

**CHECK LIST- MEDICLAIM INSURANCE CLAIM SUBMISSION
(TO BE SUBMITTED ALONGWITH CLAIM FORM)**

NAME OF INSURED STUDENT:

CLAIM MADE IN RESPECT OF (NAME):

TPA MEMBER ID :

Sl. No.	DOCUMENTS (ORIGINAL)	(PLEASE TICK) NEED NOT MENTION AMT.
1	CLAIM FORM (DULY FILLED IN) WITH SIGNATURE	
2	DOCTOR'S ADVICE FOR ADMISSION (ON THE LETTER PAD AND STAMPED)	
3	DISCHARGE SUMMARY (MUST INCLUDE SIGN, STAMP & SYMPTOMS ON ADMISSION WITH DETAILED LINE OF TREATMENT GIVEN - 24 HOURS HOSPITALIZATION MUST - WITH DATE OF ADMISSION WITH TIME & DATE OF DISCHARGE WITH TIME.	
4	ALL ORIGINAL BILLS & RECEIPTS (INITIAL, INTERIM & FINAL PAYMENT)- DULY STAMPED	
	A). FINAL HOSPITALISATION BILL WITH DETAILED BREAK UP.	
	B). BED CHARGES / ROOM RENTS/ROOM TYPE	
	C). SURGEON CHARGES	
	D). ANESTHETISTS FEES / ATTENDING DOCTOR'S FEES	
	E). BREAK UP OF O.T. CONSUMABLES IN DETAILED	
	F). PRESCRIPTIONS FOR MEDICINES PURCHASED OUTSIDE HOSPITAL.	
5	ALL DIAGNOSTIC REPORTS IN ORIGINAL (X-RAY/ ECG/ CT SCAN/ MRI/ ECHO)	
6	ALL INVESTIGATION / LABORATORY REPORTS IN ORIGINAL & BILLS	
7	ALL PREVIOUS CONSULTATION - IF IT IS RELATED TO THIS CLAIM	
8	PRE & POST HOSPITALIZATION BILLS, IF ANY RELATED TO THIS CLAIM	
9	FOR CATARACT CASE (LENS STICKER & INVOICE MANDATORY)	
10	Copy of Hospital Registration Certificate mentioning no of inpatient Beds	
11.	In Case of Road Traffic Accident (RTA) / Any Accident : MLC / FIR : Medico Legal Certificate – Hospital / First Information Report – Police is compulsory	
12.	Original Cancelled Cheque Copy of the Student with name of the account holder printed on it and Govt ID proof	

TOTAL CLAIMED AMOUNT : Rs.

Total No. of Documents submitted : ()

IMPORTANT NOTE: PLEASE NOTE THAT THE ABOVE ARE STANDARD DOCUMENTS, IF YOU HAVE ANY DOCUMENT OR EXPENSE BILL PERTAINING TO THIS CLAIM ALSO ATTACH AND MENTION THE SAME. **KINDLY SUBMIT ALL THE ABOVE MENTIONED DOCUMENTS WITHIN 7 DAYS FROM THE DATE OF DISCHARGE FROM THE HOSPITAL.**

SIGNATURE OF STUDENT