

CHECK LIST FOR CLAIM SUBMISSION

Claimant's/Employee Name:.....Employee No:.....
 Patient's Name:.....Patient's AITL Card ID No:.....
 Policy No. and /or Claim No:.....
 Mobile No.:.....E-Mail ID:.....

Please put the page number in the box provided,

- | | |
|--|---|
| 1. Duly signed Claim Form in original | <input style="width: 100%; height: 20px;" type="text"/> |
| 2. Copy of the claim intimation
(In case of delayed / non-intimation, self declaration for reason for the same) | <input style="width: 100%; height: 20px;" type="text"/> |
| 3. Copy of Photo ID other than AITL (e.g. Election / Aadhar / PAN / Ration Card or Passport) | <input style="width: 100%; height: 20px;" type="text"/> |
| 4. Hospital registration Certificate duly attested/ Duly filled Format for Hospital certificate
(Applicable for non-network hospitals) | <input style="width: 100%; height: 20px;" type="text"/> |
| 5. Original Discharge Summary /Death Summary / Day care Summary as applicable
(Gives the Summary of diagnosis and course of treatment in hospital) | <input style="width: 100%; height: 20px;" type="text"/> |
| 6. Duly attested (by the hospital) copy of Operation theatre notes wherever applicable | <input style="width: 100%; height: 20px;" type="text"/> |
| 7. Implant sticker / invoice wherever applicable (In case of self purchase of Implants used
in Cataract, Heart surgeries, Abdominal Surgeries, Knee replacement surgeries etc.,
vendor invoice and payment receipt also required) | <input style="width: 100%; height: 20px;" type="text"/> |
| 8. Police FIR / Medico Legal Certificate (MLC) (Mandatory for accidental / burns / suicidal /
poisoning /other injury cases. In case not done, reason for the same given by the hospital
on letter head signed and stamped by the hospital authority required) | <input style="width: 100%; height: 20px;" type="text"/> |
| 9. Original Main Hospital bill with bill no, Room no, Date and time of admission and discharge. | <input style="width: 100%; height: 20px;" type="text"/> |
| 10. Original Hospital bill break up (With detailed break up of various heads like Room
Rent/OT charges / Nursing etc) | <input style="width: 100%; height: 20px;" type="text"/> |
| 11. Original Hospital Bill Payment Receipts with receipt number
(With seal & signature of hospital authority) | <input style="width: 100%; height: 20px;" type="text"/> |
| 12. Original Pharmacy and Investigation cash memos / bills (Along with supportive doctor's
Prescriptions and Investigation reports & films) | <input style="width: 100%; height: 20px;" type="text"/> |
| 13. Copy of cancelled cheque of proposer/employee (Not applicable if
payment is made in favour of corporate) | <input style="width: 100%; height: 20px;" type="text"/> |
| 14. KYC compliance documents if claim is of or above one lakh of Rupees (This includes latest
photograph and Address proof in addition to Photo ID as above not applicable if payment is
made in favour of corporate) | <input style="width: 100%; height: 20px;" type="text"/> |

Total no. of pages

Please Remember:

- Do not forget to attach this checklist with the claim documents
- Arrange the documents in the same order as in the checklist. This way you can ensure that you have not missed out any document.
- Please retain copies of all the documents submitted to us for future reference.
- In case of claim submission beyond the stipulated time period please add self declaration detailing reason for the same.
- Doctor's registration number on doctor's letterhead with signature and mobile number if not included in hospital documents should be taken. This is applicable for non-network hospitals only.

CLAIMANT'S / EMPLOYEE'S SIGNATURE