

MDINDIA HEALTHCARE SERVICES (TPA) Pvt. Ltd.

IRDA License No. 005



H.O. S.No., -46//1, E-Space, A-2 Bldg., 3rd Floor Pune Nagar Road, Vadgaon Sheri, Pune - 411014

CLAIM ACKNOWLEDGEMENT SHEET

IC NAME:	NIA/ NIC/ OIC/ UIC/ RGICL/ RSICL	POLICY NO:	
INSURED NAME		PATIENT NAME:	
BANK A/C NO		BANK NAME & ADDRESS	
CCN:		MOBILE:	
E-MAIL:		PHONE (STD):	

CLAIM DOCUMENT CHECK LIST

DOCUMENT TYPE: CASHLESS/REIMBURSEMENT/ADDITIONAL PAYMENT

Sr.No	DESCRIPTION	STATUS	MDI INTERNAL REMARKS
1	Serviced By MDIndia & Claim With-in Policy Period	Yes / No	
2	Claim Intimation Received (Only Reimbursement Claims)	Yes / No / NA	
3	Policy Schedule (Only Reimbursement Claims)	Yes / No / NA	
5	Claim Form (Only Reimbursement & Additional Payment Claims)	Yes / No / NA	
6	Original/Attested Discharge Card (Cashless or Reimbursement Claims only)	Yes / No / NA	
7	Authentic Final Hospital bill (Cashless or Reimbursement Claims only)	Yes / No / NA	
8	Original Bill Receipt (Cashless or Reimbursement Claims only)	Yes / No / NA	
8	Case Notes(Claim Value >Rs 50000 and chronic ailments)	Yes / No / NA	
9	Is FIR/MLC available (RTA cases)	Yes / No / NA	
10	Claim Lodged Amount (As Per Claim Form in Reimbursement & Add Payment Claims)		
11	Delay in Submission from Date of Discharge (in Cashless & Reimbursement Claims)		

Please ensure that the claim documents are arranged in the sequence of Policy Schedule => 64 VB => Claim Form => Discharge Card => Final Hospital Bill => Final Hospital Bill Reciept => All Other Prescriptions, Bills, Reciepts & Reports in Chronological Sequence

DATA REQUIREMENT FROM INSURER

Sr.No	DESCRIPTION	STATUS	INSURER REMARKS
1	64 VB	Yes / No / NA	
2	CB confirmation (Claim amount exceeds SI)	Yes / No / NA	
3	Continuous coverage in Years (Chronic ailments)	Yes / No / NA	
4	SI enhancement (If CB% And Amount does not tally)	Yes / No / NA	
5	Paid Claim History (Applicable only if Sum Insured Enhanced)	Yes / No / NA	
6	Repudiated Claim History	Yes / No / NA	

CLAIM GIVEN BY: Insured/ Agent/ Dev Off/ Hospital/ Corporate/ Insurer

NAME:		DATE OF SUBMISSION:	
TEL:		MOBILE:	
SIGNATURE:		COURIER NAME:	
		RECIPT NO:	
MDINDIA EXECUTIVE NAME:		DATE OF RECIPT:	
REMARKS:		SIGNATURE:	