

IPD-CHECKLIST FOR CLAIM SUBMISSION



Employee Name: _____

Company Name: _____

Mobile No.: _____ Alternate Contact No.: _____

Email ID: _____

DOCUMENTS REQUIRED FOR CLAIMING HOSPITALIZATION EXPENSES		
1)	Claim Form – Part A: Duly completed by the insured on the prescribed format / MS claim form	
2)	Claim Form – Part B: Duly completed and signed by the hospital authorities	
3)	PPN Declaration Form (GIPSA PPN hospital only)- Original	
4)	Medi Assist TPA ID Card – Photocopy	
5)	Photo ID proof (Employee ID card, Aadhar card etc.) – Photocopy	
6)	Cancelled Cheque of Employee’s Bank Account – Original	
	(Cancelled Cheque, with Employee name printed under place of signature)	
7)	Delay Letter in case of late submission of claim	
8)	Discharge Card/Summary – Original	
	(Gives the summary of diagnosis and treatment in hospital)	
9)	Death Summary (Instead of Discharge Summary) – Original	
	(Only in case of death of patient during Hospital stay)	
10)	Indoor Case Papers (ICP)	
11)	Police FIR/Medico Legal Certificate (MLC)	
	(Mandatory for All Road traffic accidents – Duly attested by Police)	
12)	Hospital Main Bill with bill no. & break up – Original	
	(With detailed break up of various heads like Room Rent/OT charges/Nursing etc.)	
13)	Hospital Payment receipt with receipt number – Original	
	(With seal & signature of hospital)	
14)	All Payment Receipts with receipt number – Original	
	(For consultation/surgeon charges, if charged outside the main hospital bill)	
15)	Investigation bills cum receipt – Original	
16)	Prescriptions – Original	
	(On Doctor’s letterhead, mentioning duration and dosage for medicines and advice for diagnostic tests)	
17)	Pharmacy bills cum receipt/Cash Memo – Original	
18)	Investigation Reports – Original	
	(Reports for all tests done along with images like USG, X-Ray, ECG, etc. and Blood reports)	
19)	Sticker for the Implants used, along with supporting invoice – Original	
	(For Implants used in Cataract, Heart Valve, CABG, Abdominal, Knee replacement surgeries)	
	Document Available	✓
	Document Not Available	X
	Not Applicable	NA

Signature of Employee: _____