

## **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.	<b>New India Assurance Insurance Ltd</b>
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)					
			<b>Total Amount</b>		

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*