

180-3600

Please retain a POD copy of the courier for tracking your consignment in case of any etc.

CHECK LIST FOR SUBMISSION OF REIMBURSEMENT CLAIM

Please attach the checklist with the Claim file.

Nam	ne :	Emp. No. :
E-mail ID :		Mobile No. :
Policy No. :		HI TPA ID :
Che	cklist for documents: Please Put a	mark against the box
1.	Claim form duly filled & signed by the insure	ed.
2.	Copy of your Member Photo ID / Photo ID F	roof
3.	Copy of your current Policy and also last 4 y	vears Policies (if available).
4.	Discharge Summary / Discharge card (Original, Photocopy for pre/post hospitalization claim)	
5.	Hospital bills and all payment receipts (Original) For all consolidated amounts, the detailed	
	breakup of the billed amount is required from the hospital. Advance payment made if any should	
	be supported by a receipt.	
6.	For medicines purchased from outside the	original bill should be accompanied by a prescriptions
	from the doctor.	
7.	All investigation reports.	
8.	n case of hospitalization due to accident, medico legal certificate (MLC) from hospital.	
9.	All Previous treatment papers related to ailment including first consultation papers.	
10.	Cancelled Cheque (with pre-printed name) / Copy of passbook of the proposer for electronic	
	fund transfer type. Complete Account Number duly signed by insured and Bank authority and	
	sealed by the bank (All Fields in the form are mandatory to process). {Not required if already	
	provided}	
11.		a certificate from the hospital giving infrastructure
	details eg Number of Beds, Availability of Doctor's & Nurse's round the clock. Operation theatre	
	etc.	*
12.	Summary of claim made providing details of	f Bill no. date amount.
13.	Copy of claim intimation (if Any).	
14.	KYC (Photo ID and Address Proof of the Pr	<u> </u>
15.	Claim intimation should be given within 24h	ors of admission, if there is delay more than that kindly
	provide justification for the same.	
16.17.	Claim documents should be submitted wit	nin 7 days from discharge/last consultation. if there is
	delay more than that kindly provide reason	for the same.

The above list of documents is indicative. In case of any other document requirement as specified by the insurance company our Document recovery Team will contact you on receipt of the claim documents by us. For Implants used in Cataract. Heart Valve Surgeries. CABG, Abdominal Surgeries Knee replacement surgeries, please submit the bill from the vendor for the prosthetic device used along with sticker.

Arrange the documents in the same order as in the checklist & keep checking against the