Easy Health

Claim Procedure



10th Floor, Building No. 10, Tower B, DLF City Phase II, DLF Cyber City, Gurgaon-122002

Please review your Easy Health policy and familiarize yourself with the benefits available and the exclusions.

To help us to provide you with fast and efficient service, We kindly ask you to note the following.

- 1. We recommend that you keep copies of all documents submitted to the TPA or Apollo Munich Health Insurance.
- 2. Please quote your member ID/policy number in all your correspondences.

What do I do in case of a claim or any assistance?

Please contact our designated TPA atleast 7 days prior to an event which might give rise to a claim. For any emergency situations, kindly contact our TPA within 24 hours of the event. Dur TPA can be contacted through: 24 x 7 Toll free line at: 1800-425-4033 E-mail at: info@fhpl.net Fax at: 040-2354l400 Post/ Courier to: Claims Department, Family Health Plan Ltd, Srinillaya - Cyber Spazio, Suite No. 101, 102, 109 & 110, Ground Floor, Road No. 2, Banjiara Hills, Hyderabad - 500 034. Please use the Claim Intimation Form for intimation of a claim. Please use the Claim Intimation Form for intimation of a claim. Please interest of days of completion of such treatment, consultation or procedure. Please send the duly signed claim form and all the information days of the occurrence of the Indient. Please send the duly signed claim form and all the information days of the occurrence of the Indient. Please send the duly signed claim form and all the information days of the occurrence of the Indient. Please send the duly signed claim form and all the information days of the occurrence of the Indient. Please send the duly signed claim form and all the information/documents mentioned* therein to your designated TPA atleast hours prior to the hospitalization, kindly seek cashi authorization from your designated TPA atleast hours prior to the hospitalization. Para within 10 days of the occurrence of the Indient. Please refer to claim form for complete documents/information submitted by you, the TPA will send the deciments, your designated TPA atleast hours prior to the hospitalization. Please ter to claim form for complete documents/information in the documents, your designated TPA atleast hours prior to the hospitalization. Please ter to claim form for complete documentation. Please ter to claim form for complete documents will be sent the claim occurrence of the claim documents, your designated TPA will send the deciment will be send the claim occurrence of the claim documents, your designated TPA will send t

For any doubt or clarifications and/or information, call our Toll Free Line at 1800-102-0333 or log on to our website www.apollomunichinsurance.com or email us at customerservice@apollomunichinsurance.com