

 **हेल्थ इन्स्योरेंस टीपीए ऑफ इन्डिया लिमिटेड**
HEALTH INSURANCE TPA OF INDIA LTD. **CHECK LIST FOR SUBMISSION OF REIMBURSEMENT CLAIM**

Please attach the checklist with the Claim file.

Arrange the documents in the same order as in the checklist & keep checking against the designated box when you do so. This way you can ensure that you have not missed any documents.

Name : _____ Emp. No. : _____

E-mail ID : _____ Mobile No. : _____

Policy No. : _____ HI TPA ID : _____

Checklist for documents: Please Put a  mark against the box

1. Claim form duly filled & signed by the insured.
2. Copy of your Member Photo ID / Photo ID Proof
3. Copy of your current Policy and also last 4 years Policies (if available).
4. Discharge Summary / Discharge card (Original, Photocopy for pre/post hospitalization claim)
5. Hospital bills and all payment receipts (Original) For all consolidated amounts, the detailed breakup of the billed amount is required from the hospital. Advance payment made if any should be supported by a receipt.
6. For medicines purchased from outside the original bill should be accompanied by a prescriptions from the doctor.
7. All investigation reports.
8. In case of hospitalization due to accident, medico legal certificate (MLC) from hospital.
9. All Previous treatment papers related to ailment including first consultation papers.
10. Cancelled Cheque (with pre-printed name) / Copy of passbook of the proposer for electronic fund transfer type. Complete Account Number duly signed by insured and Bank authority and sealed by the bank (All Fields in the form are mandatory to process). {Not required if already provided}
11. Registration Certificate of the hospital or a certificate from the hospital giving infrastructure details eg Number of Beds, Availability of Doctor's & Nurse's round the clock. Operation theatre etc.
12. Summary of claim made providing details of Bill no. date amount.
13. Copy of claim intimation (if Any).
14. KYC (Photo ID and Address Proof of the Proposer) for claim of 1 lakh and above.
15. Claim intimation should be given within 24hrs of admission, if there is delay more than that kindly provide justification for the same.
16. Claim documents should be submitted within 7 days from discharge/last consultation. if there is delay more than that kindly provide reason for the same.
17. Sticker /Invoice of the Implant/lens used (if applicable)

Important Points to remember

Please retain a duplicate copies of all the documents submitted to us for future reference.

For any assistance with any of the above formats, please contact us at : customerservice@hitpa.co.in or call at :-1800-102-3600 / 1800-180-3600

Please retain a POD copy of the courier for tracking your consignment in case of any etc.

The above list of documents is indicative. In case of any other document requirement as specified by the insurance company our Document recovery Team will contact you on receipt of the claim documents by us. For Implants used in Cataract. Heart Valve Surgeries. CABG, Abdominal Surgeries Knee replacement surgeries, please submit the bill from the vendor for the prosthetic device used along with sticker.