

HEALTHINDIA INSURANCE TPA SERVICES PVT LTD

NeelKanth Corporate Park
406-412, 4th Floor, Kirol Road / Village
Vidya Vihar Society, Vidyavihar,
Mumbai – 400086
Web: www.healthindiatpa.com

CHECKLIST OF ENCLOSURES FOR SUBMISSION OF CLAIM

[Please tick the appropriate [] box]

Name of the claimant:

Employee Code:

CARD No:.....

Policy No:

No of Enclosures:

Date of Submission:.....

GENERAL

1. Duly filled & Signed claim form(Part A and B) by insured []
2. Photo copy of E Card/health Card & Government ID Proof []
3. Copy of Hospital Registration Certificate. []
4. Original copy of consolidated final bill of hospital with breakup details []
5. Original copy of payment receipt with pre-printed receipt number mentioned on it []
6. All original prescription for bill attached []
7. All original investigation /pathological/reports along with films/CD. []
8. Original discharge summary of hospital duly Signed by the treating doctor with hospital Seal/Stamp and registration number. []
9. Original Sticker and invoice of implants (viz Stents/ PHS mesh/IOL etc) []
10. First consultation letter for the presenting Complaints. []
11. Pre/Post hospitalization bills/receipts/ reports in original pertaining to the incidence for which hospitalization has happened []
12. Original prescription/doctors notes of previous treatment for the presenting complaints []

13. Cancelled cheque with name printed and NEFT details or a copy of the pass book and front page bank statement []
14. Indoor case papers/IPD is mandatory.

FOR DEATH CASES

1. Attested copy of death summary of the hospital duly signed by the treating doctor with hospital seal and registration number []
2. Attested copy of death certificate from competent authorities []
3. Legal Heir certificate/ letter from the underwriting office to settle the claim in the name of nominee/dependents []

FOR MATERNITY CASE

1. Original copy of treating doctor's certificate regarding obstetric history (Gravida, Para, Living Children, Abortions, Death) []

FOR RTA CASE

1. Attested copy of MLC Report []
2. Attested Copy of FIR []
3. Original copy of treating doctor's certificate with circumstances and injuries sustained due to RTA []
4. Original copy of Treating doctors certificate for any evidence of influence of Alcohol/ other Narcotics substance during the accident []

Under Taking:

I / We hereby confirm that the above mentioned documents in support of the claimed amount have been submitted in full and final. No other documents would be submitted on a later date that will alter and enhance the claim value.

Date:

Signature

Place:

Name:

Address:

City: Pin:

Mobile No: Email ID:

Disclaimer:

We acknowledge receipt of your claim and confirm that it has been registered with us on the basis of above documents. However the above acknowledgement does not guarantee settlement/ payment of claimed amount. This claim will be subject to pass through medical and commercial scrutiny, which may Call for additional document that needs to be submitted within the stipulated time frame on intimation.

Date:

Name of Claimant

Signature for Healthindia

Place:

***Photo Copy of ID card: –**

- Any Govt. Issued ID card (PAN card, Passport Copy, AADHAR card, Voter Id proofetc)
- In case of new born babies – the identity proof of the mother and the hospital authorization letter/Discharge Card/Municipal Birth Certificate (if available)
- In case of children- School Identity Card along with Guardian's ID proof