



FREQUENTLY ASKED QUESTION



1. What is the use of the Wellness Card?

You will get a Wellness Card to utilize the Cashless facility at Network Hospitals. This card helps only in your identification as a Future Generali Health member. Availability of Cashless and any other benefit is subject to policy terms.

2. What if there is an error on my Wellness Card?

For any error in cards or correction required, you can send a mail to fgh.enrolment@futuregenerali.in with CC to your HR.

3. What is a Network Hospital? How do I know the hospital is on the network?

FGH has tied up with specific hospitals and nursing homes to provide preferred services to its customers. These hospitals are termed as "Network" hospitals. You can find out the details of Network hospitals in your city on our E Health Module or from our Call Centre on 1800 103 8889 or by e-mail on fgh@futuregenerali.in. The details are also available in the Health Insurance Guide sent along with your Wellness Card. Hospitals are added and removed from the network at regular intervals. You are advised to check with our Call Centre for the updated status of any hospital.

4. How does the Hospital verify that the cardholder is genuine?

Since the Card issued is not a photo id card, you are required to submit a photo id to verify the genuinity of identity at the Admission Desk of the Hospital. The photo id can be your Organization Identity Card, Driving License or any other such card which will help the hospital to establish the genuinity of the patient.

5. What is a Preauthorization Request?

This is a Request for Cashless Hospitalization. The same has to be duly filled up, signed and stamped by the Hospital Authorities. Thereafter it has to be sent by fax 1800 103 9998 (toll free fax)/ e-mail fghpreauth@futuregenerali.in & fgh@futuregenerali.in to FGH. The Contact details of FGH are also available with the Network Hospitals.

6. Where do I procure the Preauthorization Request from?

The FGH Preauthorization Forms are available with all the Network Hospitals or also enclosed with the Health Insurance Guide. It can also be obtained from FGH Call Centre on phone 1800 103 8889 or by e-mail fgh@futuregenerali.in.

7. How to fill the Preauthorization form?

It must be filled by the Treating Doctor. Information required are; Health ID Card No. as printed on the Card, Signs and Symptoms of the present ailment, duration of the ailment, diagnosis, pre existing conditions if any, proposed line of treatment, expected date of admission, duration of stay and estimated cost of hospitalization.

8. Where do I send the Preauthorization form?

The Preauthorization Request for Cashless Hospitalization can either be faxed to 24 x 7 Toll Free Fax-line 1800 103 9998 / 1800 209 1017 or mailed to fgh@futuregenerali.in

9. What is an Authorization Letter?

Authorization Letter is the communication ascertaining the Admissibility or Acceptance of the Cashless Service. The same is issued by FGH subject to admissibility of the claim and availability of balance sum insured for the member.

10. Is the entire amount requested by hospital authorized by FGH?

FGH would release a part or the entire amount depending on the ailment and related expenses. In case a part amount has been approved by FGH, then the hospital would ask for additional authorization when necessary.

11. How do I know whether my Claim has been approved for Cashless or not?

Authorization Letter or Denial Letter shall be faxed directly to the Hospital. A Query letter shall be faxed to the hospital if in case FGH wants some additional information to decide upon the admissibility.

12. What are the circumstances under which a Request for Cashless Hospitalization shall be denied?

- a) If the information contained in the Preauthorization Form is insufficient for FGH to arrive at a decision and further information is not available for whatever reasons.
- b) The ailment for which hospitalization is sought is not covered under the particular insurance policy or is a part of an Exclusion under the policy guidelines.
- c) The insured has already exhausted his insurance coverage for the year.
- d) The insured is not enrolled under the insurance coverage for the year.

13. What are the norms for Intimation of Claims?

Intimation is nothing but the preliminary notice of claim to Insurance Company. You can intimate FGH about the claim by providing following information.

- a) Name of the Insured Person / Claimant,
- b) Health ID card number of the claimant,
- c) Nature of illness / injury
- d) Name and Address of the attending Medical Practitioner / Hospital /Nursing home
- e) Mobile number/ e mail of the insured person.
- f) Estimated expenses

Intimation can be given by e-mail on fgf@futuregenerali.in or by Fax to our Call Centre Toll Free Fax 1800 103 9998 / /1800 209 1017 or over call at 1800 103 8889 /1800 209 1016

14. Are there any norms related to the Hospital where treatment is sought which are mandatory for admissibility of claims?

Please ensure that the hospital / nursing home where you are contemplating treatment fulfils these criteria.

- a) It has at least 15 inpatient beds;
- b) It has full time Doctors who is in attendance 24 hours per day;
- c) It maintains daily medical records for each of its patients,
- d) It is registered and licensed as a hospital or nursing home with the appropriate local authorities. Always instruct the hospital authority to mention the Attending Doctor's and Hospital Registration No. in the hospital papers or demand for a separate certificate for the same,
- e) The hospital provides a proper discharge summary, numbered bill and receipt for hospitalization expenses at the time of discharge,

15. Where do I send my claim documents?

Claim documents will be forwarded to the Future Generali Health Team in Pune by the member / corporate. All claims will be managed by the Claims Team located in Pune. All claim payments advice shall be made within 14 working days from the date of receipt of COMPLETE documents. FGH may ask for the additional documents from the claimant if the submitted documents are not sufficient to decide the admissibility of the claim.

16. What does FGH do with my claim documents?

Your claim is assessed by our expert team and doctors who verify the documents and bills and there can be 3 outcomes of the assessment as follows;

1. If all requirements are complete and the claim is admissible, the claim is approved and the cheque is sent to you or your corporate
2. If the claim is not admissible, then a Repudiation Letter is sent to you / corporate by e-mail / courier
3. If our team requires additional documents to process the claim, then a Document Recovery letter will be sent to you / corporate by e-mail / courier FGH will send one intimation and two reminders at intervals of 15 days, If additional documents are not received after the second reminder from FGH, the claim is assessed with the available documents. This could lead to part payment or no payment at all.

Need further assistance, please feel free to contact our Toll Free Health Help Line



Call Us

1800 209 1016 /
1800 103 8889



Fax Us

1800 209 1017 /
1800 103 9998



Email Us

fgh@
futuregenerali.in