

Group Mediclaim Policy 25-26

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Reimbursement Claim Documents Check List:

1. Duly filled claim form (Can be downloaded using the Download Link)
2. Original Discharge Summary with complete Treatment Details mentioned on it
3. Original Authentic Final Bill with breakup of all the expenses along with Bill Number
4. Original Authentic Cash paid receipt with Receipt Number
5. Original Prescriptions for all Medicines and Investigations done
6. Detailed breakup for the medicines along with Prescriptions
7. Original Investigation Reports
8. GPLA Status in case of Maternity Claims
9. Attested Photocopy of FIR / MLC (Medico Legal Certificate) in case of accident cases
10. Original Invoice for the Implant purchased (Lens, Implants etc.,)
11. Original Cancelled Cheque of Employee (Account Holder Name Should be Available on Cheque Leaf)
12. Copy of Authentic Photo ID Proof of the patient and Insurance Card
13. Copy of Aadhar Card and Pan Card of Employee
14. Photocopy of the Hospital Registration certificate

Please submit the claim documents within 15 days from the date of discharge from the hospital