RELIGARE Values that bind | Health Insurance

*Ab Health Hamesha*

# Claim Form - 'Out-Patient Health Care'

**To be filled by the insured. Please fill in CAPITAL only.**

## Details of Insured

Employee Name :
(First Name) (Last Name)

Employee ID :

Patient Name :

Policy No. : Contact No.:

E-mail :

## Medical Expense Details

| Hospital/Diagnostic Centre | Amount | Unique Reimbursement ID |
|---|---|---|
| | | |
| | | |
| | | |

## NEFT Details

I _____ in the capacity of Insured request you to transfer the payment(s) directly to my Bank account, details of which are mentioned below:

### Particulars of Bank Account

Account Holder's Name :

Bank :

Account Number :
(Please mention the complete account number as appearing on the cheque book)

Type of Account : ☐ Savings Account ☐ Current Account Others (Please specify) : _____

Branch Address :

MICR Code :
9 - Digit MICR code number of the bank and branch (Appearing on the MICR cheques issued by the bank)

IFSC Code :
(Please refer your cheque book or your bank branch for IFCI code details)

☐ I have enclosed a photocopy of the cancelled cheque or cancelled blank cheque.
(In case the attached cheque copy does not bear the account holder's name, please provide photocopy of Bank statement or else Bank attestation is required)

I hereby declare that the particulars given above are correct and complete. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I would not hold Religare Health Insurance Company Limited responsible. Further, Religare Health Insurance Company Limited reserves the right to use any alternative payout option(s) including Cheque/Demand draft inspite of opting for NEFT option.

Date : / / Signature of the Applicant : _____

**Notes:**

a) Please attach the Original Hospital/Diagnostic Centre Bill.

b) Claim will be processed only if the Unique Reimbursement ID is available and if the payment has been made in a Network Hospital.

c) Payment will be reimbursed subject to the Sum Insured being available on your card and as per the Policy Terms and Conditions.

d) For any further clarifications, please contact your local helpdesk or call 1800-200-4488

Ver: Feb/18