

# CHECK LIST FOR CLAIM SUBMISSION

Claimant's /Employee Name:..... Employee No:.....

Patient's Name:.....Patient's Genins Card ID No:.....

Claim No. and /or Policy No:.....

Mobile no.: .....E-Mail ID:.....

**Please put the page number in the box provided,**

1) Duly signed Claim Form in original Page No.

2) Copy of the claim intimation Page No.   
(In case of delayed / non-intimation, self declaration for reason for the same)

3) Copy of Photo ID other than Genins (e.g. Election / Aadhar / PAN / Ration Card or Passport) Page No.

4) Copy of Hospital registration Certificate / Duly filled Format for Hospital certificate Page No.   
(Applicable for non-network hospitals)

5) Original Discharge summary /Death Summary / Day care summary as applicable Page No.   
(Gives the summary of diagnosis and course of treatment in hospital)

6) Duly attested (by the hospital) copy of Operation theatre notes wherever applicable Page No.

7) Implant sticker / invoice wherever applicable Page No.   
(In case of self purchase of Implants used in Cataract, Heart surgeries, Abdominal Surgeries, Knee replacement surgeries etc., vendor invoice and payment receipt also required)

8) Police FIR / Medico Legal Certificate (MLC) Page No.   
(Mandatory for accidental / burns / suicidal / poisoning /other injury cases. In case not done, reason for the same given by the hospital on letter head signed and stamped by the hospital authority required)

9) Original Main Hospital bill with bill no. Page No.

10) Original Hospital bill break up Page No.   
(With detailed break up of various heads like Room Rent/OT charges/Nursing etc)

11) Original Hospital Bill Payment Receipt with receipt number Page No.   
(With seal & signature of hospital authority)

12) Original Pharmacy and Investigation cash memos / bills Page No.   
(Along with supportive doctor's prescriptions and Investigation reports & films)

13) Copy of cancelled cheque of claimant /employee Page No.   
(Not applicable if payment is made in favour of corporate)

14) KYC compliance documents if claim is equal or above one lakh of Rupees Page No.   
(This includes latest photograph and Address proof in addition to Photo ID. as above  
Not applicable if payment is made in favour of corporate)

**Total no. of pages**

**Points to Remember:**

- Do not forget to attach this checklist with the claim documents.
- Arrange the documents in the same order as in the checklist. This way you can ensure that you have not missed out any document.
- Please retain copies of all the documents submitted to us for future reference.
- In case of claim submission beyond the stipulated time period please add self declaration detailing reason for the same.
- Doctor's registration number on doctor's letterhead with signature if not included in hospital documents should be taken. This is applicable for non-network hospitals only.

**CLAIMANT'S / EMPLOYEE'S SIGNATURE**