

Policy Number	
Intimation Number	
Insured Name	
Patient Name	

Fill By Agent	Fill By Company	Health Claims Check list
		Claim Form duly signed
		Policy Copy (If possible last 4 years policies)
		Bank details (Cancelled Cheque /passbook with Name of the proposer printed)
		Copy of the claim intimation
		Hospital Discharge Summary / card
		Hospital Main Bill
		Hospital Bill Payment Receipt
		First Consultation paper
		Doctor's Prescriptions (Compulsory)
		Pharmacy Bills / Bills of medicines (Date wise, with prescriptions)
		Laboratory reports with doctor's prescription/Investigation note
		Number of X-Ray Film
		Number of X-Ray reports
		Number of ECG, USG, MRI, CT scan with doctor's prescription/Investigation note (if any)
		MLC Report & Police FIR (If any)
		Narration of incident & letter from doctor that patient is not in influence of alcohol (In case of accident only)
		IPD records / Operation Theatre Notes (If any)
		Hospital Break-up Bill (if package)
		KYC of proposer in case claim amount is Rs.100000 or above (PAN card and Aadhaar card)
		Any other documents related to claim