

CHECK LIST FOR SUBMISSION OF CLAIM DOCUMENTS

Claim intimation should be required each & every reimbursement case (Non network Hospital within 24hrs)

➤ **Raksha Member ID Card Copy .**

➤ **Photo Identity Proof of Patient .**

Attested by treating doctor and HR from the Company.

➤ **Claim Form Duly Signed by you.**

(Fill the claim amt & Signed Claim Form **Part - A**)

➤ **Part B form .**

(Only required for reimbursement case IPD)

➤ **Original Main Hospital Bill with Bill Number & break up.**

(With detailed break up of various heads like Room Rent / OT charges/Nursing etc.)

➤ **Original Discharge Summary.**

(Gives the summary of diagnosis and treatment in hospital).

➤ **Original Death Summary**

(Only in case of death of Patient during Hospital stay)

➤ **Original Hospital Payment Receipt with receipt number**

(With seal & signature of hospital) (If main bill does not carry a bill number

➤ **Original Payment Receipt with receipt number.**

(For consultation /surgeon charges if charged outside the main hospital bill.).

➤ **Hospital Registration Number**

(In case of Non network Hospitalization registration no . of the hospital & number of beds in the Hospital , On Hospital Letterhead with hospital stamp & signature of the hospital authority).

➤ **Doctor's registration number.**

(On doctor's letter head with signature & stamp).

➤ **Original Pharmacy & Investigation Bill**

(Along with doctor's prescriptions & Lad report.)

➤ **Original Prescriptions**

(On doctor's letterhead mentioning duration and dosage for medicines and advice for diagnostic test etc.)

➤ **Investigation reports in original**

(Reports for all tests done along with images)

➤ **Police FIR/Medico Legal Certificate etc.**

(Mandatory for all road traffic accidents duly attested by policy with)

➤ **Gravide para Living Abortion (GPLa) or Obstratic History/Ultra Sound (USG)**

(Mandatory In case of Maternity claim).

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