

CHECK LIST FOR CLAIM SUBMISSION

In-patient Treatment /Day Care Procedures

- Duly filled and signed Claim Form.
- Photocopy of ID card / Photocopy of current year policy.
- Original Detailed Discharge Summary / Day care summary from the hospital.
- Original consolidated hospital bill with break up of each item, duly signed by the insured.
- Original payment Receipt of the hospital bill.
- First Consultation letter and subsequent Prescriptions.
- Original bills, original payment receipts and Reports for investigation.
- Original medicine bills and receipts with corresponding Prescriptions.
- Original invoice/bills for Implants (viz. Stent /PHS Mesh / IOL etc.) with original payment receipts.

Road Traffic Accident

In addition to the In-patient Treatment documents:

- Copy of the First Information Report from Police Department / Copy of the Medico-Legal Certificate.
 - In Non Medico legal cases
- Treating Doctor's Certificate giving details of injuries (How, when and where injury sustained)
 - In Accidental Death cases
- Copy of Post Mortem Report & Death Certificate

For Death Cases

In addition to the In-patient Treatment documents:

- Original Death Summary from the hospital.
- Copy of the Death certificate from treating doctor or the hospital authority.
- Copy of the Legal heir certificate, if the claim is for the death of the principle insured.

Pre and Post-hospitalisation expenses

- Duly filled and signed Claim Form.
- Photocopy of ID card / Photocopy of current year policy.
- Original Medicine bills, original payment receipt with prescriptions.
- Original Investigations bills, original payment receipt with prescriptions and report.
- Original Consultation bills, original payment receipt with prescription.
- Copy of the Discharge Summary of the main claim.

Outpatient Benefit/Dental

- Duly filled and signed Claim Form.
- Photocopy of ID card / Photocopy of current year policy.
- Original Medicine bills, original payment receipt.
- Original Investigations bills, original payment receipt with report.
- Original Consultation bills, original payment receipt with prescription.
- Details of any Outpatient Procedures, if any
- Dental X-ray film.

Daily Cash Benefit

- Duly filled and signed Claim Form.
- Photocopy of ID card / Photocopy of current year policy.

Organ Donation/Transplantation

In addition to the documents of general hospitalization

- Organ Function test / blood test proving organ failure.
- Treatment Certificate issued by the Transplant Surgeon of the hospital concerned.

Ambulance Benefit

- Duly filled and signed Claim Form.
- Photocopy of ID card / Photocopy of current year policy
- Original Bill with Original Payment Receipt.
- Treating Doctor's consultation prescription indicating Emergency Hospitalization.

Maternity Expenses

In addition to the In-patient Treatment documents:

- Obstetric history (Gravida, Para, Living children, Abortions) from treating doctor.

Critical Illness Benefit

- Duly filled and signed Claim Form.
- Photocopy of ID card / Photocopy of current year policy.
- A medical certificate confirming the diagnosis of critical illness from a doctor not less qualified than MD/MS.
- Investigation reports/ other related documents reflecting the critical illness diagnosis.

Health Check up

- Duly filled and signed Claim Form.
- Photocopy of ID card / Photocopy of current year policy.
- Original Investigation bills, original payment receipts with Reports.
- Original Consultation bills and original payment receipts with prescription.

Expenses for spectacles/contact lenses, hearing aids

- Duly filled and signed Claim Form.
- Photocopy of ID card / Photocopy of current year policy.
- Prescription of the Treating Doctor.
- Original Invoice/bills, original payment receipt of the device, appliances, lens etc.

NEFT Details

- Complete Bank Details for Electronic Fund Transfer
(Account Holder's Name, Bank Name, Full Bank Account Number without any special characters, IFSC Code, Account Type, Bank Address)
- Mobile Number & Email ID
- Cancelled / Copy of Cheque