

CHECK LIST FORM

For Hospitalization/Daycare Reimbursement claim (All original documents Except ID proofs)

- A) - Original Detailed Discharge Summary of Hospital/Nursing Home.
- B) - Original Detailed Final Bill of Hospital/Nursing Home.
- C) - Detailed Break-Up of Final Bill.
- D) - Receipt of Payment of Final bill (Advance & Balance Amount).
- E) - All Doctor Prescriptions for Medicines & Lab Investigations.
- F) - All Lab Investigation Reports and films of X-ray / CT / MRI /USG/HPE Done.
- G) - All Medicines/Pharmacy/Medical Store Bills.
- H) - All stickers and invoice of implants / lens used
 - I) - Hospital registration certificate with details No. of Beds, ICU facility, 24 Hrs. Nursing Staff facility, Emergency services in Hospital.
- J) - Complete filled and signed claim form
- K) - Copy of Mediassist card and ID proof of the patient
- L)-Copy of Pan card
- M) - Hospital should be minimum of 15 beds
- N)-Cancelled cheque with printed name
- O)-Id proof of patient as well as employee
- P)-consent form in case claim amount more than 1 lac.
- Q) Attested ICPs (Indoor case papers) –if it is required
- R) Original Detailed Death Summary of Hospital/Nursing Home (In case of death of patient)

Additional documents

In Case of Fracture and Road Traffic Accident.

Original X-Ray Film and its printed report .
Non-Alcohol Influence Certificate by the Treating Doctor.
Medico Legal Certificate (MLC Copy) / Copy of FIR
Detailed narration about incidence (when where and how)

In case Of Maternity.

USG film and its report confirming Diagnosis
GPLA History (Gravida Para Living Abortion) Certified by the Treating Doctor.

For Pre/ Post Hospitalization Reimbursement Claim.

- A)-Receipt of Payments.
- B)-All Doctor Prescriptions for Medicines & Lab Investigations.
- C)-All Lab Investigation Reports.
- D) - All Medicines/Pharmacy/Medical Store Bills.
- E) A copy of discharge summary

Employee Signature-_____.

Date-_____.

Please Bind/ Staples /Clip all the Documents of Reimbursement Claim.