



INDIAN MEDICAL ASSOCIATION KERALA STATE BRANCH  
**IMA KERALA HEALTH SCHEME**

E mail  
 imakbsbs@gmail.com

APPLICATION FORM

Web  
 www.imakhs.com

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	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																										
	SPOUSE	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										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										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**

I .....hereby 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 Pattazhi (SBT, Federal Bank, Indian Bank) or Kottarakara (All other Banks) [Add Rs 60 for out station cheques] drawn in Favour of **IMA KERALA HEALTH SCHEME** to **DR.B.S.PRADEEP KUMAR, IMAKHS OFFICE, AMRUTHA NAGAR, PATTAZHI (PO), KOTTARAKARA, KOLLAM, PIN-691522, TEL-04752398877, 9539332426 (O) 9746057577(Personal).**

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	ANNUAL	NON MEMBER						
RECIEPT NO									DD/CHQ ENCASHED	YES	NO	REPAID					
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 KHS

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	750	100	2100	2950
25 Up to 35	750	100	2600	3450
35 up to 45	1250	100	2600	3950
45 up to 55	1750	100	2600	4450

AMS and AFAC have to be paid every year. AFAC for those who join before 25years also become 2600 on completion of 25years

FEES  
SCHEDULE  
←→

AGE	AF	AMS	AFAC	TOTAL
55 TO 60	5000	100	5000	10100
60 TO 65	6000	100	7000	13100
65 TO 70	7000	100	8000	15100
70 TO 75	8000	100	10000	18100
75 TO 80	10000	100	10000	20100

AMS and AFAC have to be paid every year

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

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 (has paid the dues).

- a) This scheme is intended 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 kidney failure, management of cancer, brain tumours involving surgical treatment and joint replacement surgery for hip and knee joints and the diseases requiring ICU or ICCU management, spinal neurosurgeries (laser discectomy, spinal stenosis) and accidents. i) 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 Lakh. ii) Kidney 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 will be Rs. 2 Lakh.iii) Cancer: Surgery, Radiotherapy and Chemotherapy required for the treatment of all the cancers will be covered under the scheme. Upper limit will be Rs.2 Lakh. iv) Management of Brain Tumours: Surgery, radiotherapy and chemotherapy required for the treatment of brain tumours will be covered under the scheme. Upper limit will be Rs.2 Lakh v) 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 Lakh vi) Other diseases: Any serious diseases requiring hospitalisation, will be covered with an upper limit of Rs. 40000.vii) Scrutinizing committee of the scheme has the power of discretion to fix the upper limit of reimbursements for various medical conditions/ surgical/diagnostic procedures after considering the existing expenses of treatment in Kerala State. viii) Diagnosis and treatment costing less than Rs.5000 will not be covered under this scheme. b) Member have to submit original papers as well as attested photo copies of treatment certificate (discharge summary), break up of bills.(professional charges, cost of medicines 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 and assistance as the scheme may require in dealing with any claim. If a claim be in any manner fraudulent or supported by any fraudulent means of device (whether by a member or any other person acting on his/her behalf), the scheme shall not be liable to make any payment. Original bills and papers will be given back to the member after verification. c) Permissible reimbursement will be disbursed within 90 days from the submission of the original papers, bills and other documents upon which the claim is based. After verifying all the facts as prescribed by the managing committee, all payments shall be made by A/c. payee cheque / demand draft/ cash transfer only. Managing committee will have discretion to pass/ reject payment of bill in cases, where they are not satisfied about the genuineness of the bills. d) Members will be given reimbursement of 75% of total amount of the bill not exceeding the sum limited to each disease. e) A member will get a maximum of benefit of Rs.2 Lakh in one year. f) 1. Private hospitals have to apply for being included in the list of a recognized institution. The managing committee is empowered to add, alter or delete the names of the list of institutions for treatment. 2. However, cost of treatment of members/beneficiary members shall be reimbursed regardless of whether they are recognized or not, provided the managing committee have not debarred them under any circumstances for any fraudulent actions made in record/s given to members/ beneficiary members g) No advance payment will be made to the members h) The managing committee of the scheme shall be empowered to decide about the claims on the above diseases. State working committee of IMA KSB shall be the Appellate body. No Disputes can be challenged in any court of law. i) Founder member will have the benefit of the scheme only after completion of 6 months of joining of the scheme. For all other members of the scheme, they will get benefit only after completion of one year of joining the scheme .Those who joins the scheme after 60 years will have a lock in period of 2 years j) Charges of engaging a special nurse or attendant will not be reimbursed. k) Expense incurred on travel or ambulance will not be reimbursed. l) Food, laundry and telephone bills will not be allowed. m) Treatment in other systems other than Modern Medicine will not be allowed. n) The following bills or charges will not be reimbursed: cost of cosmetic treatment including dental prosthesis, cost of external appliances like spectacles, hearing aids and exercise equipments etc will not be covered.