

## (Health Insurance Division, II Floor, 'Oasis Plaza', Tilak Road, Abids, HYDERABAD - 500 001

## **Check List**

**Division:** 

Policy Number: Name:

Inward Date: Inward Register Entry No. Sent to TPA on:

Please verify the following items in this check list before sending claim forms to the TPA.

| S. No. | Title   | Please write YES / NO / Remarks |
|--------|---|---------------------------------|
| 1      | Claim Form is duly filled in                                    |                                 |
| 2      | Hospital Treatment Form is duly filled in & self attested       |                                 |
|        | (all questions to be answered; dots, dashes or blanks           |                                 |
|        | are not allowed)  |                                 |
| 3      | Xerox copy of Health Card / Photo-identity Card is              |                                 |
|        | pasted on the Hospital Treatment Form                           |                                 |
| 4      | Hospital Treatment Form is signed by Hospital                   |                                 |
|        | Authorities / Treating Doctor with seal                         |                                 |
| 5      | Original / Attested copy of Hospital Discharge                  |                                 |
|        | Summary, should be attested by the PI also                      |                                 |
| 6      | Original / Attested copy of the Final Hospital Bill, should     |                                 |
|        | be attested by PI also  |                                 |
| 7      | Original / Attested copies of the pathological / USG /          |                                 |
|        | MRI reports if mentioned in the Discharge Summary,              |                                 |
|        | should be attested by the PI also                               |                                 |
| 8      | Original / Attested copies of the Surgical reports/OT           |                                 |
|        | Notes in case surgery is performed, should be attested          |                                 |
|        | by the PI also  |                                 |
| 9      | Original / Attested copies of MLC / FIR reports in case         |                                 |
|        | of Road Traffic Accident, should be attested by the PI          |                                 |
|        | also  |                                 |
| 10     | Self Declaration explaining cause of Accident / Fall in         |                                 |
|        | case of accident other than RTA                                 |                                 |
| 11     | In case of any diseases/surgeries undergone, print-out          |                                 |
|        | of the EDMS /copy of proposal of the Insured to be              |                                 |
|        | attached or e-mailed -Question E (Health details and            |                                 |
|        | Medical information). In case of female insured,                |                                 |
|        | Question F also is required.                                    |                                 |
| 12     | Pl. mention Underwriting Decision at proposal / revival         |                                 |
|        | stage in the remarks column                                     |                                 |
| 13     | Are Contact (latest address, mobile no. and email id)           |                                 |
|        | and NEFT details of PI given                                    |                                 |
| 14     | Is <b>NEFT</b> Master & <b>Address</b> Master created / updated |                                 |
| 15     | Is Delay Condoned if claim form is submitted beyond             |                                 |
|        | 30 days from date of discharge of hospital                      |                                 |

DHU shall send the claim documents to the TPA concerned, only if the answers are "YES" and ACTION is taken for all the questions (except Q.no.s 7,8,9,10,11, where the answers can be "Not Applicable").

Certified that the requirements are checked against items in Check List. Created/ updated NEFT /Address Master.

Manager (HI)