



CLAIM FORM FOR OPD, DENTAL AND VISION REIMBURSEMENT

The following original Documents are required for claim process.

- Original Bills with cash paid receipts
- Original Lab reports (Reports of Blood Test, X – Ray, Scanning and E.C.G etc.) OR Declaration form attested by the hospital

Employee Details:

Employee Name		Employee No	
Policy NO		MA ID	
Mobile Number		E Mail ID	

Bill Details:

S No.	Details	Amount	Remarks
1	OPD		
2	<u>DENTAL</u>		
3	<u>VISION</u>		

Bank Account Details:

Account Holder Name		Salary Account No.	
Mobile Number		Bank Name / Branch	

Date:

Employee Signature: