

Reliance General Insurance



Reliance Individual Mediclaim Policy Claim Form

Issuance of this form does not imply acceptance of the liability

(To be filled in BLOCK LETTERS)

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Name of the Insured Perso	n (in i	respe	ect o	f wh	iom	the	clai	m is m	ade)																		
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Pol	licy for coverage details. In case	of insufficient space, please attach an additional sheet.
a.	Hospitalisation	
b.	Day Care Treatment	
c.	Pre Hospitalisation	
d.	Post Hospitalisation	
e.	Ambulance Charges	
f.	_	
g.	Heath checkup Expenses	
who has Policy to I hereby its autho	at any time attended on me. I at the Hospital/Nursing Home on authorise any Hospital/Nursing brised representative, any and all	RTY ADMINISTRATOR to seek medical information from any Hospital/Nursing Home/Medical Practitioner authorize TPA to make payment of the claim admissible as per terms, conditions and limitations of the my behalf for full and final settlement of Hospital/Nursing Home bills. Home, Physician, or other person who has treated attended or examined me, to furnish to the Company, o information with respect to any illness or injury, medical history, consultation, prescriptions or treatment redical records, a photostat copy of this authorisation shall be considered as effective and valid as the
Signature	e of the Insured/Insured Person	
Date:		_
Place:		_

15. Schedule of expenses incurred under the following benefits (to be supported by original bills/receipts, cash memos etc.) Please refer your

Document check list for health:

Documents to be attached while claiming under the following sections:

Hospitalisation/Day Care Treatment

- 1. First prescription of doctor with commencement date of the symptom of disease.
- 2. Treatment papers along with doctors prescriptions.
- 3. Investigation reports (X-ray/Scan/ECG, Laboratory etc).
- 4. Original medical bills and receipt of hospital, doctors, medical shops, diagnostic centre etc supported by doctor's advice.
- 5. Hospital discharge card.
- 6. Copy of FIR (in case of accident).

Domiciliary Hospitalisation

- 1. First prescription of doctor with commencement date of the symptom of disease.
- 2. Treatment papers along with doctors prescriptions.
- 3. Investigation reports (X-ray/Scan/ECG, Laboratory etc).
- 4. Original medical bills and receipt of doctors, medical shops, diagnostic centre etc supported by doctor's advice.
- 5. Copy of FIR (in case of accident).
- 6. Certificate from attending doctor/physician stating the condition of the patient is not permissible for him/her to be removed to hospital/nursing home or documentary proof of lack of accommodation in hospital/nursing home

Atte	nding Medical Practitioner's St	atement								
	answered by attending Medical Pra e filled in case discharge summary d			ation)						
1.	Name of the Insured (in respect of	whom the treatme	nt is given)							
2.	Age									
3.	Address of the Insured		1	1						1
	Plot No./Door No.		Building Nar	neLLL						
	Road/Street/Sector									
	Area									
	Taluka/Village/District/City						Pin Code			
	State						Country			
	Telephone					Mobile				
	E-mail									
4.	Nature of the disease suffered by I	nsured								
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5.	What treatment was given/operat	ions performed, if a	iny?							
6.	When did the first symptom appea	ır? d d m	m y y y y	'						
7.	Whether the present ailment is pre	e-existing or caused	by any pre-existi	ng ailment? I	f Yes, plea:	se specify				
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For a	accident case:									
8.	Are the injuries traceable to any pre	e-existing ailment/	infirmities?							
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9.	Was he/she under the influence of	· intoxicants or drug	s at the time of ac	ccident?						
10	New reading large sage filed?									
10.	Any medico legal case filed?									
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11.	Have you provided medical treatm	ent to the Insured p	revious to this tre	atment? If Y	ES, specify	time since	wnen you r	ave been a	ittending n	nim/ ner?
12.	If you have treated him/her for any	y previous illness or	injury, please give	details						
	Signature of the Medical Practition									
	Date:									
	Name Dr.									
	Regn. No.									
	Address of the Doctor									
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Version 1.3, May 2008