



HEALTH & ACCIDENT INSURANCE SCHEME OF AMC (OCTOBER 2018 - SEPTEMBER 2019)

*ASSOCIATION OF MEDICAL CONSULTANTS (MUMBAI)
4, GANPATI NIWAS,
OLD POLICE LINE,
OPP. ANDHERI STATION - (EAST)
MUMBAI - 400069*

INTRODUCTION

Two Decades back the expression "Pre Existing Diseases" (PED) sent shivers down the spine of both patients as well as doctors. Health insurance cover was still in its infancy but had already developed fangs of denial. The insurer not only denied reimbursement of such actual PED claims but found ways and means of creating conditions and excuses that somehow led most claims to the doorstep of a PED.

It was left to the wiles and guiles of an ever demanding and resolute organization like YOUR AMC which literally tore its way passed the hitherto impregnable defenses of the Insurance companies.

Come Dr. Mahendra Sheth, a pioneer and senior founder member, Past President and Managing Trustee of the AMC along with Dr. Prabhakar Rao, Past President, Trustee of AMC who with their uncanny power of persuasion and persistence showed the insurer the reasons and ways to accommodate a claim for PED, which now has rightly become a beacon of light to steer the Health Insurance industry to what it is today.

What then started as a process of radical change slowly snowballed into an avalanche of health products no guessing needed ... most of them taking a cue from the innovative changes made in your AMC policy.

**** The Far Reaching Health Policy of The Future****

Now you can enhance the sum insured for Health & Accident up to Rs.10 Lacs.

Even the most ardent die hard advocates of your AMC Health & Accident Policy (H&A Policy) are rubbing their eyes with absolute disbelief. The long cherished dream of our pioneer founders of the scheme Dr. Mahendra Sheth & Dr. Prabhakar Rao to make our scheme a 'SOCIAL RESPONSIBILITY' is no longer a pipe dream but an astonishing reality.

Our H & A scheme started out as a PLEA to the insurance companies to include PRE-EXISTING diseases in their health insurance products, at a small increase of 10% in their premium.

Today the H & A policy stands out as an astounding piece of a scheme made literally to stand on its own head.

To really digest this unlikely 'BELIEVE IT OR NOT' scenario, just glance at the current premium chart. Not only do the premium rates mock the traditional figures of the standard mediclaim chart of other insurers, it totally teases the entire concept of how premiums can be worked.

Would you be shocked to learn that a senior citizen above 80 years of age need pay a premium of just Rs. 3000/ PER lac of sum insured, when normal rates are over Rs. 7500/ lac.

OR

The existing co-payment has been removed for all members /and even dependents. If members and through them their dependants of all ages still read the writing on the wall as nothing but mirage or shadow..... only the good Lord himself can help.

Re-incarnation of the "NO CLAIM BONUS" phenomenon.

Today one of the last props of disbelief against the marvel of this H&A Scheme has been demolished by the introduction of BONUS SCHEME. At a time when seasoned insurers are fighting shy and perhaps also scared of continuing the NO CLAIM BONUS to its faithful followers, your H&A scheme has dared to trend against these acceptable practices of the experts.

The last cry of the few who tried this vitriolic best to deride your H&A scheme has now been permanently questioned.

The bold introduction of a NO CLAIM BONUS becoming available to all members below the age of 70 is perhaps just a launch pad for greater benefits to follow. Imagine a reduction of 20% of your premium being passed onto you for the last 4 years. Learn more as you read of the ways that have made your H&A scheme a success as it stands today. Even in case of persons between 60 to 70 years of age 10% no claim bonus has been introduced.

THE ONLY POLICY
TAILORED TO SUIT YOUR NEEDS.

There is hardly any comparison really possible to tell you what is so different in our unique health product.

IT REALLY IS ANOTHER ELIXIR FOR LIFE!!

OUTSTANDING FEATURES

	General Mediclaim	H & A
1	<i>Medical checkups before accepting a health cover could easily cost over thousands of rupees, and gets costlier as you age.</i>	<i>We do not ask for any checkup even if you are seventy nine years at joining.</i>
2	<i>Try getting a policy when you are above 60-65 years of age.... If you do ,...consider yourself VERY LUCKY.</i>	<i>We admit fresh entrants till 79 years of age and after that the insurance cover if unbroken, will be provided for life.</i>
3	<i>Costly investigation like a MRI, CT Angiography, will have to be paid from your pocket, if hospital stay is not taken, or even refused reimbursement should the investigation does not show any evidence of disease.</i>	<i>We will honor such costly investigations without your need to be hospitalized.</i>
4	<i>Day care procedures, mostly rebutted, rarely reimbursed.</i>	<i>We definitely look after this too.</i>
5	<i>Congenital disease, a favorite taboo from the pre-existing disease complex which rarely would even merit their concern.</i>	<i>Procedures necessary to correct any functional disability is readily covered by us.</i>
6	<i>Your bed charges during a hospital stay is titrated against your CSI for reimbursement i.e. if your CSI is 3 lacs, you can avail of a room up to only 1% i.e. Rs. 3000/day.</i>	<i>We cover your bed charges reimbursement up to 1.5% in ward and 2.5% for any needed ICU treatments for all CSI 3 lacs and over.</i>
7	<i>Portability from one insurance to another is a veritable mine field of obstacles.</i>	<i>We have all but removed most mines here also.</i>

Yes! What about the portability clause mentioned in (7) above ?

If you are already insured with another and rightly desire to improve your policy terms

YOU AND YOUR FAMILY CAN JOIN AND ENJOY THE PRIVILEGES OF THE H & A SCHEME PROVIDED A FEW REQUIREMENTS SPECIFIED BELOW ARE MET

- A. *If the applicant is below 60 years (Then their only restriction/exclusion is for pre-existing diseases for 1 year. However if you are changing over an existing policy to our H & A policy, these restrictions of 1 year will be removed if you have not claimed in previous year in existing policy.*
- B. *If age more than 60 years the applicant desirous of changing over to our H&A policy must provide proof of having held any health insurance policy for at least last 3 continuous years along*

with details of claim if any. Depending on whether the past outgoing insurance has been claim free or any claim had been made in those years, continuity of benefits of our policy will be determined (The 4 diseases restrictions clause table seen elsewhere in this brochure will then be made applicable according to the number of claim free years of the outgoing health insurance of the applicant.)

- C. Member should give an undertaking or certificate from previous insurance company that the existing policy is discontinued. Should the member wish to continue with his old policy and still want to join us... he can join us as a totally new member.

Most important of all

The scrutiny of all claims is by the H & A Committee of AMC, whose decision is final and binding on “**The Oriental Insurance Co. Ltd**” who are our official insurers.

Your family members are welcome to join our scheme.

In the unfortunate event of death of the main member (consultant) in the scheme, those family members who are already enrolled with us will be permitted to continue in the H & A scheme of the AMC, provided there is no break in continuity of their existing policies with us.

Cashless services has been started again from this year.

SPECIAL TERMS IN THE H & A POLICY FROM 1.10.2018 TO 30.09.2019

No prophecy to tell you that.....

Sophisticated medical treatment is getting costlier by the hour. Even routine treatment is often beyond the reach of many an individual. Our H & A policy was tailor made to meet the demands of our medical community, the chief difference being the inclusion with certain restrictions of pre-existing illness of all types.

The salient features of our H & A policy are being tabled below along with our latest premium table.

1). Domiciliary Hospitalization and/or Domiciliary treatment are not reimbursable. Nursing charges are only payable when the patient is admitted in a hospital and a fully qualified registered nurse is specially called for by the treating physician to do nursing services, exclusively for the patient. A stamped receipt from the qualified nurse for such payment made to her must be sent separately with the bills for reimbursement.

2) Physiotherapy taken during hospitalization is fully covered. However domiciliary Physiotherapy given by qualified physiotherapist is covered within the period of 30 days of hospitalization and the maximum payable amount is 5% of sum insured.

3). Investigation and treatment of the following four conditions will be payable as per the following schedule:-

SR. NO.	Disease	Year 1	Year 2	Year 3	Year 4	Year 5	6 to 10 Years	Beyond 10 Years
1	Joint Replacement	Not Covered	Not Covered	Not Covered	50% of Cap Amount	75% of CSI		
2	Chronic Renal Problem / Transplants	Not Covered	Not Covered	Not Covered	50%	Full		
3	Morbid Obesity	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	50%	Full
4	Robotic Surgery	Not Covered	Not Covered	Not Covered	75% of CSI			

A. No loading for all age groups.

B. No co-payment for all age groups.

C. Capping on certain treatments as provided elsewhere will be applicable.

D. All other pre-existing diseases along with hysterectomy, cataract, malignancy & cardiac ailments are not covered in initial 2 years of joining the scheme for members joining above the age of 60 years.

E. ENHANCED SUM INSURED IS NOT AVAILABLE FOR CLAIM IN 1ST YEAR.

F. Hysterectomy and malignancy is fully covered from 2nd year onwards provided you have join the scheme below the age of 60 years otherwise it will be eligible from 3rd year onwards. Cataract and cardiac ailments are covered from 2nd year onwards as per capping rates.

4. Hospital stay charges per day:

If your Capital Sum Insured (CSI) is less than Rs 3 lacs, the room charges payable per day will be restricted to 1% of CSI in wards/rooms and 2% of sum insured in ICU.

However when your CSI is 3 Rs lacs and above, the hospital stay charges will be available upto 1.5 % of the CSI per day in the ward or room and upto 2.5% of CSI per day if admitted in an ICU. **This feature is exclusively for AMC H & A policy.**

Obviously if you wish to avail of single room facility in a Tertiary care hospital you would be better off having a minimum of Rs.3lac CSI For e.g. If your capital sum insured is Rs. 1 Lac then you are entitled for hospital stay charges Rs. 1000 per day in ward/room and Rs. 2000/- per day in ICU. How ever if your sum insured is Rs.3 Lacs then you are entitled for hospital stay charges of Rs. 4500/- per day in ward and Rs. 7500/- per day in ICU.

Remember, if you use a room of a class higher than your eligibility for reimbursement, the hospitalization and all other charges will only be reimbursed as per your eligibility in that class

Rates billed in a class higher than your eligibility will be reduced on percentage basis i.e. if the member is eligible for room up to Rs. 1000 but is admitted in a room (+nursing charges) Rs. 1500, he will be entitled to 2/3 of all other expenses (except Material Cost) subject to maximum of 50% deduction.

5). The treatment of macular degeneration, photodynamic therapy, the injection of lucentis, injection visudyne & other such treatments however will not be eligible for reimbursement. Neither will payment for Osteoporosis supplements, TNF alpha inhibitors & visco supplements etc. be done.

6) Charges payable toward surgical treatments for cataracts / CABG / Angioplasty / Jt. Replacement are being capped as below:

SUM INSURED	Amount Per Eye	CABG/ Angioplasty	Jt. Replacement Per one joint	Robotic Surgery
Rs.100000	Rs.25000	75000	75000	75000
Rs.200000	Rs.30000	150000	150000	150000
Rs.300000	Rs.35000	225000	225000	225000
Rs.400000	Rs.45000	300000	300000	300000
Rs.500000	Rs.50000	375000	375000	375000
Rs.600000	Rs.55000	450000	450000	450000
Rs.700000	Rs.60000	525000	525000	525000
Rs.800000	Rs.65000	600000	600000	600000
Rs.900000	Rs.70000	675000	675000	675000
Rs.1000000	Rs.75000	750000	750000	750000

Most important concessions :-

- 1) We have not increased the premium in any slab for past almost 10 years.
- 2) There is NO CO-PAYMENT & NO LOADING this year.
- 3) Bonus rate of 5% reduction will be applicable for those who shift their existing mediclaim policy to AMC provided there is no claim in last 3 years & a copy of last 3 yrs policy is enclosed along with the proposal.
- 4) Up to the age of 60 years 5% bonus will be given in the premium payable for every claim free year for existing members of H & A scheme subject to a maximum of 20% reduction. However if you make a claim then in the next year contract you will not be eligible for any bonus. Again you earn a cumulative 5% bonus for every claim free year automatically. However between 60 and 70 years maximum bonus payable is 10%. i.e. 5% for every claim free year

Now our H & A Scheme also gives Life Cover for members up to 60 years of Age

In the event of natural death of member up to 60 years of age and he/she being the Health scheme for more than 10 years family will be given an amount equivalent to average of the sum insured in last 10 years. If he or she in the Health scheme between 5 to 10 years than he/ she will be given 50% of amount of average sum insured in last 5 years. Deaths due to accidents and Suicides will not be payable.

HEALTH PREMIUM CHART

TABLE 1
BASIC REVISED PREMIUM
FOR NEW ENTRANTS AND ENHANCEMENT OF CSI OF MAIN MEMBER, SPOUSE AND
DEPENDANTS BELOW 60 YEARS

SUM ASSURED OVERALL	AGE UP TO 35 YEARS	AGE 35 + 1 DAY UPTO 45 YEARS	AGE 45 + 1 DAY UPTO 55 YEARS	AGE 55 + 1 DAY UPTO 60 YEARS
	RS.	RS.	RS.	RS.
1,00,000	1366	1839	2887	4523
2,00,000	2625	3475	5524	8682
3,00,000	3686	4863	7866	12436
4,00,000	4632	6069	10008	15925
5,00,000	5587	7268	12156	19414
6,00,000	6637	8612	14293	22895
7,00,000	7667	9893	16435	26385
8,00,000	8676	11154	18536	29851
9,00,000	9662	12392	20616	33295
10,00,000	10628	13610	22694	36736

TABLE 2
Basic revised premium for member and spouse above age of 60 years

SUM ASSURED OVERALL	60 yrs + 1 day up to 70 yrs		70 yrs + 1 day up to 80 yrs		80 years and above	
	Less than 10 years in H & A Scheme	More than 10 years in H & A Scheme	Less than 10 years in H & A Scheme	More than 10 years in H & A Scheme	Less than 10 years in H & A Scheme	More than 10 years in H & A Scheme
	RS.	RS.	RS.	RS.	RS.	RS.
1,00,000	5938	5199	5938	4621	5938	3466
2,00,000	11875	10396	11875	9242	11875	6931
3,00,000	17813	15595	17813	13862	17813	10396
4,00,000	23751	20794	23751	18483	23751	13862
5,00,000	29689	25992	29689	23104	29689	17329
6,00,000	35626	31191	35626	27726	35626	20794
7,00,000	41565	36389	41565	32347	41565	24261
8,00,000	47502	42327	47502	38284	47502	30198
9,00,000	53440	48266	53440	44222	53440	36135
10,00,000	59377	54204	59377	50159	59377	42073

Please note those who are in our scheme (Age 60 yrs. + 1 day up to 70 yrs.) will get 5% No Claim Bonus if there is no claim in last year policy and 10% bonus if there is no claim for last 2 years.

Please note in table 2 for main member and spouse premium is frozen after the age of 60 yrs resulting in reduction in premium by about 15 % at the age of 60 yrs, 30% at the age of 70, and 35 % at the age of 80 and above.

If you are in H & A scheme more than 10 yrs without any break at the age of 60 yrs your premium is reduced by about 25%, at the age of 70 by 40% and at the age of 80 by 60%.

However if there is a general increase in rate it will apply to all categories.

TABLE 3

BASIC REVISED PREMIUM FOR DEPENDANTS ABOVE 60+1 day

SUM ASSURED OVERALL		
	AGE 60 YRS + 1 DAY UPTO 70 YRS	AGE 71 YRS & ABOVE
RS.	RS.	RS.
1,00,000	6526	8295
2,00,000	13071	16589
3,00,000	19610	24883
4,00,000	26147	33178
5,00,000	32687	41473
6,00,000	39219	49772
7,00,000	45759	58067
8,00,000	52216	66355
9,00,000	58743	74649
10,00,000	65271	82944

NOTE: PLEASE ADD RS. 200/- PER HEAD AS AMC Corpus Fund FOR ALL 3 TABLE 1, 2 & 3 SHOWN ABOVE.

DOMICILIARY HOSPITALISATION NOT INCLUDED

Note: - Premium is payable at rates considering the age in completed years as on 1-10-2016.

If a hospital has package deal with a provider in that institution, the same package will apply to AMC H&A members. Any additional fees will not be reimbursed.

FOR ALL NEW ENTRANTS; Insurance will be initiated from the 1st of every month and all such policies will end on 30th September 2015. The proposal form along with the requisite cheque amount must be submitted before 25th of any month to become operative from the 1st of the following month

Along with many other additional benefits, NOTE the premium payable in most of the slabs in our H&A Policy is comparable or lower than normal mediclaim policy, even though our policy covers pre-existing diseases as mentioned above plus many additions as exclusive features.

Please Note: CSI for health insurance is a minimum of RS. ONE LAC and multiple of a lac upto Rs. 10 Lacs.

Accident premium Chart

TABLE - 4

PREMIUM FOR PERSONAL ACCIDENT COVER		
Capital Sum Insured in Rupees	Premium with weekly benefit cover incl. service tax in Rupees	Premium without weekly benefit cover incl. service tax in Rupees
1,00,000	200	136

Important note – those having no income such as children below 21 yrs of age, doctors above 75 of age and not in active practice, house wives are not to be given pa cover for more than rs.5lacs and that too “without weekly benefit.” (No cover “with weekly benefit”)

**N.B.: FOR CSI UPTO Rs.10 LACS PREMIUM TO BE CALCULATED IN MULTIPLES OF 1 LAC
Minimum personal accident cover CSI for all New Entrants is Rs.1Lac**

7) Most claims are settled without dispute. However some claims which are considered excessive, unreasonable or out of range by the H & A Committee, will be called in for scrutiny; the claimant would have to justify the fairness of the claim made by him, and abide by the decision of the professional colleagues in the H & A Cell,

Mis-representation, suppression of material fact at the inception of policy or during claim will lead to repudiation of claim.

8). When you are treated for any illness or disease in your own family institution or setups, please note all other doctor's bills, outsourced investigations and medicine bills will be completely reimbursed as per terms specified above in this brochure. However only 50% of all the hospital bills generated by his own family institution will be reimbursable; your professional charges when treating your own family will not be allowed even when your dependents are treated elsewhere in another hospital. Since it was found some of our members are disregarding this limitation, the decision of H & A cell will be final regarding any claim approval.

NOTE:-

All Pre-existing diseases and ailments and their investigation will be covered except.

A) In the first 1 year of insurance.

B) On any enhanced CSI where the enhanced value will be available only after 1 year.

9) The Insurance company shall not be liable to make any payment under this policy in respect of any expenses whatsoever incurred by any insured person in connection with or in respect of –

A) Any cosmetic surgery including surgery for correction of eye sight cost of spectacles, contact lenses, hearing aids etc.

B) External and or durable Medical / non medical equipment of any kind used for diagnosis and or treatment including CPAP, BIPAP, NEBULIZER, CAPD, Infusion pump etc. Ambulatory devices i.e. walker, Crutches, Belts, Collars, Caps, splints, slings, braces, Stockings etc. of any kind, Diabetic foot wear, Glucometer / Thermometer, Dialysis Equipment and similar related items etc and also any medical equipment which is subsequently usable at home etc.

C) Stem cell therapy

D) Any condition excluded in standard mediclaim will also be considered excluded in our policy unless specified otherwise.

E) Circumcision (unless necessary for treatment of a disease not excluded hereunder or as may be necessitated due to any accident), vaccination, inoculation or change of sex or cosmetic or of aesthetic treatment of any description, plastic surgery other than as may be necessitated due to an accident or as a part of any illness.

F) Any dental treatment or surgery which is corrective, cosmetic or of aesthetic procedure, filling of cavity, root canal including wear and tear etc unless arising from accidental injury and which requires hospitalisation for treatment.

G) Convalescence, general debility, "run down" condition or rest cure, congenital external diseases or defects or anomalies, sterility, any fertility, sub-fertility or assisted conception procedure, venereal diseases, intentional self-injury/suicide, all psychiatric and psychosomatic disorders and diseases / accident due to and or use, misuse or abuse of drugs / alcohol or use of intoxicating substances or such abuse or addiction etc.

H) Naturopathy treatment, unproven procedure or treatment, experimental or alternative medicine and related treatment including acupuncture, acupressure, magnetic and such other therapies etc.

I) Doctor's home visit charges, Attendant / Nursing charges during pre and post hospitalization period.

J) Treatment which is continued before hospitalization and continued during and after discharge for an ailment / disease / injury different from the one for which hospitalization was necessary.

10) Dependents who can avail of our scheme include parents, children, grand children, and parents of spouse, son-in-law and daughter-in-law. Parents/in-laws are only covered if the children are insured also with us.

N.B.: CSI of any dependent cannot exceed the CSI of main member of group. Member cannot increase his CSI after the age of 79 years.

CSI of parents of Non member spouse can be equal to or less than the CSI of the concerned spouse.

11) All TPA services including cashless services are being discontinued. Hence no cashless cards will be issued. However Paramount will be our new outsourced center for receiving & processing of claims. They will be receiving all the claim papers and processing them, as per the terms and conditions of our policy and making payment.

12) The age for fresh entrants will be 79yrs of completed age and after that insurance cover if unbroken will be provided for life. Increase in sum insured will not be allowed after 79 years of age. However when limit is increased general, highest sum insured holding persons will be allowed to increase their sum insured irrespective of age once.

13) Newer Modalities of treatment will be considered as per standard Medclaim Policy of "Oriental".

14) Preexisting diseases are covered after 1 year of policy.

15) Our H & A policy is just another product available to you. It is tailor made to meet our requirements and provide cover for dependents. It's a not just an insurance; it is social security insurance, where the consultant community looks after the health needs of its members and their dependents to the maximum extent feasible.

16) Those discontinuing from the H & A scheme after having made a claim during the current year will not be readmitted in the scheme for at least the next five years.

17) H&A committee reserves the rights to acceptance of proposals where some family members/dependants is suffering from serious/terminal/congenital disease. Specific exclusions may also be imposed if accepted.

18) It is advised to intimate a claim prior to hospitalization for planned hospitalization and within 7 days of admission for emergency hospitalization. All claim papers along with pre hospitalization bills (up to 30 days prior to hospitalization) must be submitted to Paramount within 15 days from the date of discharge. However where treatment is continuing, (period upto 60 days after hospitalization) post hospitalization bills can be submitted within 75 days of discharge from hospital or within 15 days of completion of post hospitalization treatment whichever is earlier. No claim will be entertained beyond this period.

CAUTION:

• **Members must understand ours is a group health Insurance and NOT standard medicaid.** If we make higher claims, the total of all claims made by our members will go up more than the premium paid by us in that year. If this happens, all of us have to pay higher premium next year. Hence it is in OUR INTEREST that the hospital bills claimed by us are fair and reasonable to prevent an increase in premium the next year. We request you to go to a tertiary care centre or major hospital only for major illnesses; for other illness please take treatment in smaller hospitals where the bills generated and claims amount will be much less.

• If scrutinizing committee of H & A Cell feels the bills submitted are inflated or unreasonable then H & A Cell decision will be final regarding approval of claims.

HEALTH & ACCIDENT CELL

1	Dr. Suhas Kate	Chairman	-	Cell: 98201 47041
2	Dr. Jayesh Shah	Convenor	TEL: C-26131803/ 98190 67414	Cell: 98690 57414
3	Dr. S.S.Rao	Advisor	-	Cell: 98200 25201
4	Dr. Deepak Vaidya	Member	TEL: C-26286688	Cell: 93225 11069
5	Dr. Rajeev Agarwal	Member		Cell: 93245 47676
6	Dr. Nitin Rao	Member	-	Cell: 98200 22368
7	Dr. Hitesh Bhatt	Member	-	Cell: 98339 66522
8	Dr. P. N. Rao	Patron- Advisor	-	Cell: 98200 42957

HEALTH & ACCIDENT INSURANCE SCHEME OF AMC

List of approved Insurance Agents for Health & Accident policy.

AGENT'S NAME	TEL NO. AND CELL NO.	AREAS OF COVERAGE
Mrs. Shobha Shah.	98210 91530 / 24185483	South Mumbai upto Matunga (C.Rly) & (W.Rly)
Mr. Bhupendra Shah.	98201 81275 / 65753061 / 25013447	Sion and All Central Rly. Suburbs up to Kalwa, Navi Mumbai
Mr. Sushil Punyarthi.	9821079832/ 9820114538 / 28935516	Mahim to Dahisar
Mr. Krishnakant Garodia.	93222 27801 / 2819 1638	South Mumbai to Andheri
Mr. Pawankumar Agarwal.	2819 2036 / 9223445779 / 9320566788	Malad to Virar till Dahanu
Mrs. Trupti Sampat.	98690 72993 / 28655094 / 22928477	South Mumbai to Borivali
Mr. Mandar Datar.	9769527708 / 2536 8029	Beyond Kalwa on Central Rly New Mumbai
Mr. Sanjay M Sureka.	9820497117 / 26114812	Churchgate To Andheri
Mr. Rooproy Harbinder Singh	9869468615 / 9702061070	Churchgate To Borivali & Chembur
Mr. Jitendra K Udeshi.	9819587785 /0251 – 2861361	Dombivali & Central Suburban
Mr. Kiran Shah.	9869104614 / 27454171	Panvel – New Mumbai
Mr. Shailesh Mawani	9869038208	Western Mumbai
Mr. Sagar Mestry	8286746427	All
Mr. Vasant Sakpal	9405655215	All
Ms. Apeksha Sanghavi	9833608733	Western Mumbai

Any new member in the H & A scheme will generally be serviced by the agent covering that area However members do have the right to choose any agent from the list above.

AMC Office (10 am – 6 pm)

TEL: 022- 26836019/ 26844639 / 26821109

Whatsapp Number: 9867450066

IN CASE OF CLAIM:-

Paramount Health Services (TPA) Pvt. Ltd.

- Please Submit Cancelled Chq (signed with name written / printed)For Direct Payment To Your Account.**
- In Case The Claim Is Above Rs1 Lac Pls Submit Photo Id Proofs Such As Aadhar Card, Passport Copy Etc Along With Claim Form.**

Head Office:

**PLOT NO. A-442,Road No. 28, M.I.D.C.,
Industrial Area, Wagale Estate, Ram
Nagar, Vitthal Rukhmani Mandir,
Thane West Pin Code - 400604**

POLICY ISSUING OFFICE:

MCD0 22, The Oriental Insurance Co. Ltd.
Oriental Bldg. 3 rd Floor, above LIC of India
Flora Fountain, Mumbai - 400 001.
Mrs. Indrani Verma , Sr. Divisional Manager -
22853323 (D) Board -22853324, 22024773 Fax-
22043700 EMail: 112500@orientalinsurance.co.in

If Claim Intimation Email:

- Claim.intimation@paramounttpa.com**

2. amcmumbai@gmail.com

WHY NOT Take full advantage of your membership facilities?

Professional Indemnity and E & O Insurance

- Ratio 1:1
- Indemnity Policy Covers your practice anywhere in India
- Cases in Maharashtra Medical Council covered.
- Cases in National Human Rights Commission covered.
- Cases in Monopolies and Restrictive Trade Practices Commissions covered.
- Defence costs for Criminal cases arising out of Medical accidents,
- mishaps operative deaths etc will be covered for the 1st time ever.
- Provision in "Memorandum Of Understanding" for compromising court cases for settlement.
- Cashless Service for payment to Advocates as per agreed schedule (This is a special schedule which is 200% higher as compared to normal schedule of Advocate fees)
- Cases to be handled by Legal Experts in Medico negligence cases and not by any Advocate on panel of Insurance Company.
- Cosmetic Procedure and Cosmetic Surgery cases of medical negligence covered at extra premium.
- Retroactive date of old policy will continue if policy is renewed in time.
- If policy is renewed late but within 6 months of expiry, retroactive date will be restored on payment of 25% of basic premium.
- Expenses for Doctor's travel by air + stay for visit to New Delhi for Evidence in National Commission covered.
- No loading on existing premium.
- The AGM of the Medico-legal cell held on 11thFeb approved 25% increase in sum insured for all its members without any increase in fees paid with imm. effect. Non members of this scheme can migrate to this scheme & retain their retroactive dates. Contact AMC office for details.

A UNIQUE BENEVOLENT SCHEME DESIGNED FOR AMC MEMBERS ONLY

SALIENT FEATURES OF THE SCHEME

1. At any age you can join the scheme. Maximum age-65 year
2. Minimum paper work
3. May join the scheme by paying 10% of joining fees according to age group. Rest of payment by installment with interest
4. Each member while joining the scheme has to pay
 - a) Membership Fee according the age group (once in lifetime)
 - b) Annual contribution at present Rs. 300 per year
 - c) Per death contribution is of Rs. 500 per death or any member becomes mentally / physically total disable (100% disability)
5. You can change the nominee at any stage if required.
6. Benevolent fund payable on death is more than Rupees 4.5 Lacs as of today. We also have Surrender scheme & the benefit will be according to the years you were in the scheme at the time of surrendering.
7. Spouse also can become member by paying Rs. 1000/- extra and he or she become associated member. They will have the same benefit
8. Fund payable to a member will depend on the number of valid members in the scheme existing at the time of death or disability, of the deceased member
9. The fund will be given to nominee within 30 days (maximum) on receiving confirmation of incidence, of course after satisfying de-facto position of the case i.e. completed claim form with death certificate of member
10. Premium rates being paid by you are certainly less than LIC table prescribed. You can consult your advisor/ solicitor advice from your fund manager too
11. Our Scheme is affordable, beneficial & safe and being handled by AMC
12. Above scheme is mode of investment, mini term plan and very important way of conveying your condolence to the family where death has occurred

THIS IS A PURE NUMBER GAME = MORE THE MEMBERS IN THE SCHEME , MORE THE AMOUNT PAYABLE TO THE DECEASED FAMILY. SO PLEASE JOIN THE SCHEME TODAY ONLY.

Contact: Your AMC agent or Vandana – Mob -9819379808, Pranali : Mob – 9769053502, Pramila- 8898025823.