

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

**NAME OF INSURED STUDENT:**

**CLAIM MADE IN RESPECT OF (NAME):**

**TPA MEMBER ID :**

<b>Sl. No.</b>	<b>DOCUMENTS ( ORIGINAL )</b>	<b>(PLEASE TICK) NEED NOT MENTION AMT.</b>
1	<b>CLAIM FORM ( DULY FILLED IN ) WITH SIGNATURE</b>	
2	<b>ALL DOCTOR'S PRESCRIPTIONS IN ORIGINAL</b>	
3.	<b>ALL ORIGINAL PAYMENT RECEIPTS</b> (Pharmacy, Investigation & Doctor Consultation with proper stamp & signature).	
4.	<b>ALL INVESTIGATION /LABORATORY REPORTS IN ORIGINAL INCLUDING X-RAY/ ECG/ CT SCAN/ MRI/ ECHO IF ANY</b>	
5.	<b>Pharmacy Bills in Original</b>	
6.	<b>Original Cancelled Cheque Copy of the Student with name of the account holder printed on it and Govt ID proof</b>	
7.	<b>Referral Letter</b>	

**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.

**SIGNATURE OF STUDENT**