

**MEDSAVE HEALTHCARE (TPA) LIMITED**

F- 701, Lado Sarai, Mehrauli

New Delhi 110030

Web: www.medsave.in

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 by insured []
2. Photo copy of E Card/ health Card []
3. Photo copy of ID Card * []
4. Original copy of consolidated bill of hospital with breakup []
5. Original copy of receipt of payment []
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 and registration number. []
9. Original 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 along with IFSC details or a copy of the pass book and NEFT form []

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

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 []

***Photo Copy of ID Card: –**

- Any Govt. Issued ID card (PAN card, Passport Copy, AADHAR card, Voter Id proof etc)
- 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

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: E mail:

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 Medsave

Place: