



ERICSON INSURANCE TPA PVT. LTD.

11-C, Corporate Park, S. T. Road, Chembur, Mumbai - 400071

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Tel. No: 022-25280280

Fax No: 022-25270200

CLAIM SUBMISSION CHECKLIST

Name of the Insured: - _____ Patient Name:- _____

Name of the company: - _____ Employee ID: - _____

Policy No: - _____ UHID: - _____

Contact Number: - _____ E- Mail ID: - _____

Please put tick mark against the submitted documents:

- **Completely filled Original Claim Form with claimed amount, duly signed by you.** ☐
(In case of cashless claim, hospital need to get the same filled & signed from insured)
- **Original Main Hospital bill with Bill Number & break up of all the charges mentioned in the bill.** ☐
(Break up of Room rent, Nursing, Pharmacy/Medicines, Investigation charges etc.)
- **Original Discharge summary with Hospital seal & signature of the authorized person.** ☐
(Provides details of complaints & treatment given to patient during hospitalisation)
- **Original Death summary.** ☐
(In case of death of Patient during Hospital stay).
- **Original Hospital Payment Receipt with receipt number.** ☐
(With seal & signature of hospital)
- **Original consultation letters with numbered Payment Receipt.** ☐
(For consultation/surgeon charges, follow up charges charged outside the main hospital bill).
- **Hospital registration certificate copy.** ☐
(Mentioning hospital Registration No. , Number of beds & validity).
- **Doctor's registration number with specialisation details.** ☐
(On doctor's letterhead with signature).
- **Original Pharmacy and Investigation bills** ☐
(Along with prescriptions & Lab reports).
- **Original prescriptions** ☐
(On doctor's letterhead mentioning duration and dosage for medicines and advice for diagnostic tests).
- **Investigation reports in original/attested from hospital** ☐
(Reports for all tests done along with images)
- **Police FIR / Medico Legal Certificate (MLC)** ☐
(Mandatory for All Road traffic accidents/poisoning & burns cases-Duly attested by Police with seal)
- **Invoices of the implants or Lenses used for the surgery.** ☐
(Surgeries like cataract, angioplasty, knee replacement etc)

NOTE:-

1. Kindly keep a copy of the submitted documents with you for future references.
2. Do not forget to collect the acknowledgement copy from our executives for the submitted documents.
3. Claim form, Discharge summary/death summary, final bill with receipt, Hospital registration copy, MLC/FIR, Implant invoices, supportive investigation reports are the mandatory documents which needs to be submitted in the relevant claims for faster settlement of claim.
- 4 .Please note that this is just an indicative checklist & not an exhaustive one, the documents requirement may vary as per the insurer's guidelines which will be intimated accordingly.
5. For any assistance please feel free to call our customer care executives on Tel.no. 022-25280280