

## GMC CLAIM DOCUMENT CHECK LIST

Name of insured :	EMPLOYEE NUMBER :
OfficialMail ID :	Mobile Number :
Name of Company :	

S.NO	PARTICULARS	FORM IN WHICH THE DOCS ARE REQUIRED	REMARK
1	CLAIM FORM DULLY FILLED & SIGNED BY INSURED WITH CLAIMED AMOUNT.	ORIGINAL	
2	VALID PHOTO ID PROOF * Photo id of patient (copy of aadhar card). * Copy of PAN card of employee & one id with address proof.	COPY	
3	NEFT DETAILS AS GIVEN IN CLAIM FORM ALONG WITH COPY OF CANCELLED CHEQUE (*name printed cheque for NEFT verification)	ORIGINAL	
4	NATURE OF CLAIM DOCUMENTS - FRESH CLAIM / PRE-POST CLAIM / DEFICIENCY RETRIEVAL DOCUMENT	INDICATE THE NATURE OF CLAIM	
5	DISCHARGE SUMMARY / DEATH SUMMARY ( IN CASE OF DEATH CLAIMS) / DAY CARE SUMMARY IN CASE OF DAY CARE TREATMENTS	ORIGINAL	
	a) Copy of the Legal heir certificate, if the claim is for the death of the principle insured.	ORIGINAL	
	b) Copy of Post Mortem Report & Death Certificate (In Accidental Death cases)	ORIGINAL	
6	Original Final Hospital bill with breakup of each Item	ORIGINAL	
7	Original Payment Receipt of Main Hospital bill ( both Deposit / Refund)	ORIGINAL	
8	Original copy of Implant Invoice along with Payment Receipts & Implant Labels / Stickers for Stents/Mesh/IOL	ORIGINAL	
9	CASH-MEMO OF MEDICINES WITH BATCH NUMBER & EXPIRY DATE OF MEDICINE (with date wise doctor's prescription).	ORIGINAL	
10	Original bills, original Payment Receipts and investigation / Laboratory Reports (with date wise doctor's prescription). LAB REPORTS SHOULD BE COUNTER SIGNED BY REGISTERED MEDICAL PRACTITIONER WITH A POST GRADUATE QUALIFICATION IN PATHOLOGY.	ORIGINAL	
	a) X-RAY, USG, MRI AND ALL INVESTIGATION FIMS, IF ANY (with date wise doctor's prescription).	ORIGINAL	
11	OPD CARDS and/or PRESCRIPTIONS	ORIGINAL	
12	CONSULTATION RECEIPTS (with date wise doctor's prescription)	ORIGINAL	
13	IN CASE OF PRE-PLANNED SURGERIES NEED PRIOR CONSULATION AND INVESGATION REPORTS.	ORIGINAL	
14	ANY OTHER DOCUMENTS BEING SUBMITTED ( EXAMPLE: MLC AND FIR IN CASE OF ACCIDENT)	ORIGINAL	

OTHER MANDATORY DOCUMENTS			
1	Original A-Scan Report along with IOL Sticker and Tax paid invoice in case of Cataract Claim	ORIGINAL	
2	<u>GRAVIDA STATUS for Maternity Claim</u> : Original copy of Obstetric history (Gravida, Para, Living children, Abortions) from treating doctor.	ORIGINAL	
3	<u>FOR ACCIDENTAL CASES:</u> * CIRCUMSTANCES OF INJURY- WHEN, WHERE AND HOW * INFUANCE OF ALCOHOL AT THE TIME OF INFURY NEED TO BE CERTIFIED THROUGH TREATING DOCTOR * MLC/FIR COPY NEEDED AND IF NOT DONE CONFIRMATION THROUGH TREATING DOCTOR	ORIGINAL	
4	Original Dialysis flow chart for dialysis cases.	ORIGINAL	
5	<u>For coinsurance cases</u> : In case of claims where the insured has submitted documents to another insurance co. /TPA. * Original copy of settlement letter from 1st insurer/TPA & an undertaking stating that all original documents are retained by them. * Xerox copy of all claim documents submitted to 1st insurer/TPA for claim, attested by them.	ORIGINAL	

DATE AND TIME OF ADMISSION :
DATE AND TIME OF DISCHARGE :
DATE OF CLAIM SUBMISSION :
SIGNATURE OF EMPLOYEE & DATE :