



## CHECK LIST FOR SUBMISSION OF CLAIM

### Very IMP:

-  **Do not forget to attach this checklist with the Claim file.**
-  **Arrange the documents in the same order as in the checklist, checking against the designated box when you do so. This way you can ensure that you have not missed any documents.**

Employee Name:- \_\_\_\_\_ Employee No: \_\_\_\_\_ Claim No. \_\_\_\_\_

Name of the company: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Mobile no. \_\_\_\_\_ E- Mail ID: \_\_\_\_\_

### **Check list for Documents: Please put a "X" mark against the box**

**Original Claim Form duly signed by you.**

[Fill the claim amt in Signed Claim Form ]

**Original Main Hospital bill with Bill Number & break up.**

(With detailed break up of various heads like Room Rent/OT charges/Nursing etc).

**Original Discharge summary**

(Gives the summary of diagnosis and treatment in hospital)

**Original Death summary**

(Only in case of death of Patient during Hospital stay).

**Original Hospital Payment Receipt with receipt number**

(With seal & signature of hospital) (if main bill does not carry a bill number).

**Original Payment Receipt with receipt number**

(For consultation/surgeon charges if charged outside the main hospital bill).

**Hospital registration number**

(Registration No. & Number of beds, on hospital letterhead with signature).

**Doctor's registration number**

(On doctor's letterhead with signature).

**Original Pharmacy and Investigation bills**

(Along with prescriptions & Lab reports).

**Original prescriptions**

(On doctor's letterhead mentioning duration and dosage for medicines and advice for diagnostic tests).







**investigation reports in original/attested from hospital**

(Reports for all tests done along with images)

**Police FIR / Medico Legal Certificate (MLC)**

(Mandatory for All Road traffic accidents-Duly attested by Police with

**Points to remember**

-  Please retain copies of all the documents submitted to us for future reference.
-  For any assistance with any of the above formats, please contact us at [customerservice@uhcindia.com](mailto:customerservice@uhcindia.com) or call at 1800 22 4646
-  Please retain a POD copy of the courier for tracking your consignment in case of any delay etc.
-  The above list of documents is indicative. In case of any other document requirement as specified by the insurance company our Document recovery Team will contact you on receipt of your claim documents by us.
-  For Implants used in Cataract, Heart Valve surgeries, CABG, Abdominal Surgeries, Knee replacement surgeries, please submit the bill from the vendor for the prosthetic device used along with Sticker.
-  **Please enter your Bank Account details online for Electronic Fund Transfer of your medical claim directly into your bank account. Please ensure that you mention the correct account number for the fund transfer since the claim credit will be processed solely based on the account number provided by you. Kindly logon at "www.uhcpindia.com"**