



**CHECK LIST FOR SUBMISSION OF REIMBURSEMENT CLAIM**

**Corporate Name:** \_\_\_\_\_ **Policy Num:** \_\_\_\_\_

**Employee Name:** \_\_\_\_\_ **Patient Name:** \_\_\_\_\_

**Employee Code:** \_\_\_\_\_ **MA ID:** \_\_\_\_\_

**Contact Number:** \_\_\_\_\_ **E Mail ID:** \_\_\_\_\_

S No	Documents (Original)	Yes / No
1	Duly Filled Claim form	
2	First prescription & consultation paper	
3	Detailed Discharge Summary	
4	Final Bill with Breakup Details	
5	Authentic Paid Receipts	
6	Pharmacy bills/break up along with prescriptions	
7	Lab, X-ray, Scan, MRI reports etc.	
8	Indoor case papers	
9	“MLC / FIR Copy” in case of Accident	
10	Photo Copy of Health Card along with any authentic Photo ID Proof	
11	Cancelled Cheque is mandatory	

**NEFT Details**

**Account Holder name :** \_\_\_\_\_

**Account no :** \_\_\_\_\_

**Bank name :** \_\_\_\_\_

**Bank Address :** \_\_\_\_\_

**IFSC code :** \_\_\_\_\_

**Note:** Above are the minimum requirements for claim submission, you may be requested to enclose additional documents depending upon the case and treatment taken, to get more clarity on the claim.

**Claim Received by :** \_\_\_\_\_

**Employees Sign/date**

**Sign / Date:** \_\_\_\_\_