

THE ORIENTAL INSURANCE COMPANY LIMITED

Regd.Office: Oriental House, P.B.No.7037,A-25/27,Asaf Ali Road,New Delhi - 110 002

MEDICLAIM POLICY -CLAIM FORM

Issuance of this form does not amount to admission of and liability under the claim on the part of insurer.

Please give the following information correctly and completely to enable the company to process your claim promptly

Claim No. 19C22LTIL003901**FOR OFFICE
USE ONLY**

PS NO	: 10620142		
1.	Name of the Insured		
	(i)	Name of the Insured Employee : KALIRAJ SHANMUGAM	
	(ii).	Salary Roll No : 10620142	
	(iii).	E-mail Id : Kaliraj.S@Intinfotech.com	
	(iv).	Policy No. : -	
	(v).	Contact No. : 9894482887	
	(vi).	OD. : LARSEN & TOUBRO INFOTECH LIMITED.	
	(vii).	CITY. : CHENNAI	
2.	Details of the Patient (in respect of whom claim is made) : T.S.GAYATHRI		
	(i).	If family Member, Name & Relationship to the insured employee : T.S.GAYATHRI & SPOUSE	
	(ii).	Present completed Age : 26	
	(iii).	Occupation :	
	(iv).	Residential Address : 9 Arumuga Garden , Ground floor East Tharanullar	
3.	Nature of disease / illness contracted or injury suffered : MATERNITY		
4.	Date on which injury sustained or disease or illness first detected		
5.	(i).	Name and address of the Hospital/Nursing Home/Clinic : DR.G VISWANATHAN SPECIALITY HOSPITALS	
	(ii).	Date of admission : 01-Feb-2019	
	(ii).	Date of Discharge : 04-Feb-2019	
6.	(i).	Amount of Pre and Post Hospitalization Expenses incurred : Rs 26885	
	(ii).	Total Amount Claimed : Rs 26885	
	(iii).	Name and address of attending Medical Practitioner : DR.HEMAMALINI	
	(iv).	Qualification : MBBS.,MD.,OG.,FICS.,DIP.LAP	
	(v).	Mobile No. : 04314041234	
7.	(i).	Bank Name, Address (Wherein claim amt to be credited) : CITI BANK N.A - (CHENNAI)	
	(ii).	Bank Account No. : 5451487445	
	(iii).	IFS Code. : CITI0000003	
** Note : Pre & Post Hospitalization			

* Relevant medical expenses incurred for 30 days prior to the hospitalization will be considered as part of claim.
 * Relevant medical expenses incurred for the maximum period 60 days (30 days for Maternity claims) from the date of discharge will be considered as part of claim.

**In support of the above claim, I enclose the following documents
 (Please tick the checkbox below)**

1.	BILLS, RECEIPT AND CASH MEMOS FROM THE HOSPITAL/CHEMIST (S), SUPPORTED BY THE PROPER PRESCRIPTION.	[]
2.	ATTENDING DOCTOR'S / CONSULTANT'S / SPECIALIST'S / ANESTHETIST'S BILL AND RECEIPT AND CERTIFICATE REGARDING DIAGNOSIS	[]
3.	DISCHARGE CERTIFICATE/CARD FROM THE HOSPITAL.	[]
4.	SURGEON'S CERTIFICATE STATING NATURE OF OPERATION PERFORMED AND SURGEON'S BILL AND RECEIPT.	[]
5.	RECEIPT AND PATHOLOGICAL TEST REPORTS FROM A PATHOLOGIST SUPPORTED BY THE NOTE FROM THE ATTENDING MEDICAL PRACTITIONER/SURGEON DEMANDING SUCH PATHOLOGICAL TEST (S).	[]

Declaration

Place : CHENNAI

Date : 18-Feb-2019

Signature Of Insured Employee

PINCODE : 620008

SCHEDULE OF EXPENSES INCURRED BY THE CLAIMANT					
Details of Expenses claimed under Hospitalisation/Domiciliary Hospitalisation (To be supported by Bills/Receipts,Cash memos etc.)	No. of Days	Amount Per Day	Amount Claimed (1)	Amount not payable(2)	Net Payable (1) - (2) = (3)
1.HOSPITALISATION BENEFITS					
(i) Room,Board Nursing expenses provided by Hospital for	0	0	0		
(ii) IC Unit for	0	0	0		
(iii) Emergency Ambulance Charges	0	0	0		
(iv) Diagnostic material, X ray, Medicines and Drugs, Injections, etc.	0	0	0		

2.Hospitalisation Benefits(Other than room,Board & Nursing Expenses & ICCU(including pre & post Hospitalization))					
(i) Surgeon's Anaesthetist's,Medical Practitioner's,	0	0	0		
(ii) Anaesthesia,Blood,Oxygen ,Operation Theatre Charges	0	0	0		
3.MATERNITY EXPENSES BENEFIT EXTENSION					
(i) Room,Board Nursing expenses for	4	1279	5116		
(ii)Gynaecologist/Obstetrician/Surgeon/Physician/ Anaesthetist Fees and Normal delivery,Miscarriage and Abortion,Caesarean Section/Abdominal Opening for extra uterine pregnancy.	0	0	17500		
(iii)Diagnostic materials,X-ray,Medicines and drugs,injections etc.	0	0	4269		
GRAND TOTAL			26885		

The documents required for processing Mediclaim :

1.	Employees have to submit claim within 7 days from the date of discharge, claim form is to be sent along with covering letter stating all the details of employee like OD name, Phone number, email ID.
2.	Claim Form has to be properly filled in and signed by the Claimant. Claim form is available at any of the DHS branches and also can be downloaded from DHS website. Claim form is also available in SSC website.
3.	Original Discharge Card / Summary from the hospital /nursing home with the details such as time in and time out, date of admission/ operation/discharge date, diagnosis, previous history of the patient complaints / symptoms at the time of admission, noting of investigations done in-house, treatment given during hospitalization and advice after hospitalization.
4.	Doctor's consultation reports/history.
5.	Numbered and signed Hospital and other medical Bills, Receipts in original. (Bills/Receipts on letterhead are not acceptable)
6.	Cash Memos from hospital/ pharmacies supported by proper detailed break-up of hospital bills with original prescriptions.
7.	Item wise and cost wise breakup for charges shown in the bill for all the amounts, which includes more than one item.
8.	Diagnostic test reports in original supported by a note from the attending medical practitioner / surgeon justifying such diagnostics. Surgeon's certificate stating the nature of the operation performed and surgeon's bill and receipt.

9.	Attending doctor's / Consultant's / specialists / anesthetist's bill and receipt, and certificate regarding diagnosis.
10.	Certificate from the attending medical practitioner / surgeon that the patient is fully cured.
11.	Bills of surgical appliances, if purchased.
12.	In case of Accidental/fracture case, the Medico Legal Case (MLC) paper and letter from hospital / treating Doctor stating details of accident, alcohol or any intoxicating drugs history.
13.	Complete obstetric history in case of pregnancy / delivery.
14.	Intra Ocular lens (IOL) sticker showing serial number in case of Cataract Operation, If lens are expensive then invoice of lens from hospital.
15.	All Bills and prescriptions must have the name of patient and Doctor. All documents are to be attached date wise along with the Claim form.
16.	Serial No. sticker in case of insertion of 'stent' for heart operation and invoice of implants if any used.
17.	Hospital Registration Certificate is required in reimbursement claims for non-network hospitals.