

CHECK LIST FORM

For Hospitalization/Daycare Reimbursement claim.

- A)-Original Detailed Discharge Summary of Hospital/Nursing Home.
- B)-Original Detailed Final Bill of Hospital/Nursing Home.
- C)-Detailed Break-Up of Final Bill.
- D)-Receipt of Payment of Final bill (Advance & Balance Amount).
- E)-All Doctor Prescriptions for Medicines & Lab Investigations.
- F)-All Lab Investigation Reports and films of X-ray / CT / MRI Done.
- G)-All Medicines/Pharmacy/Medical Store Bills.
- H) All stickers and invoice of implants / lens used
- I) Hospital registration certificate with details No. of Beds, ICU facility, 24 Hrs. Nursing Staff facility, Emergency services in Hospital.
- J) Complete filled and signed claim form
- K) Copy of Mediassist card and ID proof of the patient
- L) Hospital should be minimum of 15 beds

In Case of Fracture.

Original X-Ray Film.

In Case of Road Traffic Accident.

Non Alcohol Influence Certificate to the Treating Doctor.

Medico Legal Certificate (MLC Copy) / Copy of FIR

In case Of Maternity.

GPLA History (Gravida Para Living Abortion) Certified by the Treating Doctor.

For Pre/Post Hospitalization Reimbursement Claim.

- A)-Receipt of Payments.
- B)-All Doctor Prescriptions for Medicines & Lab Investigations.
- C)-All Lab Investigation Reports.
- D)- All Medicines/Pharmacy/Medical Store Bills.
- E)Name printed Cancel Cheque

Employee Signature-_____ . Date-_____ .

Please Bind/ Staples /Clip all the Documents of Reimbursement Claim.