**Check list For Reimbursement claim**

1. Claim form Part A (To be filled by insured )
2. Part B ( To be filled by hospital)
3. Original discharge summary with Dr seal , sign and hospital seal
4. Original discharge bill with breakup bill ( with treated dr seal ,sign & hospital seal )
5. Payment Receipts( Advance receipts, final payment receipts/all bills have cash recieved seal
6. Medicines bills with prescription
7. Lab bills with reports and requisition form
8. Investigation report prior to the admission
9. Bank details of employee ( copy of passbook or cheque leaf. Account no , IFSC code and name should be clear )
10. Copy of Govt ID proof of patient and employee ( if child , id proof of employee with child's birth certificate

**Note :-**  Only while processing the claim will we be able to confirm if there would be any further medical requirement.