

CLAIM DOCUMENTS VERIFICATION

PATIENT NAME:		
DATE OF ADMISSION:		
DATE OF DISCHARGE:		
EMPLOYEE NAME:		
EMPLOYEE ID:		
HEALTH CARD ID:		
MOBILE NO.:		
EMAIL ID:		
EMPLOYEE ADDRESS:		
1.	Claim Form Part-A & Check list duly filled in and signed by the employee.	
2.	Claim form Part- B duly signed & stamped by Hospital.	
3.	Original detailed discharge summary with hospital stamp and signature (with date and time).	
4.	Original Final Bill with hospital stamp and signature (with Date and Time).	
5.	Original payment receipts supporting the final bill with hospital stamp and signature.	
6.	Original Films of the scan, X-Ray along with reports and payment bills (if any).	
7.	Original Diagnostic /Lab test reports (if any).	
8.	Original Doctor Prescription of first Consultation.	
9.	Previous Doctor Consultation original prescriptions & reports (if any).	
10.	Copy of patient health ID card	
11.	Copy of patient Aadhaar card.	
12.	Copy of employee Pan Card.	
13.	Copy of employee ID card.	
14.	Copy of employee's cancelled cheque leaf (name along with A/C No. & IFC Code should be printed on cheque leaf) or copy of Bank pass book first page.	

HR Signature

Date:

Employee Signature

Date: