

**REIMBURSEMENT CLAIM FORM****TO BE FILLED IN BY THE INSURED**

The issue of this Form is not to be taken as an admission of liability

**DETAILS OF PRIMARY INSURED**

a) Policy No: 2999204529756101000	b)SI.No/Certificate No:
c) Company/TPA ID No:	
d) Name : Preetha Shanmuganathan	
e) Address : 14, Kurunji Nagar, NGO A Colony Extension	City: Tirunelveli
State: Tamilnadu	Pin Code: 627007
Phone No: 9384320234	Email ID : preetha.shanmuganathan@iqvia.com

**DETAILS OF INSURANCE HISTORY:**

a) Currently covered by any other Mediciam/Health Insurance: No	b) Date of commencement of first Insurance without break:
c) If yes,company name:	Policy No:
Sum Insured (Rs.) :	d) Have you been hospitalized in the last four years since inception of the contract? : No
e) Previously covered by any other Mediciam/Health insurance : No	f) If yes,Company Name:

**DETAILS OF INSURED PERSON HOSPITALIZED:**

a) Select Member: Baby of Preetha	B) Gender: Male
C) Age: 5	D) Date of Birth: 28 Oct 2023
e) Relationship to Primary insured: Child	
f) Occupation:	
g) Address (if different from above):	City:
State:	Pin Code:
Phone No:	Email ID :

**DETAILS OF HOSPITALIZATION:**

a) Name of Hospital where Admitted: LAKSHMI MADHAVAN HOSPITAL PVT LTD

b) Room Category occupied: Single occupancy

c) Hospitalization due to: Illness

d) Date of Injury/Date Disease first detected/Date of Delivery: 01 November 2023

e) Date of Admission: 01 November 2023

f) Time:

g) Date of Discharge: 03 November 2023

h) Time:

i) If Injury give cause:

i.If Medico legal: -

ii.Reported to police: -

iii.MLC Report &amp; Police FIR attached: -

j) System of Medicine:

**DETAILS OF CLAIM:**

a) Details of the treatment expenses claimed

i.Hospitalization Expenses: 8603

i.Pre-hospitalization Expenses:

iii.Post-hospitalization Expenses:

iv.Health-Check up Cost:

v.Ambulance Charges:

vi.Others (code): Amount:

Total: 8603

vii.Pre-hospitalization period:Days

viii.Post-hospitalization period:Days

b)Claim for Domiciliary Hospitalization: -

c) Details of Lump sum/cash benefit claimed:

ii.Surgical Cash:

i.Hospital Daily Cash:

iii.Critical Illness Benefit:

iv.Convalescence:

v.Pre/Post hospitalization Lump sum benefit:

vi.Others: Amount:

Total:

Claim Documents Submitted- Check List:

Claim Form Duly signed,Hospital Main Bill,Hospital Break-up Bill,Hospital Bill Payment Receipt,Hospital Discharge Summary,Pharmacy Bill,Investigation Reports(Including CT/MRI/USG/HPE),Others

**DETAILS OF BILLS ENCLOSED:**

Sl.No	Bill No	Date	Issued by	Towards	Amount(Rs)
1	UP7547	01 November 2023	LAKSHMI MADHAVAN HOSPITAL PVT LTD	BABY OF PREETHA	5000
2	UP7644	01 November 2023	LAKSHMI MADHAVAN HOSPITAL PVT LTD	BABY OF PREETHA	2500
3	64056	01 November 2023	LAKSHMI MADHAVAN HOSPITAL PVT LTD	BABY OF PREETHA	803
4	CD2973	01 November 2023	LAKSHMI MADHAVAN HOSPITAL PVT LTD	BABY OF PREETHA	150
5	UP7594	02 November 2023	LAKSHMI MADHAVAN HOSPITAL PVT LTD	BABY OF PREETHA	150
6					
7					
8					
9					
10					

**DETAILS OF PRIMARY INSURED'S BANK ACCOUNT:**

a)PAN:CUJPP4746H	b)Account Number:50100296069838
c)Bank Name and Branch:HDFC TRIPLICANE	
d) Cheque/DD Payable details:	e) IFSC Code:HDFC0001862

**DECLARATION BY THE INSURED:**

☒ I hereby declare that the information furnished in the claim form is true & correct to the best of my knowledge and belief. If I have made any false or untrue statement, suppression or concealment of any material fact with respect to questions asked in relation to this claim, my right to claim reimbursement shall be forfeited, I also consent & authorize TPA / insurance Company, to seek necessary medical information / documents from any hospital / Medical Practitioner who has attended on the person against whom this claim is made. I hereby declare that I have included all the bills / receipts for the purpose of this claim & that I will not be making any supplementary claim except the pre/post-hospitalization claim, if any.

**This claim form is computer generated, created with secure login hence no signature is required.**

Date:03 November 2023	Place:TIRUNELVELI	Signature of the Insured/Name:Preetha S
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