insurer taken by his employer for their employees. He was hospitalized on 03/05/2015 for the treatment of continuous fever and discharged on 05/05/2015. A claim was preferred with the TPA of the Insurer, which has been denied stating that as per policy conditions, the claim is not payable. He appealed to the Grievance Cell of the Insurer for a review of the claim based on actual facts, for which no reply has been received. Hence, he filed a complaint before this forum, seeking direction to the Insurer for admission of the claim.

Decision : The Respondent insurer is directed to Settle eligible claim amount.

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**Award No. IO/KOC/A/GI/0102/2015-16**

**Complaint No. KOC-G-051-1617-0162**

**Award passed on : 22.07.2016**

**Mr. S. Sasidharan Nair Vs The United India Insurance Co. Ltd.**

**Repudiation of claims under group Mediclaim Policy**

The Complainant is a beneficiary of Group Medi-claim policy of the respondent insurer, taken by IBA for retired employees, since 02/11/2015. Claims for reimbursement of expenses towards Domiciliary treatment have been preferred with the TPA of the Insurer, which were rejected stating that Domiciliary treatment are not covered under the policy. He appealed to the Grievance cell of the Insurer for reconsideration of the claims, for which no reply has been received. Hence, he filed a complaint before this forum, seeking direction to the Insurer for admission of the claims.

Decision : The Respondent insurer is directed to Pay Rs.4000/-.

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**Award No. IO/KOC/A/GI/0105/2015-16**

**Complaint No. KOC-G-048-1617-0143**

**Award passed on : 22.07.2016**

**Ms. Ritusumam Khasi Vs The National Insurance Co. Ltd.**

**Repudiation of claims under group Mediclaim Policy**

The Complainant is covered under a Medi-claim policy of the respondent Insurer. She was hospitalized on 11/03/2016 for the treatment of ACUTE LUMBAGO and discharged on 15/03/2016. A claim was preferred with the TPA of the Insurer, which was rejected stating that the admission was only for evaluation/Diagnostic purpose, not followed by any active line of treatment during hospitalization. She appealed to the Grievance Cell of the Insurer for a review of the claim based on actual facts, but was in vain. Hence, she filed a complaint before this Forum, seeking direction to the Insurer for admission of the claim.

Decision : The Respondent insurer is directed to Reimburse eligible claim.

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**Award No. IO/KOC/A/GI/0111/2015-16**

**Complaint No. KOC-G-040-1617-0191**

**Award passed on : 27.07.2016**

**Mr. Jayaraj. T.R Vs SBI General Insurance Co. Ltd**

**Repudiation of claim under a group Mediclaim policy**

The complainant is having a Medi-claim policy with the respondent Insurer, since 10 years. While he was working in office, he had an accident by falling on the floor due to slipping. After plastering for ligament fracture, he was on bed rest as per the advice of the treating Doctor. He preferred a claim with the TPA of the Insurer for reimbursement of expenses towards medical treatment, which has been declined by them. He appealed to the grievance Cell of the Insurer for a review of the claim, but in vain. Hence, he filed a complaint before this Forum, seeking direction to the Insurer for admission of the claim.

Decision : The complaint is dismissed.

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**Award No. IO/KOC/A/GI/0132/2015-16**

**Complaint No. KOC-G-040-1617-0201**

**Award passed on : 22.08.2016**

**Mr. Midhun T.G Vs SBI General Insurance Co. Ltd**

**Repudiation of claim under a group Mediclaim policy**

The Complainant is a beneficiary of Group Medi-claim policy of the respondent insurer, taken by his employer for their employees. Claim for reimbursement of expenses towards hospitalization treatment have been preferred with the TPA of the Insurer, which was settled partially. He appealed to the Grievance cell of the Insurer for reconsideration of the balance amount of the claim, for which no reply has been received. Hence, he filed a complaint before this forum, seeking direction to the Insurer for admission of balance amount of the claim.

Decision : The Respondent insurer is directed to Reimburse Rs.5000/-.

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**Award No. IO/KOC/A/GI/0135/2015-16**

**Complaint No. KOC-G-051-1617-0208**

**Award passed on : 22.08.2016**

**Mr. Mukundan. T Vs The United India Insurance Co. Ltd.**

**Repudiation of claim under a group Mediclaim policy**

The Complainant and his wife are covered under a Group Medi-claim policy of the respondent Insurer. His wife's post hospitalization claim of Rs.7065/- has not been settled by the Insurer. Moreover, his claim for Dental treatment amounting to Rs.28450/- has been repudiated stating that Dental diseases does not come under list of diseases covered under Domiciliary OPD (Clause3.1). He appealed to the Grievance Cell of the Insurer for a review of both the claims, for which no satisfactory reply has been received. Hence, he filed a complaint before this forum, seeking direction to the Insurer for admission of both the claims.

**Decision : The Respondent insurer is directed to Admit claim of dental treatment.**

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**Award No. IO/KOC/A/GI/0136/2015-16**

**Complaint No. KOC-G-051-1617-0215**

**Award passed on : 22.08.2016**

**Mr. K.K. Krishnankutty Vs The United India Insurance Co. Ltd.**

**Repudiation of claim under a group Mediclaim policy**

The complainant is covered under a Group Medi-claim taken by Canara Bank-IBA, for its retired employees. He made a claim with the TPA of the Insurer, for reimbursement of domiciliary medical expenses amounting to Rs.7321/, which has been denied stating that “retired employees are not eligible for claims for domiciliary treatment, as per terms and conditions of the policy”. He alleges that nowhere in the Hand Book or in the Bank Circular, there is such a condition. He appealed to the Grievance Cell of the Insurer for a review of the claim, but in vain. Hence, he filed a complaint before this forum, seeking direction to the Insurer, for admission of the claim.

Decision : The complaint is dismissed.

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**Award No. IO/KOC/A/GI/0152/2015-16**

**Complaint No. KOC-G-051-1617-0256**

**Award passed on : 02.09.2016**

**Mr. Subramanian N.N Vs The United India Insurance Co. Ltd.**

**Partial repudiation of claim under a Group Mediclaim policy**

The complainant is covered under the group mediclaim provided by the Insurer. Though bills were submitted in November 2015, an amount of Rs720/- has still to be paid by the Insurer. Repeated follow up did not yield any result. Hence this complaint is filed seeking a direction to the Insurer to pay Rs.440/- towards Lab bill and Rs.280/- towards local conveyance.

Decision : The complaint is dismissed.

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**Award No. IO/KOC/A/GI/0162/2015-16**

**Complaint No. KOC-G-048-1617-0231**

**Award passed on : 08.09.2016**

**Mrs. Mini Thyagarajan Vs The National Insurance Co. Ltd.**

**Repudiation of claim under a group Mediclaim policy**

The complainant is covered under a valid group mediclaim policy from the insurer which covers hers parents too. A claim was submitted for Ayurveda treatment of her mother which was denied citing the reason that the treatment could have been done without hospitalisation and moreover the procedures were not covered under the “day care” treatment list. A certificate from the treating doctor was also produced stating why the hospitalisation was necessary, but the insurer has refused to reconsider the request, hence this complaint

Decision : The Respondent insurer is directed to Pay 25% of eligible claim on non-std basis.

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**Award No. IO/KOC/A/GI/0164/2015-16**

**Complaint No. KOC-G-040-1617-0248**

**Award passed on : 08.09.2016**

**Mr. Dileep K.J Vs SBI General Insurance Co. Ltd**

**Repudiation of claim under a group health policy**

The Complainant and his family are covered under a Group Medi-claim policy taken by his employer for their employees. He and his wife Jiji Dileep was hospitalized for the treatment of severe head ache and carpel tunnel syndrome respectively on 18/05/2015 and after medical management, she was discharged on 19/05/2015. His daughter Irin Dileep was also admitted in hospital on 12.11.2015 for undergoing surgery. A claim for reimbursement of expenses towards hospitalization was preferred with the TPA of the Insurer, which has been denied. The reason for denial is stated as any hospitalization which is less than 24 hours is outside the scope of policy coverage and treatment of daughter is in respect of an excluded procedure. He appealed to the grievance Cell of the Insurer for a review of the claim, but in vain. Hence, he filed a complaint before this Forum, seeking direction to the Insurer for admission of the claim.

Decision : The Respondent insurer is directed to Admit claim.

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