



MANDATORY CHECK LIST FOR SUBMISSION OF MEDICLAIM REIMBURSEMENT CLAIM FORM

Arrange the documents in same ORDER as in the checklist so that you have not missed any documents

INSURED NAME - _____	Policy No. _____
PATIENT NAME - _____	MEMBER ID- _____
E-Mail ID - _____	MOBILE No. - _____

Location - _____	CLAIM TYPE (MAIN CLAIM/QUERY REPLY/PRE-POST/SHORT PAYMENT):
------------------	---

Sr. No.	Required Documents	YES	NO		Page No. / Nos
1	Copy of Intimation sent to Raksha TPA				
2	Duly filled and signed claim form				
3	Original Discharge Summary (Including all information like Time of admission and discharge, diagnosis, presenting complaint and findings and treatment given/procedure done during hospitalization, advice on discharge). Time of admission & time of Discharge is mandatory in all cases				
4	Original Final Bill - Date , No etc required. In case of Gross up Amounts shown in the Final bill we require detailed break up of the same like Package, Medicines, Room Rent, Investigations etc.				
5	Original Payment Receipts of Hospital including all advance payment receipts. Payment Receipt on Letter heads will not be accepted. Receipt on Letter head will not be accepted.	Receipt No	Date	Amount	Page No. / Nos
6	All original Prescriptions for all medicines purchased from Hospital as well as Market.	Prescription Date	Bill date	Amount	Page No. / Nos
7	Original Medical Bills - Sr. No. & Date , address , No Cutting etc.	Prescription Date	Bill date	Amount	Page No. / Nos
8	Original consultation receipts - Full Address, Sr No. & Date etc.	Consultation Date	Consultation slip	Amount	Page No. / Nos

		Prescription Date	Report date	Bill Amount	Page No. / Nos
9	All Investigation Reports in Original, CD/X-Ray/ MRI films with reports in Originals				
10	Indoor case papers (ICP/IPD OR treatment chart / sheet). May be asked by Insurance Company if needed.				
11	Original Death Summary if applicable				
12	Hospital registration certificate or certificate from hospital mentioning hospital facility and No. of beds.				
13	If any Lens is used or stent used while surgery then provide the Original invoice of the stent / lens along with sticker				
14	Copy of Photo ID proof of employee & Patient issued by any Govt authority with address/ attested by Local HR with Company seal				
15	Copy of Pan Card of employee in case claimed amount is for more than Rs. 1 Lac				
16	Cancel Cheque with Pre Printed Name of Account Holder Name				
Additional Documents for Accidental And Injury Cases					
14	Provide MLC / FIR or if same is not done then provide the certificate from hospital with reason for not doing the MLC / FOR				
15	Narration of incident from treating Doctor				
16	X-Ray or MRI films in Original				
17	X-Ray or MRI Reports in Original				
Mandatory in Maternity Cases					
18	Gravida Para Living Abortion(GPLA) or Obstratic History				
19	Separate Claim form for Child				
	Total No Of pages				
PLEASE RETAIN COPIES OF ALL THE DOCUMENTS SUBMITTED TO RAKSHA TPA FOR FUTURE REFERENCE WITH PAGE NO.S					
Signature of Insured with Date					