

## 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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a) Policy N	L											DEI	TAILS	OF	PRIM		RYIN			No/ C	ertific	ate no	).														
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a) Currently	covered	by any o	ther M	1edicla	im / H	lealth I	nsura	nce:	Y	es	No	b	) Date	ofo	omme	ence	ment	of fire	st Ins	urance	with	out bre	eak:	D	D		M	M		Υ	Y	Y	Y				
c) If yes, cor	npany na	me:	Щ	$\square$		<u>ال</u>	<u> </u>	ILI.							Policy	/ No						Ш								_	<u>J</u> Ļ	<u>J</u> L	┚┖	<u> </u>	Ш		
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Diagnosis:																					e)	Previ	ousl	cove/	red b	y an	y oth	er Me	dicla	im /He	alth ir	nsura	ince : :		Yes		No
f) If yes, com	pany na	me:												L	Ш																						
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a) Name o	-			nited:																																	
b) Room C					Da	ay care			_	_	pancy ¬	L					aring			٠.		3 or m					_					Г					
c) Hospital e) Date of				jury [	NA L	Illness			Materr	nity _ f) Time	⊒ e H		Н	a) L	ate of	inju				e first Disch			Date		M	y: M	D	D	Υ	M	ı∖i n) Tim	_ ام. آ	H H		M	Н	
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v. Ambulano						Rs.	┧┝			╬			╡		s (code				Rs.			1	7	٣ŀ	_		┧┝	٣,	_	Hospi							
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b) Claim for				tion:			Ye	s \ \	No	(If yes	s, prov	ide d	details							,					J				_	Pharn	nacy	Bill					
c) Details of			bene	fit clair			- 	_					1													-		_ [	_	Opera	ationT	heate	er Note	es			
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iii. Critical III						Rs.	<u> </u>  _						]		valesc	enc	e:		_	Rs.	Щ	Щ			L		ļĻ		_	Invest MRI	tigati	on F	epor				ī
v. Pre/Post	hospitali	zation Lu	mp su	ım ber	nefit: R	Rs.							Vi.	Oth				JL		Rs.		Щ	L		L	ŀ	إĻ	4 [		Docto				S			
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	DATA ELEMENT	DESCRIPTION	FORMAT
		SECTION A - DETAILS OF PRIMARY INSURED	
1)	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
	of the continuate the	social health insurance scheme	Licence number as allotted by IRDA and printe
:)	Company TPA ID No.	Enter the TPA ID No.	in TPA documents.
)	Name	Enter the full name of the policyholder	Surname, First name, Middle name
)	Address	Enter the full postal address	Include Street, City and Pin code
		SECTION B -DETAILS OF INSURANCE HISTORY	
1)	Currently covered by any other Mediclaim / Health Insurance?	Indicate whether currently covered by another Mediclaim / Health Insurance	Tick Yes or No
)	Date of commencement of first Insurance without break	Enter the date of commencement of first Insurance	Use dd-mm-yy-forrmat
:)	Company Name	Enter the full name of the Insurance Company	Name of the organization in full
_	Policy No.	Enter the policy number	As allotted by the Insurance Company
	Sum insured	Enter the total sum insured as per the policy	In rupees
)	Have you been Hospitalized in the last four years since	Indicate whether hospitalized in the last four years	Tick Yes or No
_	Inception of the contract?	<u> </u>	
	Date	Enter the date of Hospitalization	Use mm-yy format
,	Diagnosis	Enter the diagnosis details	Open Text
)	Previously covered by any other Mediclaim / Health Insurance?	Indicate whether previously covered by another mediclaim / Health Insurance	Tick Yes or No
	Company Name	Enter the full name of the Insurance Company	Name of the organization in full
	SEC	TION C -DETAILS OF INSURED PERSON HOSPITALIZED	
)	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
)	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.
)	Address	Enter the full postal address	Include Street, City and Pin code
)	Phone No	Enter the phone number of patient	Include STD code with telephone number
)	E-mail ID	Enter e-mail address of patient	Complete e-mail address
_		SECTION D - DETAILS OF HOSPITALIZATION	
)	Name of Hospital where admited	Enter the name of hospital	Name of hospital in full
)	Room category occupied	indicate the room category occupied	Tick the right option
)	Hospitalization due to	indicate reason of hospitalization	Tick the right option
)	Date of injury/Date Disease first detected / Date of	Enter the relevant date	Use dd-mm-yy format
١.	Delivery  Date of admission		
)		Enter date of admission	Use dd-mm-yy format
<u>,                                      </u>	Time	Enter time of admission	Use hh-mm- format
)	Date of discharge	Enter date of discharge	Use dd-mm-yy format Use hh-mm- format
)	Time	Enter time of discharge	Tick the right option
	If injury give cause	indicate cause of injury	- '
	If Medico legal  Reported to Police	indicate whether injury is medico legal indicate whether police report was filed	Tick Yes or No Tick Yes or No
	'	, ,	
	MLC Report & Police FIR attached	indicate whether MLC report and Police FIR attached  Enter the system of medicine followed in treating the patient	Tick Yes or No Open Text
	System of Medicene		Орен тех
_	Details of Treatment Evenness	SECTION E - DETAILS OF CLAIM	I la rupaca (De not enter noise values)
)	Details of Treatment Expences  Claim for Demission Hospitalization	Enter the amount claimed as treatment expences	In rupees (Do not enter paise values)  Tick Yes or No
)	Claim for Domiciliary Hospitalization	indicate whether claim is for domiciliary hospitalization	
) )	Details of Lump sum/ Cash benifit claimed  Claim documents Submitted-Check List	Enter the amount claimed as lump sum / cash benefit	In rupees (Do not enter paise values)
,	Orann documents Submitted-Orieck LISt	indicate which supporting documents are submitted	Tick the right option
٠ سي	icote which hills are analysis that a	SECTION F - DETAILS OF BILLS ENCLOSED	
ıdi	icate which bills are enclosed with the amount in rupees	ON C. DETAILS OF DRIMARY INCURENCE BANK ASSOCIATE	
		ON G - DETAILS OF PRIMARY INSURED'S BANK ACCOUNT	As allotted by the Jacome Terr Developer
`	PAN Assert Number	Enter the permanent account number	As allotted by the Income Tax Department
_	Account Number	Enter the Bank account number	As allotted by the Bank
)		Enter the Bank name along with the branch	Name of the Bank in full
i) i)	Bank Name and Branch	Enter the name of the bareful and the state of the state	
)	Bank Name and Branch  Cheque/ DD payable details	Enter the name of the beneficiary the cheque / DD should be made out to	Name of the individual / organization in full
)			Name of the individual / organization in full  IFSC code of the Bank branch in full