

IFFCO-TOKIO GENERAL INSURANCE COMPANY LIMITED

2015/16

MEDICAL CLAIM FORM FOR IN-PATIENT HOSPITALIZATION (IPD) AND OUT-PATIENT HOSPITALIZATION (OPD)

Employee Code

Level

Employee Name

Name of Patient/s

Tick appropriate box

Name	Self	Spouse	Child1	Child2
Age				

Address

(Please tick appropriately)

Castrol India Ltd, BP India Services Pvt. Ltd.

BP Exploration Alpha Ltd. [please tick]

Employee Status

(Please tick appropriately)

Serving Employee Retired Employee

Nature of accident or illness causing expenses claimed.

(This is mandatory, if not mentioned claim will be rejected)

Claim Particulars

Bill No.	Date	Amount	D / H / O / M*
Total Amount			

* Please indicate whether bill relates to Hospitalization (H) or Out-Patient (O) or Domiciliary (D) or Maternity (M)

I declare that the foregoing statements are true to the best of my knowledge and belief that the expenses described above were incurred in the circumstances described in the form.

Details of expenses incurred with respect to:

1. Hospitalization Rs.....
2. Maternity Rs.....
3. Domiciliary/OPD Rs.....

Date: Signature:

Note: The Insurance Company reserves the full right of acceptance and settlement of all claims under this policy. The company shall not be liable to make any payment under this policy in respect of any expenses whatsoever incurred by any Insured Person;. The company is also not liable to make good any difference between the actual expenses incurred by the insured employee and the actual claim settled by the Insurance Company. You are advised to familiarise yourself with the policy in detail before submitting any claims.

Documents Checklist for Re-imbusement Claims

Out Patient Treatment (OPD)

- **Claim Form duly Filled & Signed**
- **Original Bills to be submitted for Consultation/Prescription, Investigations (X-Ray, MRI, USG etc.), Medicines etc.**
- **Copy of Doctor's Prescriptions / Consultation Paper**
- **Copy of investigation reports**
- **Bill Break-up in case of consolidated/whole amount submitted.**

In- Patient Hospitalization (IPD)

- **Claim Form duly Filled & Signed**
- **Original Discharge Summary**
- **Original hospital Final Bill with bill break-up in case of consolidated/whole amount submitted.**
- **Original Hospital paid Receipt with SI #**
- **Original investigation Reports & Bills**
- **Implant sticker in case of cataract, stents etc and other surgeries**
- **MLC (Medical Legal Copy from Hospital)/FIR (First Information Report from police) in case of Accident. These reports should also state whether the patient was under the influence of Alcohol/not**
- **In fracture cases X-ray films are mandatory**
- **Hospital registration copy with mentioned no. of beds**
- **ID proof of patient**
- **Claim should be submitted within 30 days of discharge**