

## OPD (Out Patient Department) CLAIM FORM

Employee Details											
Employee Name		Employee ID No									
Mobile Number											
Details of the claimant (Patient Details)											
Name		Relationship									
Mediassist ID No			Hospital Name								
Claim Details											
Total Claim Amount											
Medical Expencess breakup											
No Bill No.	ll No. Bill Date Bill Amount		Remarks								
	Total Amount										
Employee Bank A/c Info	rmation										
Account holder name		Bank Name									
A/c Number		IFSC Code									
Branch Address											
Check List : All Original											
1 Doctor's Consultation S	Sheet										
2 Consultation Cash Paid	Receipt										
3 All Pharmacy Doctor's Prescription											
4 Pharmacy Bills Original											
5 All Investigation Bills & Paid Reciepts & Reports / X-Rays Films in Original											

Declaration

6 One Cancelled Cheque with Employee Name (Mandatory)

I hereby declare that the information furnished in this Claim Form is true & correct to the best of my knowledge & belief. If I have made any false or untrue statement, suppressed or concealed any material fact, my right to claim reimbursement shall be forfeited. I also consent & authorize the TPA or the insurance company to seek necessary medical information from any hospital / Medical Practitioner who has attended to the person for whom the claim is made. I hereby declare that I have included all the bills / receipts for the purpose of this claim.

Note: OPD Claim cannot be claimed Online in portal kindly submit above Hard copies with Claim form

DATE:	Employee Signature
Date of Submission	

ONLY FOR OFFICE USE									
HID Updation :-	Required? Co	Required? Completed?			☐ Action Required? ☐ Completed?				
Document Checklist(Manda	tory) To be filled by Help	Desk / Front Desk							
Claim Form		Cheque		☐ Verifi	Verified with CF and Name				
☐ Bills No of Pages []		Main Bill / Breaku	p available?	Total No	Total No of Docs				
Dis. Summary No of Pages		Reports							
Remarks :-									
					<u>~</u>				
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Non Scannable Documents	(To be filled by inward /	Receiving personnei)							
	_		Nos		Description				
CT / MRI Scan									
X-Ray									
CD									
Lens / Implant Sticker									
Test Strips									
Other									
- HELP DESK / CRM		- RECEIVER / INWARD		- SCANN	- SCANNING SEAL				