CLAIM FORM - PART A' to 'CLAIM FORM FOR HEALTH INSURANCE POLICIES OTHER THAN TRAVEL AND PERSONAL ACCIDENT - PART A

TO BE FILLED BY THE INSURED
The issue of this Form is not to be taken as an admission of liablity

(To be Filled in block letters)

DETAILS OF PRIMARY INSURED:
a) Policy No.: b) SI. No/ Certificate no.
) Company/ TPA IDNo:
) Name: SI/RNAME NAME NAME NAME NAME NAME NAME NAME
) Name: SURNAME
City: State: Sta
Pin Code Phone No: Phone No: Email ID: Email ID: Phone No: Phone Phone No: Phone Phone Phone Phone Phone Phone Phone
a) Currently covered by any other Mediclaim / Health Insurance: Yes No b) Date of commencement of first Insurance without break: D: MW YYY
) If yes, company name: Policy No. Policy No. Policy No. Date: M.M. Y.
Diagnosis: e) Previously covered by any other Mediclaim /Health insurance :: Yes No
) If yes, company name:
DETAILS OF INSURED PERSON HOSPITALIZED: :
) Name: SVRNAME NAME NAME NAME NAME NAME NAME NAME
) Gender Male Female c) Age years Y Y Months M W d) Date of Birth D D M W Y Y Y
Relationship to Primary insured: Self Spouse Child Father Mother Other (Please Specify)
Relationship to Primary insured: Self Spouse Child Father Mother Other (Please Specify)
) Address (if diffrent from above) :
City: State: State:
Pin Code
DETAILS OF HOSPITALIZATION: :
Name of Hospital where Admited:
Noom Category occupied: Day care Single occupancy Twin sharing 3 or more beds per room
) Hospitalization due to: Injury Illness Maternity d) Date of injury / Date Disease first detected /Date of Delivery: D MM YYY D MATERIAL
a) Date of Admission: D M Y f) Time H M g) Date of Discharge: D M Y h) Time: H : M
It injury give cause: Set inflicted Road Traffic Accident Substance Abuse / Alconol Consumption I) If wedico legal Tes No
i) Reported to Police iii. MLC Report & Police FIR attached Yes No j) System of Medicine:
i) Reported to Police iii. MLC Report & Police FIR attached Yes No j) System of Medicine:
i) Reported to Police iii. MLC Report & Police FIR attached Yes No j) System of Medicine: DETAILS OF CLAIM: Claim Documents Submitted - Check List:
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Road Traffic Accident Substance Abuse / Alconol Consumption 1) if Medico legal Tes No
Road Traffic Accident Substance Abuse / Alconol Consumption 1) if Medico legal Test No
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Road Traffic Accident Substance Abuse / Alconol Consumption 1) if Medico legal Tes No
Road Traffic Accident Substance Abuse / Alconol Consumption 1) If Medico legal Yes No 1) System of Medicine:
Road Irathic Accident Substance Abuse / Alcohol Consumption 1) If Medico legal Test No No No No No No No N
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Injury give cause: Setrimicred Road Traffic Accident Substance Abuse / Alconol Consumption Injury give cause: No Injury give cause: Setrimicred Road Traffic Accident Substance Abuse / Alconol Consumption Injury give cause: No
Intripury give causes: Sert Inflicted Road Traffic Accident Substance Acuser / Accord to Police iii. MLC Report & Police FIR attached Yes No j) System of Medicine:
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Initingly give cause: Setriminited Road Traftic Accident Substance Accident Substance Accident Nes No No Negotive for Medicine:
Initingly give cause: Setriminited Road Traftic Accident Substance Accident Substance Accident Nes No No Negotive for Medicine:
Initingly give clause: Self-minicted Noad I ratific Accident Substance Abuse? Alcohol Consumption I) if Medico legal Trist No
Initially gave causes: Seriminated
Intringing year causes: Settimicrates: Road Traftic Accident Substance Adolese? Accident Jill MLC Report & Police Fire attached Yes No Jill System of Medicines:
Influy year causes: Setimicide
Influy year cause: Setimicide
Implicy fee cause:
Inflighty give causes Searmed Searmed Substance Acuser / Accorded Yes No System of Medicine:

SECTION H

I hereby declare that the information furnished in the claim form is true & correct to the best of my knowledge and belief. If I have made any false or untrue statement, suppression or concealent of any material fact with respect to questions asked in relation to this claim, my right to claim reimbrusement shall be forfeited, I also consent & authorize TPA / Insurance Company, to seek necessary medical information / documents from any hospital / Medical Practitioner who has attended on the person against whom this claim is made. I hereby declare that I have included all the bills / receipts for the purpose of this claim & that I will not be making any supplementary claim except the pre/post-hospitalization claim, if any.

Date D 0	M	YYY	Place:	Signature of the Insured	

_	DATA ELEMENT	DESCRIPTION	FORMAT
		SECTION A - DETAILS OF PRIMARY INSURED	
)	Policy No.	Enter the policy number	As allotted by the Insurance Company
	SI. No/ Certificate No.	Enter the social Insurance number or the certificate number of social health insurance scheme	As allotted by the oraganization
	Company TPA ID No.	Enter the TPA ID No.	Licence number as allotted by IRDA and print in TPA documents.
	Name	Enter the full name of the policyholder	Surname, First name, Middle name
	Address	Enter the full postal address	Include Street, City and Pin code
		SECTION B -DETAILS OF INSURANCE HISTORY	
	Currently covered by any other Mediclaim / Health Insurance?	Indicate whether currently covered by another Mediclaim / Health Insurance	Tick Yes or No
	Date of commencement of first Insurance without break	Enter the date of commencement of first Insurance	Use dd-mm-yy-forrmat
	Company Name	Enter the full name of the Insurance Company	Name of the organization in full
	Policy No.	Enter the policy number	As allotted by the Insurance Company
	Sum insured	Enter the total sum insured as per the policy	In rupees
	Have you been Hospitalized in the last four years since Inception of the contract?	Indicate whether hospitalized in the last four years	Tick Yes or No
	Date	Enter the date of Hospitalization	Use mm-yy format
	Diagnosis	Enter the diagnosis details	Open Text
	Previously covered by any other Mediclaim / Health Insurance?	Indicate whether previously covered by another mediclaim / Health Insurance	Tick Yes or No
	Company Name	Enter the full name of the Insurance Company	Name of the organization in full
	SEC	CTION C -DETAILS OF INSURED PERSON HOSPITALIZED	
_	Name	Enter the full name of the patient	Surname, First name, Middle name
_	Gender	Indicate Gender of the patient	Tick Male or Female
	Age	Enter age of the patient	Number of years and months
	Date of Birth	Enter Date of Birth of patient	Use dd-mm-yy format
	Relationship to primary Insured	Indicate relationship of patient with policyholder	Tick the right option, if others, please specify
	. , ,		
_	Occupation	indicate occupation of patient	Tick the right option. If others, please specify
_	Address	Enter the full postal address	Include Street, City and Pin code
	Phone No	Enter the phone number of patient	Include STD code with telephone number
	E-mail ID	Enter e-mail address of patient	Complete e-mail address
_		SECTION D - DETAILS OF HOSPITALIZATION	
	Name of Hospital where admited	Enter the name of hospital	Name of hospital in full
	Room category occupied	indicate the room category occupied	Tick the right option
	Hospitalization due to	indicate reason of hospitalization	Tick the right option
	Date of injury/Date Disease first detected / Date of Delivery	Enter the relevant date	Use dd-mm-yy format
	Date of admission	Enter date of admission	Use dd-mm-yy format
	Time	Enter time of admission	Use hh-mm- format
	Date of discharge	Enter date of discharge	Use dd-mm-yy format
	Time	Enter time of discharge	Use hh-mm- format
	If injury give cause	indicate cause of injury	Tick the right option
		indicate whether injury is medico legal	Tick Yes or No
	If Medico legal		Tick Yes or No
	If Medico legal Reported to Police	indicate whether police report was filed	TICK TES OF NO
	<u> </u>	indicate whether police report was filed indicate whether MLC report and Police FIR attached	Tick Yes or No
	Reported to Police		
	Reported to Police MLC Report & Police FIR attached	indicate whether MLC report and Police FIR attached	Tick Yes or No
	Reported to Police MLC Report & Police FIR attached	indicate whether MLC report and Police FIR attached Enter the system of medicine followed in treating the patient	Tick Yes or No
	Reported to Police MLC Report & Police FIR attached System of Medicene	indicate whether MLC report and Police FIR attached Enter the system of medicine followed in treating the patient SECTION E - DETAILS OF CLAIM	Tick Yes or No Open Text
	Reported to Police MLC Report & Police FIR attached System of Medicene Details of Treatment Expences	indicate whether MLC report and Police FIR attached Enter the system of medicine followed in treating the patient SECTION E - DETAILS OF CLAIM Enter the amount claimed as treatment expences	Tick Yes or No Open Text In rupees (Do not enter paise values)
	Reported to Police MLC Report & Police FIR attached System of Medicene Details of Treatment Expences Claim for Domiciliary Hospitalization	indicate whether MLC report and Police FIR attached Enter the system of medicine followed in treating the patient SECTION E - DETAILS OF CLAIM Enter the amount claimed as treatment expences indicate whether claim is for domiciliary hospitalization	Tick Yes or No Open Text In rupees (Do not enter paise values) Tick Yes or No
	Reported to Police MLC Report & Police FIR attached System of Medicene Details of Treatment Expences Claim for Domiciliary Hospitalization Details of Lump sum/ Cash benifit claimed	indicate whether MLC report and Police FIR attached Enter the system of medicine followed in treating the patient SECTION E - DETAILS OF CLAIM Enter the amount claimed as treatment expences indicate whether claim is for domiciliary hospitalization Enter the amount claimed as lump sum / cash benefit	Tick Yes or No Open Text In rupees (Do not enter paise values) Tick Yes or No In rupees (Do not enter paise values)
livi	Reported to Police MLC Report & Police FIR attached System of Medicene Details of Treatment Expences Claim for Domiciliary Hospitalization Details of Lump sum/ Cash benifit claimed Claim documents Submitted-Check List	indicate whether MLC report and Police FIR attached Enter the system of medicine followed in treating the patient SECTION E - DETAILS OF CLAIM Enter the amount claimed as treatment expences indicate whether claim is for domiciliary hospitalization Enter the amount claimed as lump sum / cash benefit indicate which supporting documents are submitted	Tick Yes or No Open Text In rupees (Do not enter paise values) Tick Yes or No In rupees (Do not enter paise values)
lii	Reported to Police MLC Report & Police FIR attached System of Medicene Details of Treatment Expences Claim for Domiciliary Hospitalization Details of Lump sum/ Cash benifit claimed Claim documents Submitted-Check List cate which bills are enclosed with the amount in rupees	indicate whether MLC report and Police FIR attached Enter the system of medicine followed in treating the patient SECTION E - DETAILS OF CLAIM Enter the amount claimed as treatment expences indicate whether claim is for domiciliary hospitalization Enter the amount claimed as lump sum / cash benefit indicate which supporting documents are submitted SECTION F - DETAILS OF BILLS ENCLOSED	Tick Yes or No Open Text In rupees (Do not enter paise values) Tick Yes or No In rupees (Do not enter paise values)
lic	Reported to Police MLC Report & Police FIR attached System of Medicene Details of Treatment Expences Claim for Domiciliary Hospitalization Details of Lump sum/ Cash benifit claimed Claim documents Submitted-Check List cate which bills are enclosed with the amount in rupees SECTI	indicate whether MLC report and Police FIR attached Enter the system of medicine followed in treating the patient SECTION E - DETAILS OF CLAIM Enter the amount claimed as treatment expences indicate whether claim is for domiciliary hospitalization Enter the amount claimed as lump sum / cash benefit indicate which supporting documents are submitted SECTION F - DETAILS OF BILLS ENCLOSED ON G - DETAILS OF PRIMARY INSURED'S BANK ACCOUNT	Tick Yes or No Open Text In rupees (Do not enter paise values) Tick Yes or No In rupees (Do not enter paise values) Tick the right option
die	Reported to Police MLC Report & Police FIR attached System of Medicene Details of Treatment Expences Claim for Domiciliary Hospitalization Details of Lump sum/ Cash benifit claimed Claim documents Submitted-Check List cate which bills are enclosed with the amount in rupees SECTI	indicate whether MLC report and Police FIR attached Enter the system of medicine followed in treating the patient SECTION E - DETAILS OF CLAIM Enter the amount claimed as treatment expences indicate whether claim is for domiciliary hospitalization Enter the amount claimed as lump sum / cash benefit indicate which supporting documents are submitted SECTION F - DETAILS OF BILLS ENCLOSED ON G - DETAILS OF PRIMARY INSURED'S BANK ACCOUNT Enter the permanent account number	Tick Yes or No Open Text In rupees (Do not enter paise values) Tick Yes or No In rupees (Do not enter paise values) Tick the right option As allotted by the Income Tax Department
ik	Reported to Police MLC Report & Police FIR attached System of Medicene Details of Treatment Expences Claim for Domiciliary Hospitalization Details of Lump sum/ Cash benifit claimed Claim documents Submitted-Check List cate which bills are enclosed with the amount in rupees SECTI PAN Account Number	indicate whether MLC report and Police FIR attached Enter the system of medicine followed in treating the patient SECTION E - DETAILS OF CLAIM Enter the amount claimed as treatment expences indicate whether claim is for domiciliary hospitalization Enter the amount claimed as lump sum / cash benefit indicate which supporting documents are submitted SECTION F - DETAILS OF BILLS ENCLOSED ON G - DETAILS OF PRIMARY INSURED'S BANK ACCOUNT Enter the permanent account number Enter the Bank account number	Tick Yes or No Open Text In rupees (Do not enter paise values) Tick Yes or No In rupees (Do not enter paise values) Tick the right option As allotted by the Income Tax Department As allotted by the Bank
die	Reported to Police MLC Report & Police FIR attached System of Medicene Details of Treatment Expences Claim for Domiciliary Hospitalization Details of Lump sum/ Cash benifit claimed Claim documents Submitted-Check List cate which bills are enclosed with the amount in rupees PAN Account Number Bank Name and Branch	indicate whether MLC report and Police FIR attached Enter the system of medicine followed in treating the patient SECTION E - DETAILS OF CLAIM Enter the amount claimed as treatment expences indicate whether claim is for domiciliary hospitalization Enter the amount claimed as lump sum / cash benefit indicate which supporting documents are submitted SECTION F - DETAILS OF BILLS ENCLOSED ON G - DETAILS OF PRIMARY INSURED'S BANK ACCOUNT Enter the permanent account number Enter the Bank account number Enter the Bank name along with the branch	Tick Yes or No Open Text In rupees (Do not enter paise values) Tick Yes or No In rupees (Do not enter paise values) Tick the right option As allotted by the Income Tax Department As allotted by the Bank Name of the Bank in full
	Reported to Police MLC Report & Police FIR attached System of Medicene Details of Treatment Expences Claim for Domiciliary Hospitalization Details of Lump sum/ Cash benifit claimed Claim documents Submitted-Check List cate which bills are enclosed with the amount in rupees SECTI PAN Account Number	indicate whether MLC report and Police FIR attached Enter the system of medicine followed in treating the patient SECTION E - DETAILS OF CLAIM Enter the amount claimed as treatment expences indicate whether claim is for domiciliary hospitalization Enter the amount claimed as lump sum / cash benefit indicate which supporting documents are submitted SECTION F - DETAILS OF BILLS ENCLOSED ON G - DETAILS OF PRIMARY INSURED'S BANK ACCOUNT Enter the permanent account number Enter the Bank account number	Tick Yes or No Open Text In rupees (Do not enter paise values) Tick Yes or No In rupees (Do not enter paise values) Tick the right option As allotted by the Income Tax Department As allotted by the Bank