

PARAMOUNT HEALTH SERVICES & INSURANCE TPA PRIVATE LIMITED (IRDA License No. 006)

[formerly known as PARAMOUNT HEALTH SERVICES (TPA) PVT.LTD]

Plot no.A-442, Road No-28,M.I.D.C Industrial Area, Wagale Estate, Ram Nagar, Vitthal Rukmani Mandir,
Code – 400 604

Thane (W), Mumbai, Pin

CLAIM ACKNOWLEDGMENT SHEET

Name of Insurer :		Policy No :	
Insured Name :		Patient Name :	
PHS ID :		Employee No :	
Mobile No :		Phone (STD) :	
Name of Corporate:			
E-Mail ID :		Type of Claim :	Main Hospitalisation / Pre-Post Hospitalisation / OPD Claim / Deficiency Retrieval / Critical Illness / Cash Benefit

CLAIM DOCUMENT CHECK LIST



Sr. No	Description	Document Status	Remarks
1	IRDA Claim Form duly signed by the Insured		
2	Policy Copy		
3	64VB Compliance Certificate		
4	Original Cancelled Cheque copy of Employee/Proposer with the name of the Account Holder Printed on the Cheque Leaf.		
5	Photo Identity & Address Proof of Insured (In case claim amount is 1 lac & above)		
6	Original detailed Discharge Summary / Day care summary from the hospital in case of Day Care Treatment / Death Summary in Case of Death Claim		
	a) Copy of the Legal heir certificate, if the claim is for the death of the principle insured.		
	b) Copy of Post Mortem Report & Death Certificate (In Accidental Death cases)		
7	Original Final Hospital bill with breakup of each Item		
8	Original Payment Receipt of Main Hospital bill (both Deposit / Refund)		
	a) Receipt Of Payments made at the Hospital by Credit Card : Please attach the Xerox Copy of the Credit Card Payment Slip as received from the Vendor		
9	Original copy of Implant Invoice along with Payment Receipts & Implant Labels / Stickers for Stents/Mesh/IOL		
10	Original bills, original Payment Receipts and investigation / Laboratory Reports		
11	Original medicine bills specifying Patient Name and date of purchase along with supporting Prescriptions.		
12	Original copy of First Consultation letter and subsequent Prescriptions.		
13	In case of No / Delay Intimation & Delay in submission of claim, a letter from insured is required stating reason for the same		
14	<u>OTHER DOCUMENTS</u>		
a	Original copy of Obstetric history (Gravida, Para, Living children, Abortions) from treating doctor. (Maternity Claim)		
b	Original Sonography Report in case of Maternity Claim		
c	Original A-Scan Report along with IOL Sticker and Tax paid invoice in case of Cataract Claim		
d	Copy of the First Information Report (FIR) from Police Department / Copy of the Medico-Legal Certificate (MLC) in case of Road Traffic Accident (RTA)		
e	A medical certificate from a doctor not less qualified than MD/MS confirming the diagnosis of critical illness along with the Investigation reports/Other related documents reflecting the critical illness diagnosis. (Critical Illness Cases)		
f	In case of claims where the insured has submitted documents to another insurance co. /TPA, he needs to submit attested Photocopies of all the documents along with detailed claim settlement letter from the TPA and any unpaid bills and receipt for the same in originals.		

Claims Submitted by : Insured / Corporate / Agent / Broker / Insurer / Hopsital

Claim Submitted by:		Mobile No.	
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Date of Claim Submission:	DD/MM/YYYY HH:MM	PHS Executive Name:	
Claim Submitted at:	PHS - (Location) / Help Desk	Signature:	

Important Points to Remember:-

1. Please mark either  or  against respective check box
2. Date of File Received will be considered as next working day for Claim Files picked up at Help Desk
3. Claim Need to be Submitted within 7 Working Days from Date of Discharge from Hospital
4. 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 your claim documents by us
5. Please visit us at www.paramounttpa.com to check Online Claim Status or download Paramount Mobile App
6. Member is advised to keep photocopies of all the papers since Insurer requires all the above documents in original. Documents once submitted will not returned unless approved & agreed by Insurer
7. Corrections in any documents are not allowed