

CHECK LIST OF ENCLOSURES FOR SUBMISSION OF CLAIMS

[Please tick () the appropriate box]

Duly filled in Claim Form		Original invoice for Implants (viz. Stent/PHS mesh/IOL etc)
Photocopy of ID card		First consultation letter for the presenting complaints
For Individual:-		Original copies of doctors consultation prescription /notes
Copy of current year policy		Treating Doctors certificate regarding presenting complaints its etiology past history of presenting complaints along with duration
Previous policy copies (2-3 years) in continuation		Pre-hospitalization prescriptions
For Corporates:-		Original prescription/doctor notes of previous treatment for the presenting complaint
Endorsement letter from the Manager-HR regarding date of joining of the policy		Details of previous claims for the same complaints with current status
For PP Claims: -		Date of previous operation (if any) along with copy of discharge summary and details of previous hospitalization
Copy of admission Request note	For Death Cases:	
Copy of approval letter		Attested copy of death summary in pre-printed stationery of hospital signed by the consultant with hospital stamp and registration number of the hospital.
Letter from hospital regarding utilization / non		Attested copy death certificate from competent authority
Utilization of preauthorization		Legal heir certificate (in case of death of the main member)
General	For Maternity Cases	
Original copy of consolidated bill of pre-printed stationery with serial number and IP number of hospital, with breakup as below		Original copy of treating doctor certificate regarding obstetric history (Gravida, Para, Living children, Abortions, Death)
Professional charges		Original letter from treating doctor stating marital status and number of living children
Nursing charges	For RTA	
Surgeon's assistants/anesthetists fees (either individual receipts and in case of shared to be authenticated with signatures of persons accepting the amount)		Attested copy of MLC report
Details of OT charges		Attested copy of FIR.
Details of Medical care (if any)		Original copy of treating doctors certificate with circumstances and injuries sustained due to RTA
Details for equipment charges (if any)		Original copy of treating doctors certificate for any evidence of influence of alcohol/other narcotics substance during the accident
Room rent – breakup with number of days		Attested copy of post mortem report (in case of death)
Original medicine and pharmacy bills		
Break up of Pharmacy and OT Consumables		
Break up of medicines used in OT/ward		
Break up of laboratory charges		
Dialysis chart with the corresponding dates stamped and authenticated by the hospital		
Original copy of the receipt of payment		
All original prescriptions for the bills attached		
All the Original Investigation Reports		
Original discharge summary in Pre-printed stationery of hospital stamp and registration number of the hospital		

Important :All enclosures should be arranged in the above order