



HUMAN RESOURCES WING  
INDUSTRIAL RELATIONS SECTION  
HEAD OFFICE, BENGALURU

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**SUBJECT - IBA GROUP MEDICAL INSURANCE SCHEME FOR RETIRED EMPLOYEES - RENEWAL OF THE POLICY FOR THE YEAR 2024-25.**

As a part of the 10<sup>th</sup> Bipartite Settlement/Joint Note dated 25<sup>th</sup> May, 2015, Medical Insurance Scheme for the Retirees /Spouses of the deceased employees has been introduced to cover the hospitalization expenses of the retirees / spouses of the deceased employees which has been renewed every year up to 2023-24.

Now, the IBA Group Medical Insurance Policy for the retired employees has been renewed for the year 2024-2025, M/s. National Insurance Company Limited and M/s Raksha Health Insurance TPA Pvt. Ltd. are continued as the lead insurer and Third Party Administrator (TPA) for the year 2024-25.

The retirees who had opted and paid the premium on or before the due date i.e. on or before 31.10.2024 have been covered in the Policy and the same has been renewed for the period from 01.11.2024 to 31.10.2025.

The present year policy is uploaded in Canara Bank website under the path: [www.canarabank.com](http://www.canarabank.com) > Quick Access > Ex-Employees > **IBA Group Medical Insurance policy for Retirees**

**The details of the Policy are as under:**

Insurer : National Insurance Company Limited,

S.NO.	Policy name	Policy number
1	Base_Without Domiciliary	251100502410000262
2	Topup_Without Domiciliary	251100502410000264

Policy Schedule : Group Mediclaim – Tailormade

Policy Period : Effective from 00:00 hours, on **01/11/2024 to midnight of 31/10/2025**

**Policy Issuing Office Address:**

National Insurance Company Limited  
Mumbai Large CBO Unit,  
IInd Floor, National Insurance Building,  
14, Jamshedji Tata Road,  
Churchgate, Mumbai – 400020

M/s National Insurance Company had advised the premium payable for the renewal of the policy. Under this scheme, the sum insured of the Retirees' base policies for Award staff/workmen and Officers are Rs. 3 lakhs and Rs. 4 lakhs, respectively. Further, M/s National Insurance Company Ltd. had also informed that Top-up policy for Award Staff/workmen will vary from Rs. 2 lakhs to Rs.4 lakhs and for officers from Rs. 2 lakhs and Rs. 5 lakhs which is made available as an option on paying additional premium.

The retirees and spouses of deceased employees/retirees who are renewing the policy may avail the benefit of the same, if they desire so. Also those eligible retirees/spouses of the deceased ex-employees/Compulsorily retired employees who had not subscribed to the current Insurance policy will also have option to join as a one-time measure.

It may also be noted that Family floater and Single person policy introduced in 2020-21, 2021-22,

Internal



2022-23 and 2023-24 is continued for this year also with the following terms and conditions:

1. **Family Floater:** If both the retired employee and spouse are alive, Family floater policy ought to be opted and family floater premium to be paid.
2. **Single Person:** Following cases are eligible to opt under Single person policy:
  - (i) Where retiree does not have surviving spouse.
  - (ii) Where retiree is survived by the spouse (Retiree has passed away)
  - (iii) Where retiree does not require the insurance cover for the spouse.
- The details of renewal Base premium as communicated by M/s National Insurance Company Ltd. is as under:

**Base Rates for 2024-25 for Retired Employees (Without Domiciliary)**

(amount in Rupees)

Cadre	Retirees Base Sum Insured	Premium Family Floater	GST (18%)	Total premium Family Floater	Premium Single Person	GST (18%)	Total premium Single Person
Workman/ award staff	3,00,000	24,191	4,354	28,545	21,772	3,919	25,691
Officer	4,00,000	34,661	6,239	40,900	31,195	5,615	36,810

- The details of Top-up premium as communicated by M/s National Insurance Company Ltd. is as under:

**Top-up rates for 2024-25 for retired employees (Without Domiciliary)**

(amount in Rupees)

Retirees Top-up Sum Insured	Top-up Premium Family Floater	GST (18%)	Total Top-up premium Family Floater	Top-up Premium Single Person	GST (18%)	Total Top-up premium Single Person
2,00,000	27,101	4,878	31,979	24,391	4,390	28,781
3,00,000	34,101	6,138	40,239	30,691	5,524	36,215
4,00,000	41,101	7,398	48,499	36,991	6,658	43,649
5,00,000*	51,101	9,198	60,299	45,991	8,278	54,269

\*The option of Rs. 5 Lakhs Top-up available only for Officer cadre.

The Retiree's Base as well as Top-up Policy will be Non-Domiciliary Policies.

**Conditions with respect to Policy renewal introduced by M/s National Insurance Company are as follows:**

1. Separate premium rates continued for Single person and Family floater.
2. Officers can opt for sum insured of 4 lakhs in Base policy.
3. Workmen/ Award staff can opt for sum insured of 3 lakhs in Base policy.
4. Officers can opt for any sum insured from 2 lakhs to 5 lakhs in Top Up policy.
5. Workmen/ Award staff can opt for any sum insured from 2 lakhs to 4 lakhs in Top Up policy.

Internal

6. Room rent per day shall be payable up to Rs.5000/- and ICU charges up to Rs.7500/-.

7. **Domiciliary expenses are not covered under both Base as well as Top Up Policy**

**For the better functioning and utilization of the scheme, the following details are reiterated:**

1. The coverage under the Top Up policy will trigger only after the main policy sum insured has exhausted.
2. Domiciliary treatment expenses are not covered under both Base and Top-up Policies.
3. For hassle free settlement, it is better to opt for cashless facility at any one of the network hospitals. Even otherwise, claim intimation is Mandatory to the TPA i.e. M/s Raksha Health Insurance TPA Pvt. Ltd., for all the claims. As such all the Retirees shall notify the TPA in writing a letter, e-mail, fax, providing all the relevant information relating to claim including plan of treatment, policy no, etc., within the prescribed time limit as under:

Notification of claim in case of cashless facility	TPA must be informed
In the event of planned hospitalization.	At least 72 hours prior to the insured person's admission to network provider/PPN hospital.
In the event of emergency hospitalization.	Within 24 hours of the insured person's admission to network provider/PPN hospital.

Notification of claim in case of Reimbursement	TPA must be informed
In the event of planned hospitalization.	Within 48 hours of the insured person's admission to net-work provider/non network/PPN hospital.
In the event of emergency hospitalization.	Within 48 hours of the insured person's admission to network provider/non net-work/PPN hospital.

4. **PROCEDURE OF CLAIM:**

**Planned Hospitalization:**

**Procedure for cashless claims:**

Cashless facility for treatment shall be available to insured in network hospitals only.

Treatment may be taken in a network provider/PPN and is subject to pre authorization by the TPA.

5. **The process of reimbursement of hospitalized treatment availed at a Non-Network Hospital is as under:**

Check whether the hospital is registered and complies with the IRDAI guidelines and willing to give a copy of the registration at the time of discharge.

**In terms of the policy, definition of Hospital/ Nursing Home is as under:**

**Hospital/ Nursing Home** means any institution established for inpatient care and Daycare treatment of illness and/or injuries and which has been registered as a Hospital with the local

authorities under the Clinical Establishment (Registration and Regulation) Act, 2010 or under the enactments specified under the Schedule of Section 56 (1) of the said Act or complies with all minimum criteria as under:

- Has at least 10 inpatient beds, in those towns having a population of less than 10,00,000 and at least 15 inpatient beds in all other places;
- Has qualified nursing staff under its employment round the clock;
- Has qualified Medical practitioner(s) in charge round the clock;
- Has a fully equipped Operation Theatre of its own where surgical procedures are carried out.
- Maintains daily records of patients and will make these accessible to the insurance company's authorized personnel.

#### 6. **Submission of Claim Documents:**

In non-network hospitals payment must be made upfront and for reimbursement of claims the insured person may submit the necessary documents to TPA, within the prescribed time limit.

#### **Time limit for submission of documents:**

Type of claim	Time limit for submission of documents to company/TPA
Where cashless Facility has been authorized	Immediately after discharge
Reimbursement of hospitalization and pre hospitalization expenses (limited to 30 days)	Within 30 (Thirty) days of date of discharge from hospital
Reimbursement of post hospitalization expenses (limited to 90 days)	Within 30(thirty) days from completion of post hospitalization treatment

Retirees can submit the documents at the following Offices of M/s Raksha Health Insurance TPA Pvt. Ltd or in the alternative, the documents can be personally delivered to any of the offices of TPA mentioned in the annexure, if it is convenient.

#### **Bengaluru Address:**

RAKSHA HEALTH INSURANCE TPA PVT. LTD.  
IBC Knowledge Park, Tower D, 4th Floor, 4/1, Bannerghatta Main Rd,  
Bengaluru, Karnataka – 560029 Tel 040-68178537  
web: [www.rakshatpa.com](http://www.rakshatpa.com).

#### 7. **Check List for Reimbursement Claim Submission:**

**In case of hospitalization reimbursement, the following documents are required to be submitted:**

- IRDA Prescribed Claim Form duly filled & signed (Provided in the Annexure);
- Photo ID and Age proof;
- Health Card, Photo ID and KYC documents;
- Attending medical practitioner's/surgeon's certificate regarding diagnosis/nature of operation performed, along with date of diagnosis, investigation test reports etc. supported by the prescription from attending medical practitioner;
- Original discharge card/day care summary/transfer summary;



- Original final pre numbered Hospital bill with all original deposit and final payment receipt;
- Complete break-up of the hospital bill;
- Original invoice with payment receipt and implant stickers for all implants used during Surgeries i.e. lens sticker and invoice in cataract surgery, stent invoice and sticker in Angioplasty Surgery.
- All previous consultation papers indicating history and treatment details for current ailment;
- All original diagnostic reports (including imaging and laboratory) along with Medical Practitioner's prescription and invoice/bill with receipt from diagnostic center;
- All original medicine/pharmacy bills along with the Medical Practitioner's prescription;
- MLC/FIR copy - in Accident cases only;
- Copy of death summary and copy of death certificate (in death claims only);
- Pre and post-operative imaging reports-in Accident cases only;
- Copy of indoor case papers with nursing sheet detailing medical history of the Insured Person, treatment details and the Insured person's progress.

**\*\* The above list of documents is indicative. In case of any other document requirement as specified by the Insurance Company the Documents Team of TPA will contact the Retiree, on receipt of the claim documents.**

The other details are available in the policy document uploaded on the ex-employees' page in Bank's Website.

8. The details of the Third Party Administrator [TPA] i.e., Raksha Health Insurance TPA Pvt Ltd. The details are as under:

Name of the TPA	Raksha Health Insurance TPA Pvt Ltd
Dedicated Toll Free for Customer Service	040-68178537
Customer Care email ID	iba@rakshatpa.com
Cashless Toll Free	040-68178537
Email for Cashless:	<a href="mailto:cashless@rakshatpa.com">cashless@rakshatpa.com</a> / <a href="mailto:cashless@mediassist.in">cashless@mediassist.in</a>
Reimbursement Toll Free	040-68178537
Raksha Website -	<a href="https://member.rakshatpa.com/HomeTPA.aspx">https://member.rakshatpa.com/HomeTPA.aspx</a>

**Raksha TPA Reach Outs:**

Claim Intimation	<a href="https://member.rakshatpa.com/HomeTPA.aspx">https://member.rakshatpa.com/HomeTPA.aspx</a>
Network Hospitals	<a href="https://www.rakshatpa.com/hospital/">https://www.rakshatpa.com/hospital/</a>
Chat Bot	<a href="https://play.google.com/store/apps/details?id=in.mediassist.malite">https://play.google.com/store/apps/details?id=in.mediassist.malite</a>
E-Cards/Desktop Application	Cards can be downloaded by logging on to <a href="https://member.rakshatpa.com/HomeTPA.aspx">https://member.rakshatpa.com/HomeTPA.aspx</a> (User id: <a href="mailto:Empid@canara.in">Empid@canara.in</a> (Ex-123456@canara.in)) (default password: Date of Birth (Ex:01012024)).



### Quick Links for claim form, check list, network hospitals & mobile App:

Quick Links	
IRDAI Claim Form:	<a href="https://www.rakshatpa.com/claim-form/">https://www.rakshatpa.com/claim-form/</a>
Check List:	<a href="https://www.rakshatpa.com/assets/pdf/claim-forms/checklist.pdf">https://www.rakshatpa.com/assets/pdf/claim-forms/checklist.pdf</a>
Network Hospitals:	<a href="https://www.rakshatpa.com/hospital/">https://www.rakshatpa.com/hospital/</a>
Hawk Mobile App:	<a href="https://play.google.com/store/apps/details?id=in.mediassist.malite">https://play.google.com/store/apps/details?id=in.mediassist.malite</a>

### 9. Fraudulent claims:

If any claim made by the insured person, is in any respect fraudulent, or if any false statement or declaration is made or used in support thereof, or if any fraudulent means or devices are used by the insured person or any one acting on his/ her behalf to obtain any benefit under this policy, all benefits under this policy and the premium paid shall be forfeited. Any amount already paid against claims made under this policy but which are found fraudulent later, shall be repaid by all recipient (s)/ policy holder (s) who has made that particular claim who shall be jointly and severally liable for such repayment to the company. For the purpose of this clause, the expression "Fraud" means any of the following acts committed by the Insured Person or by his agent or the Hospital/ Doctor/ any other party acting on behalf of the insured person with intent to deceive the company or to induce the company to issue an insurance policy:

- The suggestion as a fact of that which is not true and which the insured person does not believe to be true.
- The active concealment of a fact by the insured person having knowledge or belief of the fact;
- Any other act fitted to deceive; and
- Any such act or omission as the law specially declares to be fraudulent. The company shall not repudiate the claim and/or forfeit the policy benefits on the ground of fraud, if the insured person/ beneficiary can prove that mis-statement was true to the best of his knowledge and there was no deliberate intention to suppress the fact or that such mis-statement of or suppression of material fact are within the knowledge of the company.

### 10. Territorial Limit:

All medical treatment for the purpose of this policy will have to be taken in India only.

### 11. Policy Details:

The policy guidelines provided hereinabove are only illustrative and not exhaustive. **The IBA Medical Insurance Policy issued by M/s National Insurance Company Limited is placed in Bank's website [www.canarabank.com](http://www.canarabank.com)>Quick Access>Ex-Employees> IBA Group Medical Insurance policy for Retirees** page and the retirees may directly take up with TPA/ Insurance Company in case of any disputes/ clarifications.

The retired employees / spouses of the deceased employees who are enrolled under the policy are advised to go through the details of the Insurance Policy placed in Bank's Web site.

All the Branches/Offices are requested to bring the contents of this Circular to the notice of the

Internal



Retirees and display the guidelines prominently on the notice Board.

**D SURENDRAN**  
**CHIEF GENERAL MANAGER**

**TO: ALL BRANCHES/OFFICES OF THE BANK**



**Annexure – Details of Raksha TPA Offices for submission claims**

<b>Sr. No.</b>	<b>Location</b>	<b>TPA Representative Name</b>	<b>Email ID</b>	<b>Contact #</b>	<b>Address</b>
1	Agra	Mr Ritesh Kumar	Ritesh.kumar@rakshatpa.co	9411404100	Raksha Health Insurance TPA Pvt. Ltd, 807,cyber height,Vibhuti khand gomti Nagar,Lucknow - 226010
		Mr. Hari Om Sharma	<a href="mailto:sksby@rakshatpa.com">sksby@rakshatpa.com</a>	9044191892	
		Mr. Satya Prakash	<a href="mailto:satyaprakash@rakshatpa.com">satyaprakash@rakshatpa.com</a>	9335817567	
2	Ahmedabad	Call Centre Number	<a href="mailto:iba@rakshatpa.com">iba@rakshatpa.com</a>	040-68178537	Raksha Health Insurance TPA Pvt. Ltd, 602, 6TH FLOOR, Rembrandt building, opp Associated petrol pump, CG Road, Ellisbridge, Ahemadabad- Gujrat 380006
		Mr.Samir	<a href="mailto:samir.jani@rakshatpa.com">samir.jani@rakshatpa.com</a>	7227906704	
		Rupam kumar Jha	<a href="mailto:rupam.kumar@rakshatpa.com">rupam.kumar@rakshatpa.com</a>	9898007388	
3	Bengaluru	Call Centre Number	<a href="mailto:iba@rakshatpa.com">iba@rakshatpa.com</a>	040-68178537	Raksha Health Insurance TPA Pvt. Ltd, Tower D, 4th Floor, IBC Knowledge Park, 4/1 Bannerghatta Road, Bangalore – 560 029
		Ms. PRAKRUTHI	<a href="mailto:prakruthi@rakshatpa.com">prakruthi@rakshatpa.com</a>	8618479315	
		Mr Santosh	<a href="mailto:santosh.unkal@rakshatpa.com">santosh.unkal@rakshatpa.com</a>	8088900211	
4	Bhopal	Call Centre Number	<a href="mailto:iba@rakshatpa.com">iba@rakshatpa.com</a>	040-68178537	Raksha Health Insurance TPA Pvt. Ltd, Plot No.250 ,4th Floor ,Sagar Plaza Opposite to Rajhans Banquet Near Sargam Cinema, MP Nagar Zone-2, Bhopal , M.P- 462001
		Mr Kapil Banwari	<a href="mailto:kapil@rakshata.com">kapil@rakshata.com</a>	9109972903	
		Mr.Upendra Singh Chouhan	<a href="mailto:upendra@rakshatpa.com">upendra@rakshatpa.com</a>	9303247002	



5	Bhubaneswar	Call Centre Number	<a href="mailto:iba@rakshatpa.com">iba@rakshatpa.com</a>	040-68178537	Raksha Health Insurance TPA Pvt Ltd, Plot- 700, 3rd Floor, SAHEED nagar, Near PNB Bank Bhubhaneshwar 751007
		Mr.Pradumn Kumar Pradhan	<a href="mailto:pradumn@rakshatpa.com">pradumn@rakshatpa.com</a>	9040831020	
		Mr.Sanjeev Kr Mitra	<a href="mailto:sanjeev.mitra@rakshatpa.com">sanjeev.mitra@rakshatpa.com</a>	9147044664	
6	Chandigarh	Mr. Shubham	<a href="mailto:shubham@rakshatpa.com">shubham@rakshatpa.com</a>	9115403770	Raksha Health Insurance TPA Pvt. Ltd, SCO 39, 1st Floor, Sector 26, Madhya Marg, Above Barbeque Nation, Chandigarh – 160019
		Mr. Ashok	<a href="mailto:ashok.kumar@rakshatpa.com">ashok.kumar@rakshatpa.com</a>	9115403760	
		Dr. Amandeep Singh	<a href="mailto:amandeep@rakshatpa.com">amandeep@rakshatpa.com</a>	9888315152	
			-		
7	Chennai	Call Centre Number	<a href="mailto:iba@rakshatpa.com">iba@rakshatpa.com</a>	040-68178537	Raksha Health Insurance TPA Ltd, 2nd Floor, RWD Atlantis Building, No.24, Nelson Manikam Road, Metha nagar, Aminjikarai, Chennai -600029
		Mr. Suresh K	<a href="mailto:suresh.k@rakshatpa.com">suresh.k@rakshatpa.com</a>	9940425838	
		Mr.Vignesh	<a href="mailto:vignesh.j@rakshatpa.com">vignesh.j@rakshatpa.com</a>	7824022334	
8	Delhi	Call Centre	<a href="mailto:iba@rakshatpa.com">iba@rakshatpa.com</a>	040-68178537	Raksha Health Insurance TPA Pvt. Ltd, Corporate Office – Plot No- 42,1 <sup>st</sup> Floor,Sector 20A,Victoria Building,Next to Institute of Chartered Accountat of India – Faridabad 121013
		Mr. Dharmendra Tandi	<a href="mailto:dharmendra.tandi@rakshatpa.com">dharmendra.tandi@rakshatpa.com</a>	9355950395	
		Mr. Gautam Bhardwaj	<a href="mailto:gautam.bhardwaj@rakshatpa.com">gautam.bhardwaj@rakshatpa.com</a>	7838151514	

9	Guwahati	MrRahul Das	rahul.das@rakshatpa.com	9365590032	Raksha Health Insurance TPA Pvt Ltd, F Fort Complex, 7th floor, Kachari basti Ulubari, Guwahati-781007
		Mr. Angkan Thakuria	angkan@rakshatpa.com	7896519837	
		Moonmoon Bhattacharyya	<a href="mailto:moonmoon@rakshatpa.com">moonmoon@rakshatpa.com</a>	9831094986	
10	Hyderabad	Call Centre Number	<a href="mailto:iba@rakshatpa.com">iba@rakshatpa.com</a>	040-68178537	Raksha Health Insurance TPA Pvt Ltd, 2nd Floor, White House, 6-3-1192/1/1, 3rd Block kundanbagh colony, Begumpet Hyderabad Telangana- 500016
		Mr.Ravi Kumar	ravikumar.k@rakshatpa.com	7013050469	
		Mr Ajay Thakur Singh	<a href="mailto:ajaythakur@rakshatpa.com">ajaythakur@rakshatpa.com</a>	9391972064	
11	Hubballi	Call Centre Number	<a href="mailto:iba@rakshatpa.com">iba@rakshatpa.com</a>	040-68178537	Raksha Health Insurance TPA Ltd, Varsha Complex, second floor, Behind Bhawani Arcade, opposite Basva vana, Hubballi-580029
		Mr Santosh	santosh.unkal@rakshatpa.com	8088900211	
		Mr Shivaraj	<a href="mailto:shivaraj@rakshatpa.com">shivaraj@rakshatpa.com</a>	9972150472	
12	Jaipur	Mr Nemi Chand Swami	iba@rakshatpa.com	040-68178537	Raksha Health Insurance TPA Pvt. Ltd, 303-306 IIIrd Floor City Corporate Building, Malviya Marg , C- Scheme Near Agrasen Circle, Jaipur 302001
		Mr Rakesh kumar Sharma	rakesh.kumar@rakshatpa.com	7230039990	
		Mr Manoj Gothwal	manoj.gothwal@rakshatpa.com	7230039013	
13	Karnal	Mr.Suneet Chopra	suneetchopra@rakshatpa.com	7743008062	Raksha Health Insurance TPA Pvt. Ltd, SCO 39, 1st Floor, Sector 26, Madhya Marg, Above Barbeque Nation, Chandigarh – 160019
		Mr. Ashok	<a href="mailto:ashok.kumar@rakshatpa.com">ashok.kumar@rakshatpa.com</a>	9115403760	
		Dr. Amandeep Singh	<a href="mailto:amandeep@rakshatpa.com">amandeep@rakshatpa.com</a>	9888315152	

14	Kolkata	Call Centre Number	<a href="mailto:iba@rakshatpa.com">iba@rakshatpa.com</a>	040-68178537	Raksha Health Insurance TPA Pvt Ltd, Usha Martin Building , 2nd floor,2A, Shakespeare Sarani, Ward No. 63,Kolkata-700071
		Koushik Ghosh	<a href="mailto:koushik.ghosh@rakshatpa.com">koushik.ghosh@rakshatpa.com</a>	9038125111	
		Mr.Sanjeev Kr Mitra	<a href="mailto:sanjeev.mitra@rakshatpa.com">sanjeev.mitra@rakshatpa.com</a>	9147044664	
15	Kozhikode	Call Centre Number	<a href="mailto:iba@rakshatpa.com">iba@rakshatpa.com</a>	040-68178537	Raksha Health Insurance TPA Pvt Ltd, 61/595, SABU & CYPRIAN BUILDING GROUND FLOOR, R MADHAVAN NAIR ROAD RAVIPURAM, ERNAKULAM COCHIN - 682016
		Mr.Sharath	<a href="mailto:sarathr@rakshatpa.com">sarathr@rakshatpa.com</a>	8138994555	
		Ms.Aruna	<a href="mailto:arunar@rakshatpa.com">arunar@rakshatpa.com</a>	9840096191	
16	Lucknow	Call Centre	<a href="mailto:iba@rakshatpa.com">iba@rakshatpa.com</a>	040-68178537	Raksha Health Insurance TPA Pvt. Ltd, 807, Cyber height,Vibhuti khand gomti Nagar,Lucknow - 226010
		Mr. Hari Om Sharma	<a href="mailto:sksby@rakshatpa.com">sksby@rakshatpa.com</a>	9044191892	
		Mr. Satya Prakash	<a href="mailto:satyaprakash@rakshatpa.com">satyaprakash@rakshatpa.com</a>	9335817567	
17	Madurai	Call Centre Number	<a href="mailto:iba@rakshatpa.com">iba@rakshatpa.com</a>	040-68178537	Raksha Health Insurance TPA Pvt. Ltd, 3 <sup>rd</sup> Floor INDSIL House, T V Samy Road R S Puram Coimbatore, 641002
		Mr.Vignesh	<a href="mailto:vignesh.j@rakshatpa.com">vignesh.j@rakshatpa.com</a>	7824022334	
		Ms shazia fathima	<a href="mailto:shazia.fathima@rakshatpa.com">shazia.fathima@rakshatpa.com</a>	9840748487	
18	Mangaluru	Call Centre Number	<a href="mailto:iba@rakshatpa.com">iba@rakshatpa.com</a>	040-68178537	Raksha Health Insurance TPA Pvt Ltd, City Lights Building, 3 <sup>rd</sup> Floor, Balmatta Road Mangalore 575001
		Mr Laveen	<a href="mailto:laveen@rakshatpa.com">laveen@rakshatpa.com</a>	9481959955	
		Mr Somshekar	<a href="mailto:somshekar@rakshatpa.com">somshekar@rakshatpa.com</a>	9740543727	

19	Manipal	Call Centre Number	<a href="mailto:iba@rakshatpa.com">iba@rakshatpa.com</a>	040-68178537	Raksha Health Insurance TPA Pvt Ltd, City Lights Building, 3 <sup>rd</sup> Floor, Balmatta Road Hampanakatta, Mangalore 575001
		Mr Laveen	<a href="mailto:laveen@rakshatpa.com">laveen@rakshatpa.com</a>	9481959955	
		Mr Somshekar	<a href="mailto:somshekar@rakshatpa.com">somshekar@rakshatpa.com</a>	9740543727	
			-		
20	Mumbai	Call Centre Number	<a href="mailto:iba@rakshatpa.com">iba@rakshatpa.com</a>	040-68178537	Raksha Health Insurance TPA Pvt. Ltd, 4th Floor, AARPEE Chambers, Shagbaug, Off Andheri Kurla Road, Next to Times Square, Marol, Andheri East, Mumbai 400059
		Ms Swati Yadav	<a href="mailto:swati.yadav@rakshatpa.com">swati.yadav@rakshatpa.com</a>	8657714745	
		Mr Roshan	<a href="mailto:roshan@rakshatpa.com">roshan@rakshatpa.com</a>	040-68178537	
21	Patna	Call Centre Number	<a href="mailto:iba@rakshatpa.com">iba@rakshatpa.com</a>	040-68178537	Raksha Health Insurance TPA Pvt Ltd, 102 , O. P. Complex ,1st Floor, Oppo-HDFC Bank , Near Loyla School, Kurji Patna-800010
		Mr. Deepak Kumar	<a href="mailto:deepakkumar.t@rakshatpa.com">deepakkumar.t@rakshatpa.com</a>	8340371448	
		Mr.Hiran Kumar	<a href="mailto:hiran@rakshatpa.com">hiran@rakshatpa.com</a>	9304630302	
22	Pune	Call Centre Number	<a href="mailto:iba@rakshatpa.com">iba@rakshatpa.com</a>	040-68178537	Raksha Healt Insurance TPA Pvt. Ltd, Manikchand Icon, C wing 1st Floor Bund Garden Road,Pune - 411001
		Mr.Jitendra Shinde	<a href="mailto:jitendra.shinde@rakshatpa.com">jitendra.shinde@rakshatpa.com</a>	9175967484	
		Mr Roshan	<a href="mailto:roshan@rakshatpa.com">roshan@rakshatpa.com</a>	040-68178537	
23	Ranchi	Call Centre Number	<a href="mailto:iba@rakshatpa.com">iba@rakshatpa.com</a>	040-68178537	Raksha Health Insurance TPA Pvt Ltd, 4TH Floor, Sethi corporate building, P.P Compound, Near Sujata Chowk, main road, Ranchi-834001
		Abinash Shankar	<a href="mailto:abinash.shankar@yahoo.com">abinash.shankar@yahoo.com</a>	9430816708	
		Sanjeev Mitra	<a href="mailto:sanjeev.mitra@rakshatpa.com">sanjeev.mitra@rakshatpa.com</a>	9147044664	

24	Tirupathi	Call Centre Number	<a href="mailto:iba@rakshatpa.com">iba@rakshatpa.com</a>	040-68178537	Raksha Health Insurance TPA Pvt Ltd , 11-157, Tulasi Nagar, 1ST FLOOR, Behind Time hospital, Pantakaluva Road, Vijaywada-520007
		Mr. Rajanala Vamsi	<a href="mailto:rajanala.vamsi@rakshatpa.com">rajanala.vamsi@rakshatpa.com</a>	7799888353	
		Chandraiah A	<a href="mailto:chandriah@rakshatpa.com">chandriah@rakshatpa.com</a>	8179864207	
25	Thiruvananthapuram	Call Centre Number	<a href="mailto:iba@rakshatpa.com">iba@rakshatpa.com</a>	040-68178537	Raksha Health Insurance TPA Pvt Ltd, 61/595, SABU & CYPRIAN BUILDING GROUND FLOOR, R MADHAVAN NAIR ROAD RAVIPURAM, ERNAKULAM COCHIN - 682016
		Mr.Sharath	<a href="mailto:sarathr@rakshatpa.com">sarathr@rakshatpa.com</a>	8138994555	
		Ms.Aruna	<a href="mailto:arunar@rakshatpa.com">arunar@rakshatpa.com</a>	9840096191	
26	Vijayawada	Mr. Rajanala Vamsi	<a href="mailto:rajanala.vamsi@rakshatpa.com">rajanala.vamsi@rakshatpa.com</a>	7799888353	Raksha Health Insurance TPA Pvt Ltd, 11-157, Tulasi Nagar, 1ST FLOOR, Behind Time hospital, Pantakaluva Road, Vijaywada-520007
		Ms Sindhu	<a href="mailto:singavarapu.sindhu@rakshatpa.com">singavarapu.sindhu@rakshatpa.com</a>	9492683157	
		Chandraiah A	<a href="mailto:chandriah@rakshatpa.com">chandriah@rakshatpa.com</a>	8179864207	
27	Bengaluru_ HO	Call Centre Number	<a href="mailto:iba@rakshatpa.com">iba@rakshatpa.com</a>	040-68178537	Raksha Health Insurance TPA Pvt. Ltd, Tower D, 4th Floor, IBC Knowledge Park, 4/1 Bannerghatta Road, Bangalore – 560 029
		Mr.Prashanth R	<a href="mailto:prashanth.r@rakshatpa.com">prashanth.r@rakshatpa.com</a>	9538899829	
		Mrs.Ashwini M	<a href="mailto:ashwini.m@rakshatpa.com">ashwini.m@rakshatpa.com</a>	9036599644	

CLAIM FORM - PART A' to 'CLAIM FORM FOR HEALTH INSURANCE POLICIES OTHER THAN TRAVEL AND PERSONAL ACCIDENT - PART A

TO BE FILLED BY THE INSURED

(To be Filled in block letters)

The issue of this Form is not to be taken as an admission of liability

DETAILS OF PRIMARY INSURED:

a) Policy No.:

b) Sl. No/ Certificate no.

c) Company/ TPA ID No:

d) Name:

e) Address:

City:

State:

Pin Code

Phone No:

Email ID:

DETAILS OF INSURANCE HISTORY:

a) Currently covered by any other Medicaclaim / Health Insurance:

b) Date of commencement of first Insurance without break:

c) If yes, company name:

Policy No.

Sum insured (Rs.)

d) Have you been hospitalized in the last four years since inception of the contract?

Yes

No

Date:

Diagnosis:

e) Previously covered by any other Medicaclaim /Health insurance :

Yes

No

f) If yes, company name:

DETAILS OF INSURED PERSON HOSPITALIZED: :

a) Name:

b) Gender

Male

Female

c) Age years

Months

d) Date of Birth

e) Relationship to Primary insured:

Self

Spouse

Child

Father

Mother

Other

(Please Specify)

f) Occupation

Service

Self Employed

Home Maker

Student

Retired

Other

(Please Specify)

g) Address (if diffrent from above) :

City:

State:

Pin Code

Phone No:

Email ID:

DETAILS OF HOSPITALIZATION: :

a) Name of Hospital where Admitted:

b) Room Category occupied:

Day care

Single occupancy

Twin sharing

3 or more beds per room

c) Hospitalization due to:

Injury

Illness

Maternity

d) Date of injury / Date Disease first detected /Date of Delivery:

e) Date of Admission:

f) Time

g) Date of Discharge:

h) Time:

i) If injury give cause:

Self inflicted

Road Traffic Accident

Substance Abuse / Alcohol Consumption

I) If Medico legal

Yes

No

ii) Reported to Police

iii. MLC Report & Police FIR attached

Yes

No

j) System of Medicine:

DETAILS OF CLAIM:

a) Details of the Treatment expenses claimed

i. Pre -hospitalization expenses

Rs.

ii. Hospitalization expenses

Rs.

iii. Post-hospitalization expenses

Rs.

iv. Health-Check up cost:

Rs.

v. Ambulance Charges:

Rs.

vi. Others (code):

Rs.

Total

Rs.

vii. Pre -hospitalization period:

days

viii. Post -hospitalization period:

days

b) Claim for Domiciliary Hospitalization:

Yes

No

(If yes, provide details in annexure)

c) Details of Lump sum / cash benefit claimed:

i. Hospital Daily cash:

Rs.

ii. Surgical Cash:

Rs.

iii. Critical Illness benefit:

Rs.

iv. Convalescence:

Rs.

v. Pre/Post hospitalization Lump sum benefit:

Rs.

vi. Others:

Rs.

Total

Rs.

Claim Documents Submitted - Check List:

Claim form duly signed

Copy of the claim intimation, if any

Hospital Main Bill

Hospital Break-up Bill

Hospital Bill Payment Receipt

Hospital Discharge Summary

Pharmacy Bill

Operation Theater Notes

ECG

Doctor's request for investigation

Investigation Reports (Including CT / MRI / USG / HPE)

Doctor's Prescriptions

Others

DETAILS OF BILLS ENCLOSED:

Sl. No.	Bill No.	Date	Issued by	Towards	Amount (Rs)
1.		D D M M Y Y		Hospital main Bill	
2.		D D M M Y Y		Pre-hospitalization Bills: Nos	
3.		D D M M Y Y		Post-hospitalization Bills: Nos	
4.		D D M M Y Y		Pharmacy Bills	
5.		D D M M Y Y			
6.		D D M M Y Y			
7.		D D M M Y Y			
8.		D D M M Y Y			
9.		D D M M Y Y			
10.		D D M M Y Y			

DETAILS OF PRIMARY INSURED'S BANK ACCOUNT::

a) PAN:

b) Account Number:

c) Bank Name and Branch:

d) Cheque / DD Payable details:

e) IFSC Code:

## DECLARATION BY THE INSURED:

I hereby declare that the information furnished in the claim form is true & correct to the best of my knowledge and belief. If I have made any false or untrue statement, suppression or concealment of any material fact with respect to questions asked in relation to this claim, my right to claim reimbursement shall be forfeited, I also consent & authorize TPA / Insurance Company, to seek necessary medical information / documents from any hospital / Medical Practitioner who has attended on the person against whom this claim is made. I hereby declare that I have included all the bills / receipts for the purpose of this claim & that I will not be making any supplementary claim except the pre/post-hospitalization claim, if any.

Date         Place:  Signature of the Insured

GUIDANCE FOR FILLING CLAIM FORM - PART A (To be filled in by the insured)		
DATA ELEMENT	DESCRIPTION	FORMAT
<b>SECTION A - DETAILS OF PRIMARY INSURED</b>		
a) Policy No.	Enter the policy number	As allotted by the Insurance Company
b) Sl. No/ Certificate No.	Enter the social Insurance number or the certificate number of social health insurance scheme	As allotted by the organization
c) Company TPA ID No.	Enter the TPA ID No.	Licence number as allotted by IRDA and printed in TPA documents.
d) Name	Enter the full name of the policyholder	Surname, First name, Middle name
e) Address	Enter the full postal address	Include Street, City and Pin code
<b>SECTION B -DETAILS OF INSURANCE HISTORY</b>		
a) Currently covered by any other Mediciam / Health Insurance?	Indicate whether currently covered by another Mediciam / Health Insurance	Tick Yes or No
b) Date of commencement of first Insurance without break	Enter the date of commencement of first Insurance	Use dd-mm-yy-format
c) Company Name	Enter the full name of the Insurance Company	Name of the organization in full
Policy No.	Enter the policy number	As allotted by the Insurance Company
Sum insured	Enter the total sum insured as per the policy	In rupees
d) Have you been Hospitalized in the last four years since Inception of the contract?	Indicate whether hospitalized in the last four years	Tick Yes or No
Date	Enter the date of Hospitalization	Use mm-yy format
Diagnosis	Enter the diagnosis details	Open Text
e) Previously covered by any other Mediciam / Health Insurance?	Indicate whether previously covered by another mediciam / Health Insurance	Tick Yes or No
f) Company Name	Enter the full name of the Insurance Company	Name of the organization in full
<b>SECTION C -DETAILS OF INSURED PERSON HOSPITALIZED</b>		
a) Name	Enter the full name of the patient	Surname, First name, Middle name
b) Gender	Indicate Gender of the patient	Tick Male or Female
c) Age	Enter age of the patient	Number of years and months
d) Date of Birth	Enter Date of Birth of patient	Use dd-mm-yy format
e) Relationship to primary Insured	Indicate relationship of patient with policyholder	Tick the right option, if others, please specify
f) Occupation	indicate occupation of patient	Tick the right option. If others, please specify.
g) Address	Enter the full postal address	Include Street, City and Pin code
h) Phone No	Enter the phone number of patient	Include STD code with telephone number
i) E-mail ID	Enter e-mail address of patient	Complete e-mail address
<b>SECTION D - DETAILS OF HOSPITALIZATION</b>		
a) Name of Hospital where admitted	Enter the name of hospital	Name of hospital in full
b) Room category occupied	indicate the room category occupied	Tick the right option
c) Hospitalization due to	indicate reason of hospitalization	Tick the right option
d) Date of injury/Date Disease first detected / Date of Delivery	Enter the relevant date	Use dd-mm-yy format
e) Date of admission	Enter date of admission	Use dd-mm-yy format
f) Time	Enter time of admission	Use hh-mm- format
g) Date of discharge	Enter date of discharge	Use dd-mm-yy format
h) Time	Enter time of discharge	Use hh-mm- format
i) If injury give cause	indicate cause of injury	Tick the right option
If Medico legal	indicate whether injury is medico legal	Tick Yes or No
Reported to Police	indicate whether police report was filed	Tick Yes or No
MLC Report & Police FIR attached	indicate whether MLC report and Police FIR attached	Tick Yes or No
j) System of Medicine	Enter the system of medicine followed in treating the patient	Open Text
<b>SECTION E - DETAILS OF CLAIM</b>		
a) Details of Treatment Expenses	Enter the amount claimed as treatment expenses	In rupees (Do not enter paise values)
b) Claim for Domiciliary Hospitalization	indicate whether claim is for domiciliary hospitalization	Tick Yes or No
c) Details of Lump sum/ Cash benefit claimed	Enter the amount claimed as lump sum / cash benefit	In rupees (Do not enter paise values)
d) Claim documents Submitted-Check List	indicate which supporting documents are submitted	Tick the right option
<b>SECTION F - DETAILS OF BILLS ENCLOSED</b>		
Indicate which bills are enclosed with the amount in rupees		
<b>SECTION G - DETAILS OF PRIMARY INSURED's BANK ACCOUNT</b>		
a) PAN	Enter the permanent account number	As allotted by the Income Tax Department
b) Account Number	Enter the Bank account number	As allotted by the Bank
c) Bank Name and Branch	Enter the Bank name along with the branch	Name of the Bank in full
c) Cheque/ DD payable details	Enter the name of the beneficiary the cheque / DD should be made out to	Name of the individual / organization in full
c) IFSC Code	Enter the IFSC code of the Bank branch	IFSC code of the Bank branch in full
<b>SECTION H - DECLARATION BY THE INSURED</b>		
Read declaration carefully and mention date (in dd:mm:yy format), place (open text) and sign.		



**CLAIM FORM - PART B**  
**TO BE FILLED IN BY THE HOSPITAL**  
**The issue of this Form is not to be taken as an admission of liability**  
**Please include the original preauthorization request form in lieu of PART A**

(To be Filled in block letters)

**DETAILS OF HOSPITAL**

a) Name of the hospital:   
a) Hospital ID:  c) Type of Hospital: Network : ☐ Non Network : ☐ (if non network fill section E)  
c) Name of the treating doctor:   
e) Qualification:  f) Registration No. with State Code:  g) Phone No.

**DETAILS OF THE PATIENT ADMITTED**

a) Name of the Patient:   
b) IP Registration Number:  c) Gender: Male ☐ Female ☐ d) Age: Years  Months  e) Date of birth:   
f) Date of Admission:  g) Time:  h) Date of Discharge:  i) Time:   
j) Type of Admission: Emergency ☐ Planned ☐ Day Care ☐ Maternity ☐ k) If Maternity ☐ i) Date of Delivery:  ii) Gravida Status:   
l) Status at time of discharge: Discharge to home ☐ Discharge to another hospital ☐ Deceased ☐ m) Total claimed amount

**DETAILS OF AILMENT DIAGNOSED (PRIMARY)**

a)	ICD 10 Codes	Description	b)	ICD 10 PCS	Description
i. Primary Diagnosis	<input type="text"/>	<input type="text"/>	i. Procedure 1:	<input type="text"/>	<input type="text"/>
ii. Additional Diagnosis:	<input type="text"/>	<input type="text"/>	ii. Procedure 2:	<input type="text"/>	<input type="text"/>
iii. Co-morbidities:	<input type="text"/>	<input type="text"/>	iii. Procedure 3:	<input type="text"/>	<input type="text"/>
iv. Co-morbidities:	<input type="text"/>	<input type="text"/>	iv. Details of Procedure:	<input type="text"/>	<input type="text"/>

c) Pre-authorization obtained: ☐ Yes ☐ No d) Pre-authorization Number:   
e) If authorization by network hospital not obtained, give reason:   
f) Hospitalization due to injury: ☐ Yes ☐ No I. If Yes, give cause Self-inflicted ☐ Road Traffic Accident ☐ Substance abuse / alcohol consumption ☐  
ii) If injury due to substance abuse / alcohol consumption, Test conducted to establish this: ☐ Yes ☐ No (If Yes, attach reports) iii. If Medico legal: ☐ Yes ☐ No iv. Reported to Police ☐ Yes ☐ No  
v. FIR No.  vi. If not reported to police give reason:

**CLAIM DOCUMENTS SUBMITTED - CHECK LIST**

- |  |  |
|--|--|
| <input type="checkbox"/> Claim Form duly signed                                | <input type="checkbox"/> Investigation reports                                 |
| <input type="checkbox"/> Original Pre-authorization request                    | <input type="checkbox"/> CT/MR/USG/HPE investigation reports                   |
| <input type="checkbox"/> Copy of the Pre-authorization approval letter         | <input type="checkbox"/> Doctor's reference slip for investigation             |
| <input type="checkbox"/> Copy of Photo ID Card of patient Verified by hospital | <input type="checkbox"/> ECG   |
| <input type="checkbox"/> Hospital Discharge summary                            | <input type="checkbox"/> Pharmacy bills  |
| <input type="checkbox"/> Operation Theatre Notes                               | <input type="checkbox"/> MLC reports & Police FIR                              |
| <input type="checkbox"/> Hospital main bill                                    | <input type="checkbox"/> Original death summary from hospital where applicable |
| <input type="checkbox"/> Hospital break-up bill                                | <input type="checkbox"/> Any other, please specify                             |

**ADDITIONAL DETAILS IN CASE OF NON NETWORK HOSPITAL (ONLY FILL IN CASE OF NON-NETWORK HOSPITAL)**

a) Address of the Hospital   
City:  State:   
Pin Code:  b) Phone No.  c) Registration No. with State Code:   
d) Hospital PAN:  e) Number of inpatient beds  f) Facilities available in the hospital i. OT ☐ Yes ☐ No ii. ICU ☐ Yes ☐ No  
iii. Others:

**DECLARATION BY THE HOSPITAL**

(PLEASE READ VERY CAREFULLY)

We hereby declare that the information furnished in this Claim Form is true & correct to the best of our knowledge and belief. If we have made any false or untrue statement, suppression or concealment of any material fact, our right to claim under this claim shall be forfeited.

Date:

Place:

Signature and Seal of the Hospital Authority:

SECTION A

SECTION B

SECTION C

SECTION D

SECTION E

SECTION F

GUIDANCE FOR FILLING CLAIM FORM - PART B (To be filled in by the hospital)		
DATA ELEMENT	DESCRIPTION	FORMAT
<b>SECTION A - DETAILS OF HOSPITAL</b>		
a) Name of the hospital:	Enter the name of hospital	Name of the hospital in full
b) Hospital ID	Enter ID number of hospital	As allocated by the TPA
c) Type of Hospital	Indicate whether in network or non network hospital	Tick the right option
c) Name of treating doctor	Enter the name of the treating doctor	Name of doctor in full
e) Qualification	Enter the qualification of the treating doctor	Abbreviations of educational qualifications
f) Registration No. with State Code	Enter the registration number of the doctor along with the state code	As allocated by the Medical Council of India
g) Phone No.	Enter the phone number of doctor	Include STD code with telephone number
<b>SECTION B - DETAILS OF THE PATIENT ADMITTED</b>		
a) Name of Patient	Enter the name of patient	Name of patient in full
b) IP registration Number	Enter insurance provider registration number	As allotted by the insurance provider
c) Gender	Indicate Gender of the patient	Tick Male or Female
d) Age	Enter age of the patient	Number of years and months
e) Date of Birth	Enter date of birth	Use dd-mm-yy format
f) Date of Admission	Enter date of admission	Use dd-mm-yy format
g) Time	Enter Time of admission	Use hh:mm format
h) Date of Discharge	Enter date of Discharge	Use dd-mm-yy format
i) Time	Enter time of Discharge	Use hh:mm format
j) Type of Admission	Indicate type of admission of patient	Tick the right option
k) If Maternity		
i. Date of Delivery	Enter Date of Delivery if maternity	Use dd-mm-yy format
ii. Gravida Status	Enter Gravida status if maternity	Use standard format
l) Status at time of discharge	Indicate status of patient at time of discharge	Tick the right option
M) Total claimed amount	Indicate the total claimed amount	In rupees (Do not enter paise values)
<b>SECTION C - DETAILS OF AILMENT DIAGNOSED (PRIMARY)</b>		
a) ICD 10 Code		
Primary Diagnosis	Enter the ICD 10 Code and description of the primary diagnosis	Standard Format and Open text
Additional Diagnosis	Enter the ICD 10 Code and description of the additional diagnosis	Standard Format and Open text
Co-morbidities	Enter the ICD 10 Code and description of the Co-morbidities	Standard Format and Open text
b) ICD 10 PCS		
Procedure 1	Enter the ICD 10 Code and description of the first procedure	Standard Format and Open text
Procedure 2	Enter the ICD 10 Code and description of the second procedure	Standard Format and Open text
Procedure 3	Enter the ICD 10 Code and description of the third procedure	Standard Format and Open text
Details of Procedure	Enter the details of the procedure	Open text
c) Pre-authorization obtained	Indicate whether pre-authorization obtained	Tick Yes or No
d) Pre-authorization Number	Enter pre-authorization number	As allotted by TPA
e) If authorization by network hospital not obtained, give reason	Enter reason for not obtaining pre-authorization number	Open text
f) Hospitalization due to injury	Indicate if hospitalization is due to injury	Tick Yes or No
Cause	Indicate cause of injury	Tick the right option
If injury due to substance abuse/alcohol consumption test conducted to establish this	Indicate whether test conducted	Tick Yes or No
Medico Legal	Indicate whether injury is medico legal	Tick Yes or No
Reported to Police	Indicate whether police report was filed	Tick Yes or No
FIR No.	Enter first information report number	As issued by police authorities
If not reported to police, give reason	Enter reason for not reporting to police	Open text
<b>SECTION D - CLAIM DOCUMENTS SUBMITTED-CHECK LIST</b>		
Indicate which supporting documents are submitted		
<b>SECTION E - DETAILS IN CASE OF NON NETWORK HOSPITAL</b>		
a) Address	Enter the full postal address	Include Street, City and Pin Code
b) Phone No.	Enter the phone number of hospital	Include STD code with telephone number
c) Registration No. with State Code	Enter the registration number of the Hospital obtained from local body like City Corporation / Municipality	As allocated by the City Corporation / Municipality
d) Hospital PAN	Enter the permanent account number	As allocated by the Income Tax Department
e) Number of Inpatient beds	Enter the number of inpatient beds	Digits
f) Facilities available in the hospital	Indicate facilities available in the hospital	Tick the right option. If others, please specify
<b>SECTION F - DECLARATION BY THE HOSPITAL</b>		
Read declaration carefully and mention date (in dd:mm:yy format), place (open text) and sign. and stamp		



## 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. <b>Payment Receipt on Letter heads will not be accepted. Receipt on Letter head will not be accepted.</b>	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				
<b>Additional Documents for Accidental And Injury Cases</b>					
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				
<b>Mandatory in Maternity Cases</b>					
18	Gravida Para Living Abortion( GPLA) or Obstratic History				
19	Separate Claim form for Child				
	<b>Total No Of pages</b>				
<b>PLEASE RETAIN COPIES OF ALL THE DOCUMENTS SUBMITTED TO RAKSHA TPA FOR FUTURE REFERENCE WITH PAGE NO.S</b>					
<b>Signature of Insured with Date</b>					