

## CHECK LIST FOR SUBMISSION OF REIMBURSEMENT CLAIM

**Please attach the checklist with the Claim file.**

**Arrange the documents in the same order as in the checklist & keep checking against the designated box when you do so. This way you can ensure that you have not missed any documents.**

Name : \_\_\_\_\_ Emp. No. : \_\_\_\_\_

E-mail ID : \_\_\_\_\_ Mobile No. : \_\_\_\_\_

Policy No. : \_\_\_\_\_ HI TPA ID : \_\_\_\_\_

**Checklist for documents: Please Put a  mark against the box**

- |     |   |                          |
|-----|---|--------------------------|
| 1.  | Claim form duly filled & signed by the insured.   | <input type="checkbox"/> |
| 2.  | Copy of your Member Photo ID / Photo ID Proof   | <input type="checkbox"/> |
| 3.  | Copy of your current Policy and also last 4 years Policies (if available).  | <input type="checkbox"/> |
| 4.  | Discharge Summary / Discharge card (Original, Photocopy for pre/post hospitalization claim)   | <input type="checkbox"/> |
| 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.   | <input type="checkbox"/> |
| 6.  | For medicines purchased from outside the original bill should be accompanied by a prescriptions from the doctor.  | <input type="checkbox"/> |
| 7.  | All investigation reports.  | <input type="checkbox"/> |
| 8.  | In case of hospitalization due to accident, medico legal certificate (MLC) from hospital.   | <input type="checkbox"/> |
| 9.  | All Previous treatment papers related to ailment including first consultation papers.   | <input type="checkbox"/> |
| 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} | <input type="checkbox"/> |
| 11. | Registration Certificate of the hospital or a certificate from the hospital giving infrastructure details eg Number of Beds, Availability of Doctor's & Nurse's round the clock. Operation theatre etc.   | <input type="checkbox"/> |
| 12. | Summary of claim made providing details of Bill no. date amount.  | <input type="checkbox"/> |
| 13. | Copy of claim intimation (if Any).  | <input type="checkbox"/> |
| 14. | KYC (Photo ID and Address Proof of the Proposer) for claim of 1 lakh and above.   | <input type="checkbox"/> |
| 15. | Claim intimation should be given within 24hrs of admission, if there is delay more than that kindly provide justification for the same.   | <input type="checkbox"/> |
| 16. | Claim documents should be submitted within 7 days from discharge/last consultation. if there is delay more than that kindly provide reason for the same.  | <input type="checkbox"/> |
| 17. | Sticker /Invoice of the Implant/lens used (if applicable)   |                          |