



INDIAN MEDICAL ASSOCIATION IMA NATIONAL HEALTH SCHEME

APPLICATION FORM

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

SPOUSE

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																														
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 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	Proof of Age Document																		
Address Permanent																Address 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 Permanent																Address Communication														
	Pin															Pin														
Mob											Tel with STD Code																			
E Mail ID																														

CHILDREN

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																														

I F W A N T T O J O I N

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

- Any Age proof Document (Copy)
- Life membership certificate (Copy)
- Cheque / DD payable at[RS.100 for out station cheques] drawn in Favour of **IMA NATIONAL HEALTH SCHEME** to

FOR OFFICE USE ONLY

DATE OF APPLICATION	D	D	M	M	Y	Y	Y	Y	VERIFICATION DATAILS FROM STATE HQ							
APPLICATION RECEIVED	D	D	M	M	Y	Y	Y	Y	LIFE <input type="checkbox"/> ANNUAL <input type="checkbox"/> NON MEMBER <input type="checkbox"/>							
RECIEPT NO									DD/CHQ ENCASHED YES <input type="checkbox"/> NO <input type="checkbox"/> REPAID <input type="checkbox"/>							
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

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	TOTAL
Less than 25	1000	500	2500	4000
25 Up to 35	1000	500	3000	4500
35 up to 45	1250	500	3000	4750
45 up to 55	1750	500	3000	5250
AMS and AFAC have to be paid every year.				

FEES
SCHEDULE
←→

AGE	AF	AMS	AFAC	TOTAL
55 TO 60	5000	500	5000	10500
60 TO 65	6500	500	7000	14000
65 TO 70	8000	500	8000	16500
70 TO 80	10000	500	10000	20500
AMS and AFAC have to be paid every year				

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 2,00,000/- 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. **2 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 **2 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 **2 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. 2 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 one lakhs/year.6. Other diseases:- Any serious diseases requiring hospitalization will be covered with an upper limit of Rs 50,000/- per year.

Procedure for Claim

- a) It is mandatory that 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 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.
- 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. 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 not exceeding the sum limited to each diseases.
- d) A member will get a maximum of benefit of Rs.2 Lakhs in one year.
- e) Diagnosis and treatment costing less than Rs.5000/ will not be covered under this scheme
- f) Private hospitals have to apply for being included in the list of a recognized institution.
- g) The managing committee is empowered to add or alter or delete the name of the list of institutions for treatment.
- h) 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 record given to members.
- i) No advance payment will be made to the members
- j) 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.
- k) Members of the scheme, who joins before the age of 55 years will get benefit only after completion of one year of joining the scheme.
- l) Members who join after completion of 55 years of age will get benefit only after completion of 2 years of joining the scheme.
- m) Charges of engaging a special nurse or attendant will not be reimbursed.
- n) Expense incurred on travel or ambulance will not be allowed
- o) Food ,laundry and telephone bills will not be reimbursed
- p) Treatment in other systems other than Modern Medicine will not be allowed.
- q) Claim on cosmetic treatment, dental procedures, external appliances like spectacle, hearing aids etc will not be reimbursed
- r) Room rent up to Rs. 1000/- will only be considered for reimbursement

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