COULD GO EITHER WAY

Example Health · Knee replacement (fictional)

Some points favour you and some don't. The open questions below decide which way it goes.

1 What your documents establish

Insurer	**Example Health Insurance Co. Ltd. (fictional)** Rejection letter, Example Health Insurance Co.: “Example Health Insurance Co. Ltd.”
Policy first started	**12.03.2021, ported from an earlier insurer** Policy schedule: “Ported policy. Continuity from 12.03.2021”
Hospital	**City Care Hospital, Pune (fictional)** Discharge summary: “City Care Hospital, Pune”
Admitted	**18.08.2025 to 22.08.2025** Discharge summary: “DOA 18.08.2025 DOD 22.08.2025”
Diagnosis or treatment	**Total knee replacement after a fall** Discharge summary: “H/o fall at home on 02.08.2025. Right TKR done.”
Amount claimed	**Rs 3,85,000** Rejection letter, Example Health Insurance Co.: “Claim amount: Rs 3,85,000”
Amount paid	**Rs 0** Rejection letter, Example Health Insurance Co.: “Claim repudiated”
Clause the insurer cites	**Exclusion 4.2(b), 24-month waiting period** Rejection letter, Example Health Insurance Co.: “Exclusion 4.2(b): joint replacement, 24 months”

The insurer's words

> “Joint replacement surgery is excluded for the first 24 months of the policy under Exclusion 4.2(b). The claim is therefore not payable.”

The policy clause: The insurer cites Exclusion 4.2(b), but the clause itself isn't in these documents. Add the policy wording page so we can check what it actually says.

Their reason, in short: Waiting period for this disease or surgery.

2 What the rules say

- R1.2 Months under ported and migrated policies count towards the 60 months.
- R2.3 A specific-disease or procedure waiting period can be at most 36 months. It never applies to treatment needed because of an accident. After it ends, the condition is covered if the policy was

renewed without a break.

- R2.6 Credits for waiting periods, PED and the moratorium carry over: on renewal within the grace period: Health MC para 8(b); Products Regs Sch. III cl. 9.3; on migration: Health MC para 11; on porting: Health MC para 12(d); PPHI MC Sec. 2 para 24.6. Grace perio...
- R5.1 A repudiation or partial disallowance must be communicated "along with full details giving reference to the specific terms and conditions of the policy document".

3 Where the insurer may be wrong

- [Strong, if it can be proven] The schedule records continuous cover from March 2021. If the ported credit and unbroken renewals are confirmed, the 24-month waiting period ended in March 2023, before this August 2025 surgery.
  Evidence that would confirm it: The previous insurer's policy schedule and renewal or porting papers. From your documents · R2.6, R1.2
- [Needs medical evidence] The discharge summary records a fall before the surgery. If that fall caused the knee damage that needed replacement, waiting periods don't apply.
  Evidence that would confirm it: Orthopaedic notes and imaging showing the fall caused the damage. From your documents · R2.3

4 What we still don't know

- Do your medical records say the knee damage was from age-related wear rather than the fall?

What could change this assessment

- If the knee replacement was mainly for long-standing wear rather than the fall, the accident point fails.
- If continuous cover or ported credit can't be shown, the waiting-period point needs a fresh look.

Documents that would help

- The first policy schedule from your previous insurer, showing the 2021 start date

5 What to do next

1. Find and add: the first policy schedule from your previous insurer. It proves the continuous cover.
2. Write to the insurer's Grievance Redressal Officer. List the points under “Where the insurer may be wrong”, attach the rejection letter, both policy schedules and the discharge summary, and ask them to reconsider. Keep proof that you sent it.
   Once they receive your complaint, they must resolve it within 14 days.
3. If they reject your complaint, don't reply within one month of receiving it, or you're not satisfied with their reply, you can complain to the Insurance Ombudsman at cioins.co.in. It's free. The Ombudsman can award up to ₹50 lakh, including expenses. You must have complained to the insurer in writing first.
   Within 1 year of their rejection, or of the end of that month.