

## **FAQ's on Raksha Prime For Hospitals Help desks**

### **Q1: What are the benefits of Raksha Prime Discharge?**

With Raksha Prime Discharge, you can leave the hospital immediately after your doctor advises discharge. This eliminates the usual 6–8 hour wait time for claim approval and billing. It offers a faster, more convenient hospital exit experience. To know more, visit [rakshaprime.mediassist.in](https://rakshaprime.mediassist.in).

### **Q2: Are there any extra charges for this service?**

No, there are no extra charges for availing Raksha Prime Discharge.

### **Q3: Whom should I pay the refundable deposit amount to—the hospital or Medi Assist?**

The refundable deposit is paid directly to the hospital, not Medi Assist.

### **Q4: What is OOP (Out-of-Pocket)? And what is a refundable deposit?**

OOP refers to the amount you may have to pay personally for hospital expenses not covered by your insurance. This could include:

- Non-medical items (e.g., gloves, tissues, registration fees)
- Co-payment (if applicable)
- Proportionate deductions (if a higher room category is selected)
- Sub-limits on treatments
- Costs exceeding your sum insured

The refundable deposit or estimated OOP is a preliminary calculation by Medi Assist using AI/ML tools. It is based on your treatment, hospital tariffs, and insurance policy. The final OOP amount is confirmed once your insurer approves the claim.

### **Q5: What if there is a difference between the estimated OOP and the final OOP?**

If the final OOP is higher than the estimate, you will be asked to pay the difference. If it is lower, the hospital will refund the excess amount.

### **Q6: Who refunds the excess deposit—the hospital or Medi Assist?**

The hospital refunds the excess amount, as the deposit was paid to them.

**Q7: What if the deposit is less than the actual OOP?**

If the actual OOP is higher than the deposit paid, you will be contacted and provided with payment instructions for the balance amount.

**Q8: How long does it take to get a refund from the hospital?**

Refund timelines depend on the payment mode:

- UPI/Online: 3–5 working days
- Cash: Immediate or via NEFT
- Debit/Credit Card: 15–20 working days

**Q9: What if the hospital charges more than the refundable deposit informed by you?**

The hospital should not charge more than the estimated deposit without justification. Any such discrepancies will be investigated and resolved.

**Q10: What is included in the Estimated OOP breakdown?**

The Estimated OOP may include:

- Non-medical expenses
- Co-pay (if applicable)
- Proportionate deductions
- Sub-limits on treatments
- Costs above the sum insured

**Q11: How quickly can Raksha Prime Discharge happen?**

Discharge can happen immediately after the doctor advises it, without waiting for insurance approval or final billing.

**Q12: Are any additional documents required?**

No, there is no need to submit any extra documents to use this service.

**Q13: What if I already know that my policy has no co-pay or non-medical deductions—should I still use this service?**

Yes. Even if your policy covers everything, Raksha Prime Discharge helps you avoid the long wait and ensures a faster hospital exit. Any refundable amount will be processed once the claim is finalized.

**Q14: What is Xpress Checkout service?**

Xpress Checkout has now been renamed Raksha Prime Discharge. The service remains the same—only the name has changed.

**Q15: Is Raksha Prime the same as Raksha TPA?**

No. Raksha Prime is a premium discharge service by Medi Assist. Raksha TPA is a third-party administrator that handles insurance claims and is now part of the Medi Assist group. The two are distinct entities with separate functions.

**Q16: Is Raksha Prime available on Sundays or public holidays?**

Yes, Raksha Prime is available every day, including Sundays and public holidays. However, if the hospital help desk is closed, you can still reach our central Raksha Prime team at +91 1206937807, available from 9:30 AM to 6:00 PM.

**Q17: Can the Raksha Prime deposit (if paid extra) be adjusted against future treatments?**

This depends on the hospital's policy:

- If No, excess deposit will be refunded and cannot be adjusted.
- If Yes, the hospital may allow the deposit to be adjusted against future admissions.

**Q18: Why am I asked to fill the consent form before paying the OOP?**

The consent form confirms that:

- You understand the Raksha Prime process and the estimated OOP amount.
- You acknowledge that the hospital bill may change based on final treatment and insurance approval.
- You are aware that Medi Assist facilitates the discharge but does not collect payments or guarantee claim outcomes.

This form serves as a formal acknowledgment of the process.

**Q19: How is the OOP (Out-of-Pocket) amount calculated in Raksha Prime?**

The estimate is generated by Medi Assist's AI/ML engine, which analyzes past claims, your policy terms, hospital tariffs, and typical deductions. While it's usually accurate, the final amount depends on actual hospital billing and insurer approval.

**Q20: Can someone else sign the consent form on behalf of the patient?**

Yes, a family member or attender can sign the consent form on the patient's behalf if the patient is unavailable or unable to sign.

**Q21: Is the consent form legally binding?**

The consent form is not a legal contract. It is a formal acknowledgement that you have been informed about the Raksha Prime process, the estimated OOP, and that billing and final claim decisions rest with the hospital and insurer.

**Other policy related FAQ's****Q1: How can I get my insurance e-card?**

You can instantly download your e-card from the Medi Assist member portal at <https://mediassisttpa.in/download-ecard/>.

Log in using your MAID (Member ID) or Employee Number along with your date of birth, then click "Download e-Card" to receive the PDF. Alternatively, you may send a "Hi" message from your registered mobile number to our official WhatsApp line at +91 7026669449. After successful verification, we will assist you in retrieving your e-card.

If you prefer, you may share your MAID (or Employee Number) and the exact name registered under your policy with us, and we will email the e-card to you after verification.

**Q2: I need help filling out the PA (Pre-Authorisation) form.**

We're here to help. Please reach out to the hospital helpdesk and we will guide you step-by-step on how to complete it.

**Q3: What does my policy cover?**

Insurance policies include several key components that define your coverage:

- **Sum Insured:** This is the maximum your insurer will pay in a policy year. For example, if your sum insured is ₹5 lakhs, the insurer covers up to ₹5 lakhs of hospital bills in that year; any excess is your responsibility.
- **Room Rent:** The daily limit your policy covers for your hospital room. If you choose a room that costs more than this limit, you'll pay the extra amount—and the insurer may proportionally reduce coverage of other medical expenses.

- Co-payment (Copay): A fixed percentage you pay on the payable amount.
- Non-Medical Expenses (NMEs): Items not covered by health policies, such as hospital registration fees, attendant food, or consumables like gloves and tissues. These costs are deducted from your claim.

*\*Some policies cover NMEs, refer to members policy to know more*

- Sublimit: A cap on specific treatments regardless of your overall sum insured. E.g., a ₹1 lakh sublimit for cataract surgery within a ₹5 lakh sum insured means the insurer pays at most ₹1 lakh for that surgery or the final bill of the hospital whichever is lower.
- Pre- and Post-Hospitalisation Expenses:
  1. Pre-hospitalisation: Expenses for tests, consultations or medicines before admission related to the ailment or treatment availed during hospitalisation. The limit of duration is defined in your policy.
  2. Post-hospitalisation: Costs for follow-up visits, medicines or tests after discharge related to the ailment or treatment availed during hospitalization. The limit of duration is defined in your policy.

Please refer to your specific policy document for accurate and detailed information.

#### **Q4: What is Proportionate Deduction?**

Proportionate deduction means your insurance company may reduce your claim amount because you choose a room that costs more than what your policy allows.

For example:

*If your policy allows ₹3,000 per day for room rent, but you stay in a ₹6,000 room, it's not just the extra ₹3,000 you pay—other related charges like doctor fees, surgery, and investigations may also be reduced in the same proportion. This is because many hospital charges are linked to the room category.*

#### **Q5: We have two policies. Which one has better coverage?**

If both policies are administered by Medi Assist, we can compare them for you. We'll examine sum insured, room rent limits, co-pay, sublimits, and other conditions to help you determine which policy provides more comprehensive coverage for your current treatment.

**Q6: Can I claim my outpatient expenses (consultation, investigations, medicines, etc.)?**

Outpatient (OPD) expenses such as doctor visits, lab tests, and medications without hospitalization may be covered, depending on your policy. We will check your specific policy terms to determine whether OPD claims are permitted and inform you of any applicable limits or exclusions.

**Q7: Can I claim my health check-up expenses?**

Some policies offer preventive health check-up benefits, either annually or once every few years. We will review your policy to confirm whether you are eligible to claim these expenses, and inform you of any applicable frequency limits, caps, and documentation requirements.

**Q8: What is the status of my cashless claim?**

To check the status of your cashless claim, please provide your Claim ID or MAID. Once verified, we will provide an update on whether your claim is under review, approved, or if any additional information or documents are pending.

**Q9: Why is my initial approved amount so low?**

The initial approved amount is a provisional authorization to begin your treatment. It is not the final approval. The final amount will be determined at the time of discharge after reviewing the full hospital bill and documents, in accordance with the terms and conditions of your policy.

**Q10: Why has an IR (Information Request) been raised on my claim?**

An IR (Information Request) is issued when additional documents or clarification are required to process your claim.

1. For cashless claims, the hospital will be notified to submit the requested documents.
2. For reimbursement claims, you or your representative will need to submit the required items.

This is a standard process to ensure claim completeness.

**Q11: The deductions in my final approval are very high. Can you explain why?**

Final deductions are made based on your policy's terms and may include:

1. Non-medical items not covered under your policy
2. Excess charges beyond your room rent eligibility

3. Treatment sublimits or package restrictions
4. Co-pay requirements
5. Charges outside of insurer-approved tariffs

We will help break down each deduction and explain what was covered and what was excluded.

**Q12: How do I file a reimbursement claim?**

You can submit a reimbursement claim through the MAven app:

1. Download the MAven app from the Play Store or App Store.
2. Log in using your registered mobile number or email ID.
3. Tap the “+” button and select “Submit Claim.”
4. Choose the relevant member and enter hospitalisation details.
5. Upload required documents, including bills, reports, and a cancelled cheque.
6. Complete your KYC by uploading your Aadhaar or PAN card.
7. Submit the claim.

You will receive timely updates on your claim status via SMS and email.

**Q13: Can you update me on my reimbursement claim status?**

Please share your Claim ID or MAID. After verifying your details, we will provide the current status of your reimbursement claim, including whether it is under review, approved, or pending any documents or clarification.

**Q14: I need to buy a new policy. Can you guide me on the best one?**

Our hospital help desk is not authorized to recommend or sell insurance policies. For policy comparisons or purchases, please visit official insurance provider websites, trusted aggregators or consult your employer’s HR department for corporate policy options.

**Q15: There are incorrect details in my approval letter—like the wrong room type. What should I do?**

If you notice any incorrect information in your approval letter—such as wrong room type, member name, or admission details—please notify us immediately. We will review and escalate the issue for correction and reprocessing if necessary.

**Q16: How can I check my available balance (sum insured left)? Do I have a co-pay in my policy? Is a specific treatment capped?**

Please share your MAID, employee code, or registered email ID. We will review your policy and let you know your available balance and applicable terms such as co-pay percentage, sublimits, or caps on specific treatments.

You can also view this information anytime by logging into the MAven app, available on the Play Store or App Store.

**Q17: Will implants used in surgery be covered?**

Coverage for implants such as stents, lenses, or prosthetics depends on your policy. We will check whether implants are fully covered, partially covered under a sublimit, or excluded, and inform you accordingly.

If you have any further questions, please contact us via our member portal or WhatsApp helpline.