

Reimbursement Claims Check List

The following documents are mandatory for processing Reimbursement Claims:

1. Original Claim form PART – A duly filled & *signed*
2. Original Claim form PART – B duly filled & *signed with hospital seal & signature*
3. E-Card & photocopy of valid identity proof
4. Name printed cancelled cheque or bank statement which contains the following details
a) Name of the account holder b) Bank account number c) IFSC Code
5. Original hospital final bill with proper break up
6. Original advance paid receipts
7. Original discharge summary
8. Original Death Summary - Only in case of death of patient during Hospital stay
9. All original investigation reports along with prescriptions
10. All original medicine bills with relevant prescriptions
11. Police FIR/Medico Legal Certificate (MLC) -Mandatory for All Road traffic accidents
12. Sticker for the Implants used, along with supporting invoice – Original
13. Reason for delay in submitting the main claim if main claim is submitted after 30 days from the date of discharge

Note:

The above list is indicative, insurer may call upon additional requirements as per their requirements.

Please submit the main claim within 30 days from the date of discharge.

Post hospitalization claim must be submitted within 7 days from the 60th day or treatment completion date whichever is earlier.

Star Health & Allied Insurance Co. Ltd - Contact for Mediclaim related queries

Point of Contact	Name	Ph. No.	Email ID
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