

CLAIM DOCUMENTS CHECK LIST

1. **Duly filled & signed Claim form by the employee with the seal & signature of the concerned authority in the organization.**
2. **Photocopy of Cashless card.**
3. **Original Discharge card / Discharge summary.**
4. **Original Hospital bill with the seal & signature of the Hospital.**
5. **Detailed Hospital bill break-up for the expenses.**
6. **All original prescriptions & consultation papers of the Doctor.**
7. **All original Medical bills with the name of the Patient duly endorsed by the treating Doctor.**
8. **All original cash paid receipts supporting the bills in the name of patient.**
9. **All original Medical reports certified by the Doctor (Pathology, X-Ray, CT-Scan, ECG, MRI, etc.)**
10. **Summary of all Expenses.**
11. **Medico Legal Certificate (MLC) / FIR in case of accident cases.**
12. **Medico Legal Certificate (MLC) & FIR both are mandatory in case of road traffic accident.**
13. **All Indoor Case Papers (ICP).**
14. **Copy of Hospital Registration certificate in case of private non-empanelled hospitals.**