



**INDIAN MEDICAL ASSOCIATION KERALA STATE BRANCH
IMA KERALA HEALTH SCHEME
APPLICATION FORM**

E mail: imakeralahealthscheme@gmail.com, imaksbhs@gmail.com Web- imakhs.com Tel.9539332426

R No	
R. Date	
En.Date	

EN. NO	IF ALREADY A MEMBER	OFFICE USE	OFFICE USE	OFFICE USE	OFFICE USE
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MEMBER	Name																									
	Age	DOB		D	D	M	M	Y	Y	Y	Y	Date of Birth Proof Document														
	Address Permanent											Address Communication														
																						Pin				
																						Pin				
	Mob											Tel with STD Code														
	E Mail ID																									
	Med Council Reg. No										Year					Name of Council										
	Qualifications																									
	IMA Life membership No																									
	Spouse -Name																									
	Age	DOB		D	D	M	M	Y	Y	Y	Y	Date of Birth Proof Document														
	Address Permanent											Address Communication														
																						Pin				
																				Pin						
Mob											Tel with STD Code															
E Mail ID																										
Med Council Reg. No										Year					Name of Council											
Qualifications																										
IMA Life Membership No (if ima member)																										

PARENTS IF WANT TO JOIN	Father - Name																									
	Age	DOB		D	D	M	M	Y	Y	Y	Y	Date of Birth Proof Document														
	Address Permanent											Address Communication														
																						Pin				
																						Pin				
	Mob											Tel with STD Code														
	E Mail ID																									

PARENTS IF WANT TO JOIN	Mother-Name																									
	Age	DOB		D	D	M	M	Y	Y	Y	Y	Date of Birth Proof Document														
	Address Permanent											Address Communication														
																						Pin				
																						Pin				
	Mob											Tel with STD Code														
	E Mail ID																									



IMA KERALA HEALTH SCHEME

Office: CB Nivas, Pottammal Jn, Chevarambalam PO, Kozhikode – 673017 Mob: 9539332426

Website: www.imakhs.com Email: imakeralahealthscheme@gmail.com, imakhs@gmail.com

IMA Kerala Health Scheme, started on 1st July 2006, is meant to help our members to meet the needs of hospitalisation and investigations. Rules and regulations are coined to suit the needs of the members, and are amenable if need arises. Now the **upper limit of reimbursement is Rs.3 lakhs** for treatment of all diseases **per member per year**. IMA KHS works on the principle of mutual benefit among our members and family. The Scheme is not an insurance firm but our services are more prompt and incomparable and the yearly payment is low when compared to the insurance companies. All the major diseases are included in the scheme and the scrutinising committee and managing committee have the power to include more, as the need arises, from time to time.

IMA member, their spouse, parents and children can join the scheme provided they are **below 65 years of age**. Advance Financial Assistance Contribution (AFAC) and Annual Subscription fees (AS) are to be paid every year. Renewal Notice shall be sent in time every year. **There will be no health screening for admission to the scheme.** This is a tailor made scheme for IMA Members and their families.

Membership – Fee structure

AGE	Admission Fee (AF) Rs.	Annual Membership Subscription (AMS) Rs.	Advance Financial Assistance Contribution (AFAC) Rs	TOTAL For New Enrollment Rs.	Yearly Renewal Rs.
Less than 25	800	100	2100	3000	2200
25-35	1000	100	3000	4100	3100
35-45	1500	100	3500	5100	3600
45-55	2000	100	4000	6100	4100
55-60	5000	100	5000	10100	5100
60-65	6000	100	7000	13100	7100
65-70	-	100	8000	-	8100
70		100	10000	-	10100

SALIENT FEATURES OF THE SCHEME (See by laws for details)

Individuals up to the age of 65 years are eligible for membership in the scheme. Age is considered as on the date of receipt of duly filled application along with cheque/DD (subject to encashment) at the scheme office. Bills above Rs 5000/- shall only be considered for reimbursement. Maximum amount that can be reimbursed is **Rs 3,00,000/-per membership year** as per conditions laid on. Benefits of the scheme shall be given only to the members or beneficiary members (spouses, children and parents of an IMA member who have joined in the scheme) provided their membership is active (ie. renewed every year.)

Benefits of the Scheme. This scheme is entitled to be helpful to the members/ beneficiary members to meet the heavy expenses for the management of coronary heart disease and surgical management of valvular heart diseases, management of renal failure, management of cancer, brain tumors involving surgical treatment and joint replacement surgery for hip and knee joints, spinal surgery, Trauma, major Transplant surgeries and all diseases requiring admission causing expenditure above Rs. 5000.00

- 1. Coronary Heart Disease:-** Bypass surgery and Angioplasty required for the treatment of coronary heart disease and Valvular heart disease surgery will be covered under this scheme. Upper limit will be **Rs. 3 Lakhs/year**.
- 2. Renal Failure:-** Regular haemodialysis or renal transplantation required in the management of chronic irreversible failure of both the kidneys will be covered under the scheme. Upper limit is **Rs 3 lakhs/year. (Transplant Rs. 5 Lakhs)**
- 3. Malignancy:-** Surgery, Radiotherapy and chemotherapy required for the treatment of all cancers will be covered under the scheme. Upper limit will be **Rs. 3 Lakhs/year**

4. **Management of Brain Tumour:** - Radiotherapy and chemotherapy required for the treatment of brain tumours will be covered under the scheme. Upper limit will be **Rs. 3 Lakhs/year**.
5. **Major Surgeries:** -Surgery for knee and hip joints, spinal stenosis and disc surgery or other major surgeries will be covered by the scheme with an upper limit of **Rs 1 lakh**.
6. **Other diseases:** -Any serious diseases requiring hospitalization will be covered with an upper limit of Rs 50,000/- .For multi system involved diseases and those requiring ventilator support the upper limit will be **Rs.1 Lakh**.
7. A member will get a maximum of benefit of **Rs.3 Lakh in one year** for all diseases.

Procedure for Claim

- a) It is mandatory that the member has to submit original papers as well as attested photo copies of treatment certificate, discharge summary, breakup of bills, professional charges, cost of medicine and investigations and any other documents upon which a claim is based **within 60 days of bill date / discharge** from the hospital. The member shall also give additional information as demanded by the scheme which may be required in dealing with any claim. If a claim in any manner is found fraudulent or supported by false evidence, the scheme shall not be liable to make any payment and may lead to termination of membership. Original bills and papers will be given back to the member after verification, if needed, and self-addressed, stamped (for Speed Post) envelope should be enclosed for the purpose.
- b) Eligible amount will be paid within 90 days from the submission of the original bills, papers and other documents upon which the claim is based. After verifying all the facts as prescribed by the managing committee, all payment shall be made by A/c. payee cheque/DD. Managing committee will have the discretion to pass / reject payment of bill in cases where they are not satisfied about the genuineness of the claim.
- c) Members will be given **reimbursement of 75% of total amount of the bill (after deductions, if any) not exceeding the sum limited to each diseases.**
- d) A member will get a maximum benefit of Rs.3 Lakhs in one year
- e) Diagnosis and treatment costing less than Rs.5000/ will not be covered under this scheme.
- f) The managing committee is empowered to add or alter or delete the name of the list of institutions for treatment.
- g) However, cost of treatment of members/beneficiary members shall be reimbursed regardless of whether they are recognized or not, provided the managing committee has not debarred them under any circumstances for any fraudulent action made in the records given to members.
- h) **No advance payment will be made to the members.**
- i) Managing committee of the scheme shall decide about the claim. State Working Committee of IMA KSB shall be the appellate body. No disputes can be challenged in any court of law.
- j) New members of the scheme will get the benefit on **completion of one year term** after joining the scheme. **(Lock in period)**
- k) **Charges of engaging a special nurse or attendant will not be reimbursed.**
- l) **Expense incurred on travel or ambulance will not be allowed.**
- m) **Food, laundry and telephone bills will not be reimbursed.**
- n) **Claim for treatment in systems other than Modern Medicine will not be allowed.**
- o) **Claim on cosmetic treatment, dental procedures, external appliances like spectacle, hearing aids etc will not be reimbursed.**
- p) Room rent up to Rs. 1000/- per day will only be considered for reimbursement.

DR.ROY R CHANDRAN

Hon Secretary, IMA Kerala Health Scheme

MONU'S, INPAAR JUNCTION, CHEVAYUR P.O,

Kozhikode - 673017, Mob: 9539332426

Website: www.imakhs.com

Email: imakeralahealthscheme@gmail.com, imakhs@gmail.com



IMA KERALA HEALTH SCHEME

Claim form

Claim No:

(For office use only)

(See instructions before filling)

1. Name of claimant:	Age:	Sex:
2. Scheme Enrolment No:	Date of joining scheme:	Renewal date:
3. Address - Permanent:	For communication	
4. Phone: (R:)	(O:)	Mob:
5. Details of previous claims - if any (in the current year)		
Date:	Amount claimed:	Amount received
6. Details of present claim:		
Date of Admission:	Discharge:	No. of days in hospital:
7. Diagnosis	:	
8. Details of hospital(s) treated:		
Name of Hospital:	Address:	Phone:
9. Name(s) of Doctor(s) treated:		
10. Amount of claim (Total)	:	
(a) Room rent	:	
(b) Food	:	
(c) Travel	:	
(d) Special charges (if any)	:	
11. Details of documents submitted	:	
(Originals mandatory)		

12. Whether you request to get original documents returned :Yes / No.

13 Bank name, Branch Name, IFSC Code. Account no(To receive payment)

14. Status of IMA membership: *Life member / Annual member: Renewed/Not renewed*

Affidavit:

I,do hereby declare that the details submitted above is true and correct to best of my knowledge and are bonafide record of the charges incurred during the treatment.

Date:

Signature:

Place:

Name:

For office use

Status of scheme membership : *Valid / Not renewed*

Date of enrolment :

Last renewed on:

Membership Year :

Next renewal :

Claims during present membership year :

1.	
2.	
3.	
4.	
5.	
Total	

Balance amount in present membership year : Rs.

Status of IMA membership (After HQ verification):

Total Amount Claimed			Remarks
Deductions			
Calculation:			
Upper limit of the claim			
Payment allotted:			

Signature of Scheme Secretary