

Checklist for Reimbursement Claims

(All Claim Documents to be submitted in Original)

- Copy of the Intimation Letter / Mail / Intimation Number (if applicable)
- Duly filled Signed & Dated Claim form by the Employee
- Duly filled claim form Part B form Hospital with seal & signature of hospital
- All IPD papers/Nursing Charts prepared by the hospital
- ID Proof & Address proof of **Patient** (Photo Copies are required)
- Pan card of Employee for KYC (Photo Copies are required)
- Original Discharge Card / Discharge Summary / Day Care Summary duly signed by treating doctor and with hospital stamp
- Original Hospital Bill – Hospital seal & signed by Hospital Authority, with Break-up details with serial numbers
- If medicine and consumable charged in the hospital then detail break up should be given (Name of the medicine / consumables with charges)
- Original Pre-Numbered hospital payment receipt duly sealed & signed by Hospital (With revenue stamp)
- Original Prescriptions / Consultation papers with Consultation receipts
- Original Pharmacy Bills (please make sure Patient name is mentioned on the bill)
- Original Advance Paid receipt if any
- Indication given by the treating doctor for lab test/surgery
- Original Investigation reports along with original bills & payment receipts for the investigations done within & outside hospitals.
- All Imaging Films, ECG Strips, Doppler / Angiogram CD etc. (in case of fracture/major and minor surgery)
- Current year Hospital Registration Certificate with total number of beds
- Any other original documents related to the claim
- MLC copy /FIR in case of Accidental cases. (In case of accidental cases, fall from bike, fall at home etc.)
- Detailed narration of the incidence, No alcohol certificate from treating doctor (in case of accidental cases, fall from bike, fall at home etc.)
- The copy of the cancelled cheque of with IFSC code with printed name of the Employee
- If employee has availed a cashless but if the same is not utilized, letter from the hospital mentioning the same
- In case of Maternity claims, obstetric history of the patient (Gravida Para Living Abortion) Certificate from the Treating Doctor
- USG Report (Ultrasonography report Mandatory for Maternity cases)
- For Cataract claims, IOL sticker & purchase invoice copy of the sticker is mandatory for surgery (replacement/PTCA) invoice copy / STICKER mandatory