

Documents Information – All in Original Required

- ✓ Claim Form (As attached) – Please ensure mandatory information is captured :
- ✓ MediAssist ID Card / MAID Number of the Patient.
- ✓ Name of Corporate
- ✓ Employee Name & Employee Code
- ✓ Phone Number
- ✓ Email Id : (Official and Personal)
- ✓ Patient Relationship to Policy Holder
- ✓ **Form B to be filled by hospital**
Discharge Summary from Hospital (On Hospital Letter Head – Stamped and Signed)
- ✓ Doctor's First Prescription/ Casualty Card / OPD Card, Advising Hospitalization
- ✓ All investigation Reports & Lab Reports
- ✓ Radiology Films – **Xray / Ultrasound / CT Scan / MRI (if Done)**
- ✓ Hospital Bills (Final with Detailed Break Up)
- ✓ Pharmacy & Other Investigation Bills with Doctor's Prescription
- ✓ Proper numbered payment receipt with Stamp and Signature
- ✓ Cancelled Cheque Leaf of the Employee
- ✓ Patient valid Government ID proof scan copy
- ✓ Employee valid Government ID proof scan copy
- ✓ Total No of Pages submitted : _____
- ✓ Date of Submission : _____(If there is delay in submission need justification letter to be attached)
- ✓ Claimants can submit bills related to the hospitalization that are incurred by them 30 days prior to and 60 days post hospitalization.