



R. No	
R. Date	
En.Date	



INDIAN MEDICAL ASSOCIATION

NATIONAL HEALTH SCHEME

APPLICATION FORM



PHOTO

MEMBER

SPOUSE

PARENTS IF WANT TO JOIN

CHILDREN

EN. NO	IF ALREADY A MEMBER	OFFICE USE	OFFICE USE	OFFICE USE	OFFICE USE
Name					
Age	DOB	D	D	M	M
		Y	Y	Y	Y
Proof of Age Document					
Address				Address	
Permanent				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
Proof of Age Document					
Address				Address	
Permanent				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)					
Father - Name					
Age	DOB	D	D	M	M
		Y	Y	Y	Y
Proof of Age Document					
Address				Address	
Permanent				Communication	
				Pin	
					Pin
Mob				Tel with STD Code	
E Mail ID					
Mother-Name					
Age	DOB	D	D	M	M
		Y	Y	Y	Y
Proof of Age Document					
Address				Address	
Permanent				Communication	
				Pin	
					Pin
Mob				Tel with STD Code	
E Mail ID					
Son/ Daughter Name					
Age	DOB	D	D	M	M
		Y	Y	Y	Y
Proof of Age Document					
Address				Address	
Permanent				Communication	
				Pin	
					Pin
Mob				Tel with STD Code	
E Mail ID					

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Son/ Daughter Name																																							
Age		DOB	D	D	M	M	Y	Y	Y	Y	Proof of Age Document																												
Address Permanent																			Address Communication																				
		Pin																																				Pin	
Mob																			Tel with STD Code																				
E Mail ID																																							
Son/ Daughter Name																																							
Age		DOB	D	D	M	M	Y	Y	Y	Y	Proof of Age Document																												
Address Permanent																			Address Communication																				
		Pin																																				Pin	
Mob																			Tel with STD Code																				
E Mail ID																																							
Nomnaton	Name																		Relation										Signature										
1																																							
2																																							
3																																							

DETAILS OF PAYMENT

Cheque DD

Amount. NO..... DATE.....

Name of Bank..... Branch.....

AFFIDAVIT

Ihereby state that the details furnished by me are true to the best of my knowledge and I am in sound state of mind and body. I further state I shall abide by the rules and regulations of the scheme which may be amended from time to time (if need arises).

Date.....Signature of the Applicant.....

CERTIFICATE FROM BRANCH PRESIDENT / SECRETARY

I, DR PRESIDENT/ SECRETARY OF IMA.....

BRANCH DO HERE BY CERTIFY THAT DR.....IS A LIFE / ANNUAL MEMBER OF THIS BRANCH.

DATE.....SEAL.....SIGNATURE.....

Submit Application form [Page 1 and 2] duly filled and signed along with

1. Any Age proof Document (Copy) 2. Life membership certificate (Copy)

3. Cheque / DD payable at Trivandrum.[RS.100 for out station cheques] drawn in Favour of **IMA NATIONAL HEALTH SCHEME** to Dr.P. Gopikumar Hon. Secretary, IMA National Health Scheme"Smruthi", Olarikkara, P.O. Pullazhi, Thrissur - 680012, Kerala State. Tel: 0487 2422590; 94 00 07 11 33 imanhs2016@gmail.com www.imanhs.com

If you have any query/doubt regarding the claim procedure,feel free to contact Dr P Gopikumar

Phone-09400071133 Email- pgopikumar@gmail.com

FOR OFFICE USE ONLY

DATE OF APPLICATION D D M M Y Y Y Y

VERIFICATION DETAILS FROM STATE HQ

APPLICATION RECEIVED D D M M Y Y Y Y

LIFE ANNUAL NON MEMBER

RECIEPT NO

DD/CHQ ENCASHED YES NO REPAYD

EN. NUMBERS

DATE OF ENROLMENT D D M M Y Y Y Y

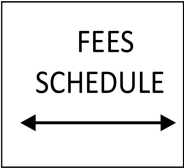
HEALTH CARD SENT ON D D M M Y Y Y Y

SIGNATURE, SECRETARY IMA NHS

APPLICANT CAN RETAIN PAGE 3 FOR REFERENCE

Leave the columns as such if parents or children are not joining the scheme. If Parents, Spouse or children wanted to join the scheme on a later date same form can be used. The enrolment no (EN.NO) should be written on the first column above the name of the member. Other details are not necessary.

AGE	AF	AMS	AFAC	GST (18%)	TOTAL
Less than 25	1000	500	2500	720	4720
25 up to 35	1000	500	3000	810	5310
35 up to 45	1250	500	3000	855	5605
45 up to 55	1750	500	3000	945	6195
AMS and AFAC have to be paid every year					



AGE	AF	AMS	AFAC	GST (18%)	TOTAL
55 up to 60	5000	500	5000	1890	12390
60 up to 65	7000	500	7000	2610	17110
65 up to 70	8000	500	8000	2970	19470
70 up to 80	10000	500	10000	3690	24190
AMS and AFAC have to be paid every year					

AF=Admission Fee, AMS=Annual Membership Subscription , AFAC= Annual Financial Assistance Contribution
CAREFULLY FILL PAGE 1, 2 AND SEND TO THE OFFICE. **THE THIRD PAGE CAN BE RETAINED BY THE MEMBER FOR FUTURE REFERENCE.** RULES AND REGULATIONS GIVEN IN THE THIRD PAGE IS SUBJECT TO AMENDMENT, IF NEED ARISES. IN CASE OF DEATH OF A MEMBER THE CLAIM SHALL BE GIVEN TO THE NOMINEE.

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

Only members up to the age of 80 years will be admitted. Age is considered as on receipt of duly filled application along with cheque/ DD (subject to encashment) at the scheme office. Only bills above Rs. 5000/- shall 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 who have joined in the scheme provided their membership is active.

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 tumours involving surgical treatment and joint replacement surgery for hip and knee joints, spinal surgery, Trauma, and 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.

3, Cancer: -, Surgery, Radiotherapy and chemotherapy required for the treatment of all cancers will be covered under the scheme. Upper limit will be 3 Lakhs/year.

4, Management of Brain Tumor: - 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 to 2 lakhs/year.

6, Other diseases: -Any serious diseases requiring hospitalization will be covered with an upper limit of Rs. 1 lakh/per year.

Procedure for Claim

- It is mandatory that member has to submit original papers as well as attested photo copies of treatment certificate, discharge summery, breakup of bills, professional charges, cost of medicine and investigations etc and any other documents upon which a claim is based within 60 days of discharge from 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 any 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.
- 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. 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.
- Members will be given reimbursement of 75% of total amount of the bill not exceeding the sum limited to each diseases.
- A member will get a maximum of benefit of Rs. 3 Lakhs in one year.
- Diagnosis and treatment costing less than Rs. 5000/ will not be covered under this scheme
- Private hospitals have to apply for being included in the list of a recognized institution.
- The managing committee is empowered to add or alter or delete the name of the list of institutions for treatment.
- 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 circumstance for any fraudulent action made in record given to members.
- No advance payment will be made to the members
- Managing committee of the scheme shall decide about the claim. Central working of National IMA shall be the appellate body. No disputes can be challenged in any court of law.
- Members of the scheme, who joins before the age of 55 years will get benefit after completion of one year of joining the scheme.
- Members who join after completion of 55 years of age and below 70 years will get benefit only after completion of 2 years of joining the scheme. Those in the 70 - 80 age group can claim Med reimbursement only after 3 years of joining the scheme.
- Charges of engaging a special nurse or attendant will not be reimbursed.
- Expense incurred on travel or ambulance will not be allowed
- Food ,laundry and telephone bills will not be reimbursed
- Treatment in other systems other than Modern Medicine will not be allowed.
- Claim on cosmetic treatment, dental procedures, external appliances like spectacle, hearing aids etc will not be reimbursed
- Room rent up to Rs.1500/- will only be considered for reimbursement.

LOCK IN PERIOD FOR THOSE WHO JOIN THE SCHEME BELOW 55 YEARS IS 1 YEAR AND ABOVE 55 yrs TO BELOW 70 YRS WILL BE 2 YEARS.
CLAIM REACHING THE OFFICE 60 DAYS AFTER THE DATE OF DISCHARGE SHALL NOT BE CONSIDERED

THOSE IN THE AGE GROUP OF 70-80 YEARS CAN CLAIM MEDICAL REIMBURSEMENT ONLY AFTER 3 YEARS OF JOINING THE SCHEME