



Parivar Swasthya Yojana/ Family Health Protection Plan - 1

Health Insurance Coverage



1. Policy Holder:

Policy #

Name:

W/o, S/o

Hamlet / Street

Village / City

Taluq/Mandal

District

State

PIN

Specimen Sign/ Thumb Impression:

Policy Holder
Photograph

Additional Policy Holder Identifiers:

Family Members Covered:

Name	Sex	Age	Relationship

2. Affiliated Community/Group:

3. The Mutual Health Organisation:

4. The Clinic

Name and Business Address:

Clinic Name, Business Address:

Premium Payment details:

Participation Agreement #

Period of coverage:

Where as; the above policy holder seeks coverage for health care services, premium has been paid as above, the policy holder has opted in favor of the above clinic, and the said clinic has a continuing participation agreement with the above mutual health organization; Now; The Clinic will claim capitation from the mutual health organization in accordance with its participation agreement, undertakes to provide the policy holder and family members ambulatory primary health care services listed below for a period of one year, without additional fee, service charge etc. except for copayments specifically provided for in this policy; and guarantees continued enrollment with out any reference to medical conditions but subject to exercise of option by the policy holder, as well as continuation of the participation agreement.

Ambulatory Primary Care

1. Out patient consultation including clinical examination and ambulatory medical care.

Annexure - 1

2. First aid; wound cleaning and dressing services including removal of foreign bodies, suturing of clean wounds, abscess drainage etc.
3. _____ parentrals.
4. Primary eye care including diagnosis and treatment of Conjunctivitis, eye lid infections, removal of conjunctival foreign body, Vitamin A deficiency; first aid and referral.
5. Dispensed primary medicines free of charge, and other essential medicines subject to 30% co payment.
6. _____ priateness and access procedures of hospitals and health care institution and specialists.
7. Access point for services provided by Public Health Authorities such as; (a) Immunisation (b) Contraceptives (c) Ambulatory treatment under disease control programs.
8. Ante natal care.
9. Prophylactic dental treatment including dental hygiene advice, dental examination and advice and scaling.
10. _____, urine and stools, plain X ray and collection and dispatch of samples to referral laboratory.

Provided that:

- a. Services at serial 1-6 will be on walk in basis during regular clinic hours.
- b. Services at serial 7-9 may be provided by appointment.
- c. Some of the laboratory services may be outsourced by and at the cost of the clinic from _____ with in reasonable distance and
- d. Interpretation will be subject to the definition of terms etc. of the Parivar Swasthya Yojana.

And; the mutual health organization undertakes to pay agreed capitation to the opted clinic, and if for any reason the clinic becomes inoperative, to arrange for an alternative clinic to satisfy balance of the coverage period, provide the following hospital access services and guarantees policy renewal without any reference to medical conditions, but subject to payment of premium.

Hospital Access Services:

1. Facilitation, assistance and advocacy to access Government Hospitals and Health Care Institutions (HCIs)
2. Direct settlement of user fees charged by public hospitals and health care institutions.
3. Supply or cost reimbursement of medicines and materials required but not available in government hospitals.
4. Cost of treatment in designated non profit hospitals and health care institutions.
5. _____ edicine, cost of diagnostic tests performed outside the public or designated non profit hospitals subject to 30% co payment by the policy holder. Reimbursement will be limited to price of generic drugs where available and rates of diagnostic test set by appropriate public agency or the insurer.
6. Emergency treatment in any hospital.
7. If treatment is not available in the first referral hospitals stated in clause 2 & 3 above, service charges of speciality / tertiary referral hospitals.
8. In case of major medical conditions/ catastrophic illnesses requiring very high expenditure, facilitate appl

Provided that the:

- a. cumulative value of medicines, materials and reimbursement stated in clause 2-7 above in respect of all persons covered by this policy does not exceed Rs. 30000 / annum.
- b. The medicine (drugs), material (therapeutic) included in the appropriate formulary will only be admissible. Appropriate formulary will be the hospital/health care institution formulary approved by the health insurance firm, where such a formulary is not available, the formulary of health insurance firm, as if neither the above two are available, the list of

Annexure - 1

essential drugs approved by state government, central government or WHO as the case may be.

c. Interpretation will be subject to the definition of terms etc. of the Parivar Swasthya Yojana.

Seal:

Signature, Name & design.
of the Issuing Authority:

Place:

Date:

Clinic Assignment Slip:

Policy #:

To The Mutual Health Organisation: I have opted in favor of the following clinic to avail ambulatory primary health care services for me and my family members. I will have the option to either continue with the same clinic or choose a different clinic for subsequent years.

Clinic Name, Business Address:

Policy Holder's Name
Signature/ Thumb Impression:

Participation Agreement # :

Date: