



I have incurred on the treatment of Disease / illness / Accident referred to above the expenses as per the details given be me in the Schedule of Expenses given overleaf.

I support of the above claim, I enclose following documents (please indicate by)

1. Bill, Receipt and Discharge certificate / card from the Hospital.
2. Cash Memos from the Hospital / Chemist(s) supported by the proper prescription.
3. Receipt and Pathological test reports from a pathologist supported by the note from the attending Medical Practitioner / Surgeon demanding such Pathological test.
4. Surgeon's certificate stating nature of operation performed and Surgeon's bill and receipt.
5. Attending Doctor's / Specialist's / Anaesthetist's bill and receipt and certificate regarding diagnosis.
6. In case of Domicillary Hospitalisation, Receipt from qualified nurse who attended the patient at his / her residence duly supported by a certificate from attending Medical Practitioner.
7. Certificate from the attending Medical Practitioner giving reasons for treatment under domicillary Hospitalisation Clause of policy.
8. Certificate from the attending Medical Practitioner / Surgeon that the patient is fully cured.

I, hereby warrant the truth of the foregoing particulars in every respect and I agree that if I have made or shall make any false or untrue statement, suppression or concealment, my right to claim reimbursement of the said expenses shall be absolutely forfeited, I further declare that, in respect of the above treatment, no benefits are admissible under any other Medical Scheme of Insurance.

Dated at ..... this ..... day of.....200

(Signature of the Claimant)

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FOR OFFICE USE

Date of Claim



POLICY NUMBER ..... SUM INSURED OPTED .....

ADD CUMULATIVE BONUS ALLOWED.....

CLAIM NO.  /  /  /  /  /  /  /  /  /

SCHEDULE OF EXPENSES INCURRED BY THE CLAIMANT		Amount Claimed (1)	Amount not Payable (2)	(1) - (2) (3)	Amount Payable (4)
Details of Expenses claimed under Hospitalisation / Domiciliary Hospitalisation (To be supported by Bills / Receipts, Cash Memos etc....)					
<b>I (A) HOSPITALISATION BENEFITS :</b>					
<b>(a) Room, Board, Nursing Expenses</b>					
for .....days @ Rs..... per day					
<b>(b) I.C. Unit</b>					
for .....days @ Rs..... per day					
<b>I. (B) HOSPITALISATION BENEFITS : OTHER THAN ABOVE</b>					
(Including pre. & post hospitalisation)					
<b>(1) Surgeon, Anaesthetist, Medical Practitioner Consultants, Specialists fees.</b>					
<b>(2) Anaesthesia, Blood, Oxygen, Operation Theatre Charges, Surgical Appliances, Medicines &amp; Drugs, Diagnostic Materials, X-Ray, Dialysis, Chemotherapy, Radiotherapy, cost of Pacemaker, artificial limbs &amp; cost of organs and similar other expenses.</b>					
<b>TOTAL</b>					
<b>II. DOMICILIARY HOSPITALISATION BENEFITS :</b>					
(Non-surgical treatment)					
<b>(1) Medical Practitioner, Consultants, Specialists fees for visits etc.,</b>					
<b>(2) Blood, Oxygen, Diagnostic Materials &amp; X-Ray, Employment of qualified Nurses, Medicines and Drugs and similar expenses.</b>					
<b>TOTAL</b>					

SCHEDULE OF EXPENSES INCURRED BY THE CLAIMANT		FOR OFFICE USE ONLY	
Details of Expenses claimed under Hospitalisation / Domiciliary Hospitalisation (To be supported by Bills / Receipts, Cash Memos etc..)		Amount Claimed (1)	Amount not Payable (2)
		(1)	(2)
		(3)	(4)
<b>III. MATERNITY EXPENSES BENEFIT EXTENSION :</b>			
(a)	Room, Board, Nursing Expenses for days @ ..... per day	<input type="text"/>	<input type="text"/>
(b)	Gynaecologist / Obstetrician / Surgeon / Physician Anaesthetist fees..	<input type="text"/>	<input type="text"/>
	Normal delivery, Miscarriage and Abortion, Caesarian Section / Abdominal Opening for extra uterine pregnancy.	<input type="text"/>	<input type="text"/>
(c)	Diagnostic Materials, X-Ray, Medicines and Drugs, Injections etc.,	<input type="text"/>	<input type="text"/>
<b>TOTAL</b>			

SIGNATURE OF THE CLAIMANT:

Less : Amount paid since inception of the policy

DATE :

PLACE :

.....  
Net Payable

FOR OFFICE USE ONLY

Prepared by :  
Checked by :  
Approved by :  
Passed for payment of Rs.....

Total amount payable under the claim  
Less : part payment if any  
Net amount payable

Rs..... in case entire claim is  
Rs..... not admissible, reasons  
Rs..... thereof