

ICICI Lombard Health Care Claim Form - Hospitalisation

(Issuance of this form is not to be taken as an admission of liability)



	Overview Health Claim Form	n - Hospitalization	
	Part A	To be filled	Requirement
A1	Self Declaration		
A2	Self Declaration		
A3	Available in Policy Copy/ Employee details		
A4	Available in Policy Copy		
A5	Available in Discharge Summary	By insured/ insured	To track the policy and
A6	Self Declaration	relatives	other details of the insured
A7	Self Declaration		
A8	Available in Hospital Bills/ Self Declaration		
A9	Available in Hospital Bills		
A10	Checklist		
A11, Page end	Self declaration		
	Part B		
B1	Hospital Details		
B2	Doctor Details	To be filled by Hospital/	To track the hospital
В3	Patient details	Treating doctor	details and the treatment
B4	Treatment / Procedure Details		details related to the
B5	Required only for Retail/ Individual customers		patient admission
Page end	Hospital declaration		
	Part C		
C1	Patient's Name		
C2	Policy Number		
C3	Card No./UHID No.		For Electronic fund
C4	Group/ Company name	To be filled by Insured	transfer to the bank
C5	Claim number (if allotted)		account
C6	Mobile/ Contact no.		
C7	Provide any 1 document of proposer		
C8	As per bank pass book		
Page end	Account holder's signature		
C-KYC No.	Part D (Only for Retail/ Individual customers if claiming $>$ ₹	lakh)	
Yes	Please provide, if Central KYC (C-KYC) no. available:	To be filled by Insured	As per IRDA, C-KYC is mandate for claims greater than
		To be filled by filsured	Tor claims greater than
No	Please fill the C-KYC form		

Documents Submitted					
S.No.	Document	Yes	No	Type of document	
1.	Claim form duly filled	Υ	N	Original	
2.	Discharge Summary/ Daycare Summary	Y	N	Original	
3.	Final Hospital Bill	Y	N	Original	
4.	Payment Receipts	Y	N	Original	
5.	Investigation Reports	Y	N	Original	
6.	Pharmacy Bills	Y	N	Original	
7.	Implant Sticker/ Invoice	Y	N	Original	
8.	Doctor Prescriptions	Y	N	Photocopy	
9.	Consultation Paper	Y	N	Photocopy	
10.	Age Proof	Y	N	Photocopy	
11.	Indoor Case Paper	Y	N	Photocopy	
12.	EFT (Copy of cancelled cheque/ self attested ID poof/ Bank attested copy	VI	N. I	DI (
	of passbook with IFSC code	Y	N	Photocopy	
13.	Part D - C-KYC Form (Only for Retail/ Individual customers if claiming >₹ 1 lakh)	Y	N	Original	
14.	Aadhaar Card Copy of the Proposer/ Employee (Mandatory)	Y		Photocopy	
15.	PAN Card Copy of the Proposer/ Employee (Mandatory)	Y		Photocopy	





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ICICI Lombard Health Care

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ALL CLAIM SETTLEMENTS SHOULD BE MADE THROUGH NEFT (AS PER IRDA CIRCULAR), PLEASE PROVIDE YOUR BANK ACCOUNT DETAILS. REFER TO PART C.

Do You Know

- * Non-submission of original bills and receipts is the main reason for delay in claim settlements. Please provide the originals & mandatory documents
- ★ To receive update on your claim status, provide your mobile no. & E-mail ID
- ★ You can track your claim status at: www.icicilombard.com→Claims→Health Claims→Services→Track your claims

	- A (10 be iiiled by insured)	
TO BE FILLED IN CAPITAL LETTERS ONLY A1. Type of Claim: Main Hospitalisation Expenses Pre	e & Post Hospitalisation Expenses	Cashless Obtained: Yes No
A2. Details of the Insured person in respect of whom claim i	is made: (patient details)	
Name of the Patient:	MIDDLE	LAST
Card No./ UHID of the Patient:		
Gender: Male Female Date of Birth:	Completed a	age: Years Months
Occupation: Service Self Employed Homemaker	Student Retired Other (Please	specify)
Are you previously covered by any other Mediclaim/ Heals	th Insurance: Yes $oxtime$ No $oxtime$. If yes, Company r	name:
Current residential address:		
	J City:	
State:		Pin code:
Mobile no. Landline no		
E-mail:		
A3. For Group/Corporate Policy	For Individual/Retail Policy	(*Mandatory)
Member ID No./ Employee ID (Client ID):	*Claim Intimation Service Request r	10.:
	J Is this a renewal policy: Yes No	
Group/ Company name:	If Yes, kindly mention your previous	policy no.:
A4. Name of the Proposer*/Employee:		
Aadhaar No. of the Proposer*/Employee:	PAN No. of the Proposer*/Em	ployee:
Relationship with Proposer*:		ne required. For Corporate policy, provide Employee name)
Current Policy No.:		
A5. Nature of disease/illness contracted or injury suffered		eie)·
7.0. Hataro of allocator, illinoid dona actou of illigary carrotta	ioi viiioii iiioaroa vvao noopitanzoa (Diagnot	
Name of hospital where admitted:		
Room category occupied: Day care Single occupancy	Twin sharing 3 or more beds per room	Others
Date of Admission: D] / M] M] / Y] Y] Y] Time:		
Date of injury sustained or disease/ Illness first detected:		
If Injury, give cause: Self inflicted Road traffic accident		Others
If Medico legal: Yes No Reported to police: Yes		
System of Medicine:	NO INICO Neport d Folice Firt attached. Tes	No (II yes, attachreport)
Is there any another claim in any of our policies towards the a	have incident? Vee Ne Have mustide	AL/Olaina Na
A6. Are you covered under any Topup/Additional policy: Yes		
A7. Currently covered by any other Mediclaim/ Health Insura		
Have you been hospitalized in the last 4 years since inception		-
Have you lodged any claim against this particular admission of	-	
		Sum Insured: ₹
A8. Details of Claim		
a) Details of the treatment expenses claimed	1 1 1 1	_
i. Pre-hospitalization expenses: ₹	ii. Hospitalization expenses:	₹
iii. Post-hospitalization expenses: ₹	iv. Health-check up cost:	₹
v. Ambulance charges: ₹	vi. Others:	₹
	Total:	₹
vii. Pre-hospitalization period D	lays viii. Post-hospitalization period:	Days

c) Details of lump sum/ cash benefit claimed:	No No No			details in annexure)				
i. Hospital daily cash: ₹		J_J_		ii. Maternity:	₹			
iii. Critical illness/PA/Donor Expenses: ₹	J]] i	v. Convalescence:	₹			
v. Pre/ Post hospitalization lump sum benefit: ₹			_\	ri. Others:	₹			
A9. Details of the amount claimed			-	• • • • • • • • • • • • • • • • • •	` -			
Bill heads (as applicable)		Ri	II number	Bill date	Bills attached	Amo	unt	
Room rent			ii iiuiiiboi		V N	₹]]	<u> </u>	
Doctors consultation/Visit charges					YN	₹]]		
Investigation charges (Includes Radiology and Pathology reports)					Y N	₹		<u> </u>
Surgeon and Asst. surgeon charges					Y N	₹]]		
Anesthetist charges & Operation theatre charges					V N	₹	<u> </u>	
Equipment charges / Procedure charges					V N	₹		
Cost of implant (If any)					Y N		<u> </u>	
	hlaa\	-			Y N	₹		
Medicine charges (Includes ward and OT medicines and consumal	Dies)			D D M M Y Y	Y N	₹	<u> </u>	
Pharmacy charges					Y N	₹	<u> </u>	
Taxes/Surcharges/Service charge		-			Y N	₹	<u> </u>	
Miscellaneous/ Other charges					Y N	₹	<u> </u>	<u> </u>
Pre hospitalization bills (If any)		-			Y N	₹	<u> </u>	
Post hospitalization bills (If any)		-			Y N	₹	<u> </u>	
Discount provided by hospital (If any)		<u> </u>			Y) N	₹	<u> </u>	
Total claimed amount (In ₹) (Total claimed amount should be equal to	to the am	ount in a	tached bill docu	ments)		₹		
MANDATORY : COPY OF AADHA	AR CA	RD AN	ID PAN CAI	RD ARE REQUIRED	FOR ALL CLA	IMS		
A10. In support of the above claim, I enclose following do	cument	ts in or	iginal (Please	indicate by ticking i	n the Yes/ No c	olumn below)		
Type of Document(s) - *Mandatory	Yes	No	i e	indicate by ticking in cument(s) - As Appl		olumn below)	Yes	No
Type of Document(s) - *Mandatory 1. Claim form duly filled and signed*	1		Type of Do 9. Age proc	cument(s) - As Appl of (Driving License/ PAN	icable		Yes	No
Type of Document(s) - *Mandatory 1. Claim form duly filled and signed* 2. Aadhaar Card copy of the Proposer/ Employee*	1		Type of Do 9. Age proc	cument(s) - As Appl	icable		Yes	1
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Type of Document(s) - *Mandatory 1. Claim form duly filled and signed* 2. Aadhaar Card copy of the Proposer/ Employee* 3. PAN Card copy of the Proposer/ Employee* 4. Discharge summary*	Yes Y Y Y Y Y		9. Age proc 10. Part - C (11. ICICI Lor 12. Implant	cument(s) - As Appl of (Driving License/ PAN For EFT/RTGS/ NEFT)* Inbard GIC Authorisation Iname and invoice (if an	icable card/ Passport/ Aa n Letter	adhaar copy)*	Yes	1
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▲ Your Claim details are just an SMS away, Please SMS <KEYWORD> to 57 57 58

Part - B (To be filled by Treating Doctor/ Hospital only)

B1. Details of the Hospital/ Nursing home in which treatment was taken
Name of the Hospital/ Nursing home:
Address:
City: State: State:
Pincode: Mobile no.: Mobile no.:
ROHINI ID*: Non Network If Non Network, provide below details Registration No. with State Code: PAN: Number of Inpatient beds:
Facilities available in the hospital: OT: Y N ICU: Y N
B2. Details of the attending Medical Practitioner/ Doctor/ Treating Physician or Surgeon
Name:
Qualification: Registration no: Registration no:
Telephone no.: Mobile no.:
B3. Details of the patient admitted
Name of the patient:
IP Registration no.: Gender: MF Age:Years Months Date of Birth: DDM MYYYYY
Date of Admission: DD/MM/YYYY Time: HH:MM Date of Discharge: DD/MM/YYYY Time: HH:MM
Type of Admission: Emergency Planned Day Care Maternity
Type of Treatment: Surgical Procedure Multiple Surgical Procedure Medical Treatment
If Maternity, Date of Delivery: DD/MM/YYYY Gravida Status: G DP A L
Premature Baby: Yes No
Status at time of discharge: Discharge to home Discharge to another hospital Deceased
Total claimed amount: ₹
B4. Details of the procedure
Pre-authorization obtained: Yes No If yes, Pre-authorization No.:
If authorization by network hospital not obtained, give reason:
Date of injury sustained or disease/illness first detected: DD/MM/YYYYY
If Injury, give cause: Self inflicted Road traffic accident Substance abuse/Alcohol consumption Others
If Medico legal: Yes No Reported to police: Yes No MLC Report & Police FIR attached: Yes No (If yes, attach report)
FIR no If not reported to Police, give reason:
If injury due to substance abuse/alcohol consumption, test conducted to establish this: Yes No (If yes, attach report)
B5. This section is mandatory only if your health policy is not provided by your employer
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A) Diagnosis (ICD 10 Code primary & additional dignosis) i) Primary diagnosis (with ICD 10 code) ii) Additional diagnosis (with ICD 10 code) iii) Procedure diagnosis (with ICD 10 PCS code) B) Nature of surgery/ treatment given for present ailment C) Date of first consultation (Prior to hospitalization) D) Presenting complaints of the patient during admission E) Past medical history of the patient along with duration of illness (If yes, attach first & all past consultation paper) F) Was the patient under influence of alcohol during admission G) Whether the present treatment ailment is a complication of pre-existing disease? i) If yes, please specify the disease (or) complication of any previous surgery done? ii) If yes, please specify the details H) Whether the disease/ disorder is congenital in nature? I) Number of in-patient beds in the hospital (including ICU) Declaration by the hospital
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A) Diagnosis (ICD 10 Code primary & additional dignosis) i) Primary diagnosis (with ICD 10 code) ii) Additional diagnosis (with ICD 10 code) iii) Procedure diagnosis (with ICD 10 PCS code) B) Nature of surgery/ treatment given for present ailment C) Date of first consultation (Prior to hospitalization) D) Presenting complaints of the patient during admission E) Past medical history of the patient along with duration of illness (If yes, attach first & all past consultation paper) F) Was the patient under influence of alcohol during admission G) Whether the present treatment ailment is a complication of pre-existing disease? i) If yes, please specify the disease (or) complication of any previous surgery done? ii) If yes, please specify the details H) Whether the disease/ disorder is congenital in nature? 1) Number of in-patient beds in the hospital (including ICU) Declaration by the hospital We hereby declare that the information furnished in this Claim Form is true & correct to the best of our knowledge and belief. If we have made any



Part - C - NEFT Form (For Direct Electronic Fund Transfer)

ALL CLAIM SETTLEMENTS SHOULD BE MADE THROUGH NEFT (AS PER IRDA CIRCULAR), PLEASE PROVIDE YOUR BANK ACCOUNT DETAILS.

(in respect of whom claim is made):					
C2. Policy Number:					
C3. Card No./ UHID No.					
C4. Group/Company Name (for Group/Corporate policy holders):					
C5. Claim Number (if allotted): C7. Email:	C6. Mobile	/ Contact No.:			
C8. As per IRDA Circular No.: IRDA/F&A/CIR/GLD/056/02/2014,	Proposer's/ p	olicy holder's	bank accor	ınt details are	mandatory to process the
claim through EFT.					
Please provide ANY ONE of the below documents of proposer/po	licy holder-				
Please provide a self-attested copy of a valid Identity proof of the	ne Proposer/Po	olicy holder (pro	vide any of the n	nentioned documer	nts in Proof of Identity under Part-D)
Cancelled cheque copy					
Bank attested copy of Passbook with IFSC code					
C9. Please provide the below details (all fields are compulsory)					
D / !'	rdo).		1 1	1 1 1	
 Proposer (policy holder)/ Employee name*(as per bank reco 	ius)				
 Proposer (policy holder)/ Employee name*(as per bank reco Proposer/ policy holder Bank account no.: 					
	lus).				
Proposer/ policy holder Bank account no.:					
 Proposer/ policy holder Bank account no.: Name of the bank: 					
 Proposer/ policy holder Bank account no.: Name of the bank: Branch name: 					
 Proposer/ policy holder Bank account no.: Name of the bank: Branch name: 			J J J J J J J J J J J J J J J J J J J	s per the provided	cheque leaflet)

*Proposer/ Policy holder is the person who has paid premium for the policy.

For Retail policy, Name & Account details of Proposer required. For Corporate policy, Employee Name & Account details required.

Terms and Conditions for Payments through RTGS/NEFT

- 1. The details provided by the Proposers/policy holder in the Mandate Form shall be considered as final and ICICI Lombard General Insurance Company Ltd. shall not be responsible for cross verification of any of the details provided therein.
- 2. The RTGS/NEFT facility shall be effective for the respective Proposer(s)/policy holder within 15 days of the receipt of the Mandate Form by ICICI Lombard General Insurance Company Ltd. and/or within such period as may be reasonably required by ICICI Lombard General Insurance Company Ltd. to activate the RTGS/NEFT facility.
- 3. The Proposer/ policy holder agrees that under the RTGS/ NEFT facility, there may be a risk of non-payment in the Proposer/ policy holder Accounts No. on the day of the credit of payments due to change in the applicable regulations pertaining to RTGS/ NEFT facility or due to any other reasons without any fault/ inaction/ failure on part of ICICI Lombard General Insurance Company or any factor beyond the control of ICICI Lombard General Insurance Company Limited.
- 4. The Proposer/ policy holder agrees to indemnify, without delay or demur, ICICI Lombard General Insurance Company Ltd. and its agents and keep ICICI Lombard General Insurance Company Ltd. and its agent indemnified harmless at all times from and against any and all claims, damages, losses, costs, and expenses (including attorney's fees) which ICICI Lombard General Insurance Company Ltd. may suffer or incur, directly or indirectly, arising from or in connection with, amongst other things, either of the aforesaid reasons stated in above clauses.
- 5. ICICI Lombard General Insurance Company Ltd. May sub-contract and employ agents to carry out any of its obligations under the RTGS/ NEFT facility. The Proposer/policy holder may discontinue or terminate the use of RTGS/ NEFT facility by giving a minimum of 15 days prior written notice to ICICI Lombard General Insurance Company Ltd. The notice of, such termination should be given to ICICI Lombard only at its corporate address and be addressed at ICICI Lombard GIC Ltd., ICICI Lombard House (Old Tata Press Building), 414. Veer Savarkar Marg. Near Siddhi Vinayak Temple. Prabhadevi. Mumbai 400025.
- 6. A confirmation of the receipt of termination notice given by the Proposer/ policy holder will be acknowledged through a confirmation letter by ICICI Lombard General Insurance Company Ltd. In no case can the Proposer/ policy holder construe his termination notice as effective unless a confirmation has been provided by ICICI Lombard to the Proposer/ policy holder stating the date of receipt of such communication by the Proposer/ policy holder
- 7. The Proposer/ policy holder agrees that transaction(s) through RTGS/ NEFT facility may attract inward RTGS/ NEFT charges, which if levied by the Proposer's/ policy holder's bank, shall be borne by the Proposer/ policy holder only.
- 8. ICICI Lombard has the absolute discretion to amend or supplement any Terms and Condition stated herein at any time and will endeavor to give prior notice of ten days for such changes wherever feasible for the Terms and Conditions to be applicable. By using the new services, or at the completion of such period, whichever is earlier, the Proposer/policy holder shall be deemed to have accepted the changed Terms and Conditions.
- 9. Submission of documents or bank details or any other information does not in any way, shape or form, imply or express or suggest admission of liability by the company.
- 10. Notices under these Terms and Conditions may be given in writing by delivering them by hand or e-mail or on ICICI Lombard General Insurance Company Ltd. website www.icicilombard.com or by sending them by post to the last address of the Proposer/policy holder.
- 11. These Terms and Conditions will be governed by the laws of India and any legal action or proceedings arising out of these Terms and Conditions shall be initiated in the courts or tribunals at Mumbai in India.
- 12. I/We further undertake to refund any excess amount whether demanded by ICICI Lombard General Insurance Company Ltd. or not, which has been credited in excess to my account at any time due to any reason within 7 days of such receipt of such communication from ICICI Lombard of such excess credit or such information of excess credit coming to the knowledge of the Proposer/ policy holder through any other source.
- 3. I/We agree that my/ our claim payment will be credited from the date ICICI Lombard General Insurance Company Ltd. gets confirmation from its bankers, This facility will continue unless it is revoked by any party and any issuance of relevant credit instruction from ICICI Lombard General Insurance Company Ltd. to its bankers will be valid till such instruction is complete irrespective of the fact that the notice period has expired provided such a credit request has been made by ICICI Lombard General Insurance Company Ltd. before the expiry of the notice period of the Proposer/ policy holder.

Account Holder's Signature

