

The Pre-Hospitalisation Checklist Every Policyholder Must Follow

1. Confirm Policy Status and Validity

Before anything else, ensure:

- The policy is active
- Premiums are fully paid
- There is no lapse or grace-period confusion

Claims during lapsed periods are one of the most non-negotiable **claim rejection** grounds.

2. Understand What Your Policy Actually Covers

Many policyholders know their sum insured — but not their exclusions.

Before admission, verify:

- Covered treatments
- Disease-wise waiting periods
- Sub-limits and co-pay clauses
- Room rent eligibility

Lack of clarity here is a major contributor to **claim rejection-related issues**, especially in health insurance.

3. Check Hospital Network and Empanelment

Cashless facilities are only available at network hospitals.

Always:

- Confirm the hospital is empanelled *for your specific insurer*
- Re-check network status before admission (networks change)

A hospital being “well-known” does not guarantee cashless eligibility.

4. Choose the Right Room Category

Room rent limits are not cosmetic clauses — they impact the *entire bill*.

Choosing a higher room category than allowed can lead to:

- Prorated deductions
- Partial approvals
- Extended **delay in claim process**

This is one of the most misunderstood — and costly — mistakes.

5. Declare Medical History Honestly (Even If It Feels Minor)

Non-disclosure is one of the strongest grounds insurers use for **claim rejection**.

Conditions like:

- Hypertension
- Diabetes
- Thyroid issues
- Past surgeries

Or any other ailments must be disclosed, even if they seem unrelated. Years later, these omissions resurface as **claim rejection services** cases.

6. Initiate Pre-Authorisation Early

For planned hospitalisations:

- Submit pre-authorisation requests well in advance (48-72 hours before for non-emergencies, 24 hours before for emergencies)
- Ensure all medical details are accurate and complete

Incomplete or rushed submissions often trigger delays or denials at the hospital desk itself.

7. Keep Documentation Ready — Not After the Fact

Before admission, prepare:

- Policy copy
- ID proofs
- Past medical records
- Diagnostic reports

When documentation is ready beforehand, it significantly reduces any objections later.

8. Ask the Hospital the Right Questions

Most policyholders hesitate to ask billing-related questions before treatment. That hesitation costs them later.

Ask clearly:

- What costs are not covered under insurance?
- Which consumables are non-payable?
- Will there be package exclusions?

Transparency at this stage prevents disputes during **claim settlement**.

9. Avoid Relying Solely on Verbal Assurances

Statements like:

- “This will be covered”
- “Insurance won’t be a problem”

mean nothing without written confirmation. Always seek:

- Email confirmations
- Pre-authorization approvals
- Documented cost estimates

Prevention Is the Most Underrated Claim Strategy

Common Policyholder Mistakes vs Smart Pre-Hospitalization Prevention

Common Mistake by Policyholders	What Insurance Experts Recommend Instead
Assuming the policy is active without checking payment status	Always confirm policy validity and premium clearance to avoid outright claim rejection
Not reviewing exclusions or waiting periods	Examine policy wording carefully to prevent avoidable claim rejection related issues
Choosing a hospital without confirming network status	Verify empanelment with your insurer to avoid cashless denial and delay in claim process
Selecting a higher room category for comfort	Match room category with policy limits to prevent proportional deductions and disputes
Ignoring minor past illnesses during disclosure	Declare all medical history honestly to avoid rejection due to non-disclosure
Submitting pre-authorization at the last moment	Initiate pre-authorization early to reduce scrutiny and processing delays
Trusting verbal assurances from hospital staff	Obtain written approvals and documented estimates to strengthen claim credibility
Not reviewing treatment costs beforehand	Understand non-payable items and exclusions to avoid billing shocks
Treating insurance as a post-hospitalization task	Plan claims <i>before</i> admission to prevent insurance claim-related issues
Approaching experts only after rejection	Consult subject matter experts beforehand to eliminate the need for claim rejection services

From the Experts to the policyholder reading this... You are not alone.