

REIMBURSEMENT CLAIM FORM

TO BE FILLED BY THE INSURED
The issue of this Form is not to be taken as an admission of liablity

(To be Filled in block letters)

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	DATA ELEMENT	DESCRIPTION	FORMAT
		SECTION A - DETAILS OF PRIMARY INSURED	
a)	Policy No.	Enter the policy number	As allotted by the Insurance Company
	SI. No/ Certificate No.	Enter the social Insurance number or the certificate number of	As allotted by the oraganization
b)	Si. No/ Certificate No.	social health insurance scheme	Licence number as allotted by IRDA and printe
c)	Company TPA ID No.	Enter the TPA ID No.	in TPA documents.
d)	Name	Enter the full name of the policyholder	Surname, First name, Middle name
e)	Address	Enter the full postal address	Include Street, City and Pin code
		SECTION B -DETAILS OF INSURANCE HISTORY	
a)	Currently covered by any other Mediclaim / Health	Indicate whether currently covered by another Mediclaim /	Tick Yes or No
L- \	Insurance?	Health Insurance	Handel was a section of
b) c)	Date of commencement of first Insurance without break Company Name	Enter the date of commencement of first Insurance Enter the full name of the Insurance Company	Use dd-mm-yy-forrmat Name of the organization in full
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	Policy No.	Enter the policy number	As allotted by the Insurance Company
d)	Sum insured Have you been Hospitalized in the last four years since	Enter the total sum insured as per the policy	In rupees
۱)	Inception of the contract?	Indicate whether hospitalized in the last four years	Tick Yes or No
	Date	Enter the date of Hospitalization	Use mm-yy format
	Diagnosis	Enter the diagnosis details	Open Text
9)	Previously covered by any other Mediclaim / Health	Indicate whether previously covered by another mediclaim /	Tick Yes or No
`	Insurance?	Health Insurance Enter the full name of the Insurance Company	Name of the organization in full
)	Company Name		Name of the organization in full
,		TION C -DETAILS OF INSURED PERSON HOSPITALIZED	
1)	Name	Enter the full name of the patient	Surname, First name, Middle name
)	Gender	Indicate Gender of the patient	Tick Male or Female
)	Age	Enter age of the patient	Number of years and months
i)	Date of Birth	Enter Date of Birth of patient	Use dd-mm-yy format
)	Relationship to primary Insured	Indicate relationship of patient with policyholder	Tick the right option, if others, please specify
)	Occupation	indicate occupation of patient	Tick the right option. If others, please specify.
J)	Address	Enter the full postal address	Include Street, City and Pin code
1)	Phone No	Enter the phone number of patient	Include STD code with telephone number
1)	E-mail ID	Enter e-mail address of patient	Complete e-mail address
		SECTION D - DETAILS OF HOSPITALIZATION	
a)	Name of Hospital where admited	Enter the name of hospital	Name of hospital in full
o)	Room category occupied	indicate the room category occupied	Tick the right option
)	Hospitalization due to	indicate reason of hospitalization	Tick the right option
d)	Date of injury/Date Disease first detected / Date of Delivery	Enter the relevant date	Use dd-mm-yy format
e)	Date of admission	Enter date of admission	Use dd-mm-yy format
	Date of daminosion	Litter date of admission	
_	Time	Enter time of admission	Use hh-mm- format
)	Time	Enter time of admission	Use hh-mm- format
)	Date of discharge	Enter date of discharge	Use dd-mm-yy format
) g) n)	Date of discharge Time	Enter date of discharge Enter time of discharge	Use dd-mm-yy format Use hh-mm- format
) g) n)	Date of discharge Time If injury give cause	Enter date of discharge Enter time of discharge indicate cause of injury	Use dd-mm-yy format Use hh-mm- format Tick the right option
) g) n)	Date of discharge Time If injury give cause If Medico legal	Enter date of discharge Enter time of discharge indicate cause of injury indicate whether injury is medico legal	Use dd-mm-yy format Use hh-mm- format Tick the right option Tick Yes or No
) g) n)	Date of discharge Time If injury give cause If Medico legal Reported to Police	Enter date of discharge Enter time of discharge indicate cause of injury indicate whether injury is medico legal indicate whether police report was filed	Use dd-mm-yy format Use hh-mm- format Tick the right option Tick Yes or No Tick Yes or No
(i) (i) (i)	Date of discharge Time If injury give cause If Medico legal Reported to Police MLC Report & Police FIR attached	Enter date of discharge Enter time of discharge indicate cause of injury indicate whether injury is medico legal indicate whether police report was filed indicate whether MLC report and Police FIR attached	Use dd-mm-yy format Use hh-mm- format Tick the right option Tick Yes or No Tick Yes or No Tick Yes or No
n)	Date of discharge Time If injury give cause If Medico legal Reported to Police	Enter date of discharge Enter time of discharge indicate cause of injury indicate whether injury is medico legal indicate whether police report was filed indicate whether MLC report and Police FIR attached Enter the system of medicine followed in treating the patient	Use dd-mm-yy format Use hh-mm- format Tick the right option Tick Yes or No Tick Yes or No
(i) (j) (i) (i) (i)	Date of discharge Time If injury give cause If Medico legal Reported to Police MLC Report & Police FIR attached System of Medicene	Enter date of discharge Enter time of discharge indicate cause of injury indicate whether injury is medico legal indicate whether police report was filed indicate whether MLC report and Police FIR attached Enter the system of medicine followed in treating the patient SECTION E - DETAILS OF CLAIM	Use dd-mm-yy format Use hh-mm- format Tick the right option Tick Yes or No Tick Yes or No Tick Yes or No Open Text
(i) (j) (ii) (iii) (iii)	Date of discharge Time If injury give cause If Medico legal Reported to Police MLC Report & Police FIR attached System of Medicene Details of Treatment Expences	Enter date of discharge Enter time of discharge indicate cause of injury indicate whether injury is medico legal indicate whether police report was filed indicate whether MLC report and Police FIR attached Enter the system of medicine followed in treating the patient SECTION E - DETAILS OF CLAIM Enter the amount claimed as treatment expences	Use dd-mm-yy format Use hh-mm- format Tick the right option Tick Yes or No Tick Yes or No Tick Yes or No Open Text In rupees (Do not enter paise values)
(i)	Date of discharge Time If injury give cause If Medico legal Reported to Police MLC Report & Police FIR attached System of Medicene Details of Treatment Expences Claim for Domiciliary Hospitalization	Enter date of discharge Enter time of discharge indicate cause of injury indicate whether injury is medico legal indicate whether police report was filed indicate whether MLC report and Police FIR attached Enter the system of medicine followed in treating the patient SECTION E - DETAILS OF CLAIM Enter the amount claimed as treatment expences indicate whether claim is for domiciliary hospitalization	Use dd-mm-yy format Use hh-mm- format Tick the right option Tick Yes or No Tick Yes or No Open Text In rupees (Do not enter paise values) Tick Yes or No
(i) (j) (i) (i) (i) (i) (i) (i) (i) (i) (i) (i	Date of discharge Time If injury give cause If Medico legal Reported to Police MLC Report & Police FIR attached System of Medicene Details of Treatment Expences Claim for Domiciliary Hospitalization Details of Lump sum/ Cash benifit claimed	Enter date of discharge Enter time of discharge indicate cause of injury indicate whether injury is medico legal indicate whether police report was filed indicate whether MLC report and Police FIR attached Enter the system of medicine followed in treating the patient SECTION E - DETAILS OF CLAIM Enter the amount claimed as treatment expences indicate whether claim is for domiciliary hospitalization Enter the amount claimed as lump sum / cash benefit	Use dd-mm-yy format Use hh-mm- format Tick the right option Tick Yes or No Tick Yes or No Open Text In rupees (Do not enter paise values) In rupees (Do not enter paise values)
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) () () () () () () () () () () () () ()	Date of discharge Time If injury give cause If Medico legal Reported to Police MLC Report & Police FIR attached System of Medicene Details of Treatment Expences Claim for Domiciliary Hospitalization Details of Lump sum/ Cash benifit claimed Claim documents Submitted-Check List cate which bills are enclosed with the amount in rupees	Enter date of discharge Enter time of discharge indicate cause of injury indicate whether injury is medico legal indicate whether police report was filed indicate whether MLC report and Police FIR attached Enter the system of medicine followed in treating the patient SECTION E - DETAILS OF CLAIM Enter the amount claimed as treatment expences indicate whether claim is for domiciliary hospitalization Enter the amount claimed as lump sum / cash benefit indicate which supporting documents are submitted SECTION F - DETAILS OF BILLS ENCLOSED	Use dd-mm-yy format Use hh-mm- format Tick the right option Tick Yes or No Tick Yes or No Open Text In rupees (Do not enter paise values) Tick Yes or No In rupees (Do not enter paise values) Tick the right option
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(max)	Date of discharge Time If injury give cause If Medico legal Reported to Police MLC Report & Police FIR attached System of Medicene Details of Treatment Expences Claim for Domiciliary Hospitalization Details of Lump sum/ Cash benifit claimed Claim documents Submitted-Check List cate which bills are enclosed with the amount in rupees	Enter date of discharge Enter time of discharge indicate cause of injury indicate whether injury is medico legal indicate whether police report was filed indicate whether MLC report and Police FIR attached Enter the system of medicine followed in treating the patient SECTION E - DETAILS OF CLAIM Enter the amount claimed as treatment expences indicate whether claim is for domiciliary hospitalization Enter the amount claimed as lump sum / cash benefit indicate which supporting documents are submitted SECTION F - DETAILS OF BILLS ENCLOSED	Use dd-mm-yy format Use hh-mm- format Tick the right option Tick Yes or No Tick Yes or No Open Text In rupees (Do not enter paise values) Tick Yes or No In rupees (Do not enter paise values) Tick the right option
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(b)	Date of discharge Time If injury give cause If Medico legal Reported to Police MLC Report & Police FIR attached System of Medicene Details of Treatment Expences Claim for Domiciliary Hospitalization Details of Lump sum/ Cash benifit claimed Claim documents Submitted-Check List cate which bills are enclosed with the amount in rupees PAN Account Number Bank Name and Branch	Enter date of discharge Enter time of discharge indicate cause of injury indicate whether injury is medico legal indicate whether police report was filed indicate whether MLC report and Police FIR attached Enter the system of medicine followed in treating the patient SECTION E - DETAILS OF CLAIM Enter the amount claimed as treatment expences indicate whether claim is for domiciliary hospitalization Enter the amount claimed as lump sum / cash benefit indicate which supporting documents are submitted SECTION F - DETAILS OF BILLS ENCLOSED IN G - DETAILS OF PRIMARY INSURED'S BANK ACCOUNT Enter the permanent account number Enter the Bank account number Enter the Bank name along with the branch Enter the name of the beneficiary the cheque / DD should be	Use dd-mm-yy format Use hh-mm- format Tick the right option Tick Yes or No Tick Yes or No Open Text In rupees (Do not enter paise values) Tick Yes or No In rupees (Do not enter paise values) Tick Yes or No In rupees (Do not enter paise values) Tick the right option As allotted by the Income Tax Department As allotted by the Bank
(i) (i) (i) (i) (i) (i) (i) (ii) (ii) (Date of discharge Time If injury give cause If Medico legal Reported to Police MLC Report & Police FIR attached System of Medicene Details of Treatment Expences Claim for Domiciliary Hospitalization Details of Lump sum/ Cash benifit claimed Claim documents Submitted-Check List cate which bills are enclosed with the amount in rupees SECTIO PAN Account Number	Enter date of discharge Enter time of discharge indicate cause of injury indicate whether injury is medico legal indicate whether police report was filed indicate whether MLC report and Police FIR attached Enter the system of medicine followed in treating the patient SECTION E - DETAILS OF CLAIM Enter the amount claimed as treatment expences indicate whether claim is for domiciliary hospitalization Enter the amount claimed as lump sum / cash benefit indicate which supporting documents are submitted SECTION F - DETAILS OF BILLS ENCLOSED IN G - DETAILS OF PRIMARY INSURED'S BANK ACCOUNT Enter the permanent account number Enter the Bank account number Enter the Bank name along with the branch	Use dd-mm-yy format Use hh-mm- format Tick the right option Tick Yes or No Tick Yes or No Open Text In rupees (Do not enter paise values) Tick Yes or No In rupees (Do not enter paise values) Tick the right option As allotted by the Income Tax Department As allotted by the Bank Name of the Bank in full