

**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 <b>attested by the PI also</b>	
6	Original / Attested copy of the Final Hospital Bill, should be <b>attested by PI also</b>	
7	Original / Attested copies of the pathological / USG / MRI reports <b>if mentioned in the Discharge Summary</b> , should be <b>attested by the PI also</b>	
8	Original / Attested copies of the Surgical reports/OT Notes <b>in case surgery is performed</b> , should be <b>attested by the PI also</b>	
9	Original / Attested copies of MLC / FIR reports <b>in case of Road Traffic Accident</b> , should be <b>attested by the PI also</b>	
10	Self Declaration explaining cause of Accident / Fall <b>in case of accident other than RTA</b>	
11	<b>In case of any diseases/surgeries undergone</b> , 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 ( <b>latest address, mobile no. and email id</b> ) and NEFT details of PI given	
14	Is <b>NEFT Master &amp; Address Master</b> created / updated	
15	Is Delay Condoned <b>if claim form is submitted beyond 30 days from date of discharge of hospital</b>	

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)**