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| --- | --- | --- | --- |
| **Check List for original Documents to be submitted for Reimbursement Claim.** | | | |
| **Name Of Corporate** : **Location:** | | **Date** |  |
| **Name of Employee :** | |  |  |
| **Employee Code :** | |  |  |
| **Contact Number : E Mail id:** | |  |  |
| **Sr No** | **Name of Documents** | **No.of Documents** | **Enclosed** |
| 1 | Duly Filled and Signed Claim form |  | Yes /No |
| 2 | AADHAR CARD of Pri benf |  |  |
| 3 | PAN CARD of Pri benf |  |  |
| 4 | Copy of Claim Intimation |  | Yes /No |
| 5 | Hospital Discharge Card / Summary |  | Yes /No |
| 6 | Hospital Final Bill |  | Yes /No |
| 7 | Break up of Final Bill |  | Yes /No |
| 8 | Hospital Payment Receipt |  | Yes /No |
| 9 | Investigation Reports |  | Yes /No |
| 10 | Doctors Reference Letter for Investigating |  | Yes /No |
| 11 | For Ex: MRI / XRAY Reports |  | Yes /No |
| 12 | CT Scan |  | Yes /No |
| 13 | ECG |  | Yes /No |
| 14 | USG |  | Yes /No |
| 15 | Any Other (Pl Specify) |  | Yes /No |
| 16 | Doctor’s Prescription |  | Yes /No |
| 17 | First Consultation Letter |  | Yes /No |
| 18 | Medicines/ Pharmacy Bills /Consultation Bills with Doctors Prescription |  | Yes /No |
| 19 | Surgeon’s Bill / Certificate if any |  | Yes /No |
| 20 | Pre-Post Hospitalisation Bills |  | Yes /No |
| 21 | Invoices for any implants purchased along with the payment receipt |  | Yes /No |
| 22 | **Cataract operation** |  | Yes /No |
| A | Intra Ocular Lens (IOL) Sticker & “A” Scan Report if Done |  | Yes /No |
| B | IOL Sticker or Invoice |  | Yes /No |
| 18 | **Accidental Claims** |  | Yes /No |
| A | Letter From Treating Doctor Exp; How, When , Where the injury occurred |  | Yes /No |
| B | Fir Copy & MLC (Medico Legal Certificate) Copy if Done |  | Yes /No |
| C | X-Ray Films in case accidental claims |  | Yes /No |
| 18 | NEFT Details (Cancelled Cheque of the Insured) |  | Yes /No |
| 19 | Indoor Case Paper (ICP Paper) |  | Yes /No |
| **The above is only an indicative list and additional documents may be required depending on the nature of the claim** | | | |