Medi Assist

Group mediclaim - Associate, Family & Parents

Tracking No : H1006210E11555001

Z0008319243

Employee Details

Employee name	CHITHAMBARATHANU T.	Employee number	E11555
Employee's location		Contact number	9841403382

Details of the claimant (Patient Details)

Name	Thirunelvely Perumal	Relationship	Father

Claim Details

Nature of illness	Covid	Duration of illness	5 Day
Name of the Hospital	Subam Hospital	Location	
Date of Admission	04-Jun-2021	Total amount	100524
Reason for Non-availing cashless facility	Not aware of cashless process		

Medical Expencess breakup

No	Bill No.	Bill Date	Bill Amount	Remarks
1	CB14062021010	14-Jun-2021	100524	final Consolidated bill

Declaration

I hereby declare that the information furnished in this Claim Form is true & correct to the best of my knowledge & belief. If I have made any false or untrue statement, suppressed or concealed any material fact, my right to claim reimbursement shall be forfeited. I also consent & authorize the TPA or the insurance company to seek necessary medical information from any hospital / Medical Practitioner who has attended to the person for whom the 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 that of Post - hospitalisation claim, if any.

Date	Employee Signature
Date of Submission	

ONLY FOR OFFICE USE

HID Updation :-	☐ Required? ☐ Completed?	**Dummy Claim :-**	☐ Action Required? ☐ Completed?

Document Checklist(Mandatory) To be filled by Help Desk / Front Desk

☐ Claim Form	☐ Cheque	☐ Verified with CF and Name
☐ Bills No of Pages [ ]	☐ Main Bill / Breakup available?	Total No of Docs
☐ Dis. Summary No of Pages	☐ Reports	

Remarks :-

Non Scannable Documents (To be filled by Inward / Receiving personnel)

		Nos	**Description**
CT / MRI Scan	☐		
X-Ray	☐		
CD	☐		
Lens / Implant Sticker	☐		
Test Strips	☐		
Other	☐		

---------- **HELP DESK / CRM**	---------- **RECEIVER / INWARD**	---------- **SCANNING SEAL**