

Overview Health Claim Form - Hospitalization

Part A		To be filled	Required to
A1	Self Declaration	By insured/ insured relatives	To track the policy and other details of the insured
A2	Available in Policy Copy		
A3	Available in Policy Copy/ Employee details		
A4	Self Declaration		
A5	Available in Discharge Summary		
A6	Self Declaration		
A7	Self Declaration		
A8	Available in Hospital Bills/ Self Declaration		
A9	Available in Hospital Bills		
A10	Checklist		
Page end	Self declaration		
Part B			
B1	Hospital Details	To be filled by Hospital/ Treating doctor	To track the hospital details and the treatment details related to the patient admission
B2	Doctor Details		
B3	Patient details		
B4	Treatment / Procedure Details		
B5	Required only for Retail/ Individual customers		
Page end	Hospital declaration		
Part C			
C1	Patient's Name	To be filled by Insured	For Electronic fund transfer to the bank account
C2	Policy Number		
C3	Card No./UHID No.		
C4	Group/ Company name		
C5	Claim number (if allotted)		
C6	Mobile/ Contact no.		
C7	Provide any 1 document of proposer		
C8	As per bank pass book		
Page end	Account holder's signature		
Part D (Only for Retail/ Individual customers if claiming > 1 lakh rupees)			
D1	Patient's Name	To be filled by Insured	As per IRDA mandate for claims > 1 lac
D2	Policy Number		
D3	Card No./UHID No.		
D4	Group/ Company name		
D5	Claim number (if allotted)		
D6	Mobile/ Contact no.		
D7	KYC documents		
Page end	Claimant's signature		

Documents Submitted

S.No.	Document	Yes	No	Type of document
1.	Claim form duly filled	<input type="checkbox"/>	<input type="checkbox"/>	Original
2.	Discharge Summary/ Daycare Summary	<input type="checkbox"/>	<input type="checkbox"/>	Original
3.	Final Hospital Bill	<input type="checkbox"/>	<input type="checkbox"/>	Original
4.	Payment Receipts	<input type="checkbox"/>	<input type="checkbox"/>	Original
5.	Investigation Reports	<input type="checkbox"/>	<input type="checkbox"/>	Original
6.	Pharmacy Bills	<input type="checkbox"/>	<input type="checkbox"/>	Original
7.	Implant Sticker/ Invoice	<input type="checkbox"/>	<input type="checkbox"/>	Original
8.	Doctor Prescriptions	<input type="checkbox"/>	<input type="checkbox"/>	Photocopy
9.	Consultation Paper	<input type="checkbox"/>	<input type="checkbox"/>	Photocopy
10.	Age Proof	<input type="checkbox"/>	<input type="checkbox"/>	Photocopy
11.	Indoor Case Paper	<input type="checkbox"/>	<input type="checkbox"/>	Photocopy
12.	EFT (Copy of cancelled cheque/ self attested ID poof/ Bank attested copy of passbook with IFSC code)	<input type="checkbox"/>	<input type="checkbox"/>	Photocopy
13.	KYC (Copy of ID proof, Residence proof, & 2 Passport size photos)	<input type="checkbox"/>	<input type="checkbox"/>	Photocopy