
DECLARATION BY THE PATIENT / REPRESENTATIVE

1. I agree to allow the hospital to submit all original documents pertaining to hospitalization to the Insurer/E-Meditek Insurance TPA Limited after the discharge. I agree to sign on the Final Bill & the Discharge Summary, before my discharge.
2. Payment to hospital is governed by the terms and conditions of the policy. In case the Insurer / E-Meditek Insurance TPA Limited is not liable to settle the hospital bill, I undertake to settle the bill as per the terms and conditions of the policy.
3. All non-medical expenses and expenses not relevant to current hospitalization and the amount over & above the limit authorized by the Insurer/ E-Meditek Insurance TPA Limited not governed by the terms and conditions of the policy will be paid by me.
4. I hereby declare to abide by the terms and conditions of the policy and if at any facts disclosed by me are found to be false or incorrect I forfeit my claim and agree to indemnify the insurer / E-Meditek Insurance TPA Limited
5. I agree and understand that E-Meditek Insurance TPA Limited is in no way warranting the service of the hospital & that the Insurer/ E-Meditek Insurance TPA Limited is no way guaranteeing that the services provided by the hospital will be of a particular quality or standard.
6. I hereby warrant the truth of the forgoing particulars in every respect and I agree that if I have made or shall make any false or untrue statement, Suppression or concealment with respect to the
7. I agree to indemnify the hospital against all expenses incurred on my behalf, which are not reimbursed by the insurer/ E-Meditek Insurance TPA Limited.

a) Patient's / Insured's Name _____

b) Contact number _____ c) Patient's / Insured's Signature _____

HOSPITAL DECLARATION

1. We have no objection to E-Meditek Insurance TPA Limited/Insurance Company official verifying documents pertaining to hospitalization
2. All valid original documents duly countersigned by the insured / patient as per the checklist below will be sent E-Meditek Insurance TPA Limited / Insurance Company within 7 days of the patient's discharge.
3. All non medical expenses, OR expenses not relevant to hospitalization or illness, OR expenses disallowed in the Authorization Letter of the E-Meditek (TPA) Services Limited/ Insurance Co. OR arising out of incorrect information in the pre-authorization form will be collected from the patient.
4. WE AGREE THAT E-Meditek Insurance TPA Limited / INSURANCE COMPANY WILL NOT BE LIABLE TO MAKE THE PAYMENT IN THE EVENT OF ANY DISCREPANCY BETWEEN THE FACTS IN THIS FORM
5. The patient declaration has been signed by the patient or by his represent in our presence.
6. We agree provide clarification for the queries raised regarding this hospitalization and we take the sole responsibility for any delay in offering clarifications.
7. We will abide by the terms and conditions agreed in the MOU.

Hospital Seal

Doctor's Signature

DOCUMENTS TO BE PROVIDED BY THE HOSPITAL IN SUPPORT OF THE CLAIM

1. Detailed Discharge Summary and all Bills from the hospital.
2. Cash Memos from the Hospitals / Chemists supported by proper prescription.
3. Receipts and Pathological Test Reports from Pathologists, Supported by note from the attending Medical Practitioner / Surgeon recommending such pathological Tests.
4. Surgeon's Certificate stating nature of Operation performed and Surgeon's Bill and Receipt.
5. Certificates from attending Medical Practitioner / Surgeon that the patient is fully cured.