Medi Assist

Medi Assist Insurance TPA Private Limited

Claim Intimation

(To be filled and submitted to Medi Assist on admission of the patient in the Hospital)

Date: _____

1. Name & Address of the insured: _____

_____

_____

_____

2. Name of Insurance Co.: _____

3. Policy No. _____ Period of Insurance: _____

4. Name of the Patient: _____ Age: _____

5. Date of Hospitalization: _____ Estimated Amount: _____

6. Nature of Diseases: _____

7. Name & Address of the Treating Doctor: _____

8. Name & Address of the Hospital: _____

_____

9. Other details, if any: _____

_____

10. Contact No of Policy Holder (Mobile): _____

11. Email Id: _____

_____

(Signature of Insured)

Address:- 401, 4th floor, Rembrandt Building, Opp. Associated Petrol Pump, C G Road, Ellis bridge, Ahmedabad, – 380006

Phone

Ahmedabad +91 7227061601 , 7227061602
7227061603 , 7227061606
Phone HO - 080 - 26584811 (5 Lines)
Call Center Toll Free - 1-800-425-9449

Email Id

for Intimation: claimintimation@mediassistindia.com,
for Information : info@mediassistindia.com,
Website : www.mediassistindia.com,