

IFFCO-TOKIO GENERAL INSURANCE COMPANY LIMITED

2017/18

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

Employee Code Level

Employee Name

Name of Patient/s

Tick appropriate box

	Self	Spouse	Child1	Child2

Age

Address Castrol India Ltd, BP India Services Pvt. Ltd.

BP Exploration Alpha Ltd. [please tick]

Employee Status 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 *
Total Amount			

* Please indicate whether bill relates to Domiciliary (D) or Hospitalisation (H)

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 of:

1. Domiciliary Treatment Rs.....

2. Hospitalization Rs.....

3. Maternity 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 familiarize yourself with the policy in detail before submitting any claims.

Documents Checklist

Out Patient Treatment (OPD)

- **Claim Form duly Filled & Signed**
- **Original Bills to be submitted for Consultation / Prescription, Investigations (X-Ray, MRI, USG, etc.)**
- **Copy of Doctor's Prescriptions / Consultation Paper**
- **Copy of Investigation Reports**
- **Bill Break-up in case of consolidated / whole amount submitted.**
- **Bills upto 60 days**

In-Patient Hospitalization (IPD)

- **Claim Form duly Filled & Signed**
- **Original Discharge Summary**
- **Original Hospital Final Bill with Break-up in case of consolidated / whole amount submitted.**
- **Original Hospital paid Receipt with Sr. #**
- **Original Investigation Reports & Bills**
- **Implant sticker in case of cataract, stents 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**