

OPTUM - COVID BUFFER BENEFITS PROCESS CLAIM FORM

Name of Patient			
Patient Relation with Employee (only those dependents who are covered under the corporate base plan will be covered under modular top up plan)		<input type="checkbox"/> Self	<input type="checkbox"/> Spouse
		<input type="checkbox"/> Child	<input type="checkbox"/> Parents
Date of Birth of patient(as per official records)			
Name of Employee			
Name of Spouse/Partner			
Employee Number			
Insurance Co.	New India Assurance Insurance Ltd		
Policy number /Name			
UHC E-card No			
Employee Address (in Block letters)			
Employee Email ID			
Alternate Email ID			
Employee Mobile Number			
Alternate Phone No.			
Nature of Illness			
Period of Illness			

NEFT DETAILS:

Account Holder's Name	Bank Account No.	Bank Name	IFSC Code	Bank Branch Address

Note: If this is your first claim then kindly provide a copy of cancelled cheque along with NEFT details.

Expenses Incurred (Please fill each line separately for each bill)

Type of Expenses	Bill Date	Bill Number	Name of Clinic/ Doctor/ Lab/ Pharmacy/ Other	Amount (Rs.)	All original documents attached (Yes/No)
Consultation					
Medicines					
Pathological & other tests					
Any Other (Home Isolation Charges)					
			Total Amount		

Place _____

Date _____ (Signature of Insured)

Note:

- Please enclose the above documents in original along with the claim form. No photocopies will be accepted.
- Separate Claim Form for claim of each insured member to be submitted

Checklist of documents:

(Please attach the following documents for claims and mark against the checkbox)

- Duly filled and signed Claim Form
- Original Doctor's Prescriptions /Consultation on the letter-head
- Original Covid Report (Positive Or Negative)
- Original Doctor's consultation papers
- All original investigation reports
- All original pharmacy bills along with Doctor's Prescriptions
- Original Payment receipts
- NEFT details in claim form or attach copy of Cancelled Cheque during every claim

This is an indicative list, insurer may require additional documents basis the submitted claims