

Document Check List:

Signed Claim Form of **Insurance Company**

Original Final Hospital Bill along with Valid and numbered Payment Receipt

Original Discharge Summary / Card

All Investigation Reports along with the treating doctor's prescriptions.

Original Bills & Receipts for investigations done outside hospital.

Doctors Prescription, Pre – Post Hospitalisation bills (in original)

Original Bills of medicines and surgical appliances if purchased by you

Hospital Registration Certificate (Form 'C' Registration of hospital)

OR

Duly filled up ANNEXURE attached herewith, providing details about Hospital facilities like No. of beds, OT Details, round the clock availability of doctors and nursing staff (As per Insurer's requirements)

(These are the basic requirements. Some papers may vary depending on the ailment)

*** In case of consolidated medicine and consumables charged in the hospital bill, a cost wise - item wise break up would be required of the same.**