

## Essential Documents for Filing a Medclaim

### 1. Understand the Policy

- **Check Coverage:** Ensure that the treatment or hospitalization is covered under your policy. Look for exclusions (e.g., pre-existing conditions, specific treatments, waiting periods).
  - **Know the Limits:** Be aware of sub-limits on room rent, specific treatments, or daily hospital charges.
  - **Network Hospitals:** Check whether the hospital is in the insurance company's network for cashless claims.
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### 2. Maintain Proper Documentation

- **Hospital Records:** Collect all medical records, including admission reports, discharge summaries, prescriptions, and test reports.
  - **Original Bills:** Keep all hospital and pharmacy bills with detailed breakups.
  - **Payment Proof:** Save receipts for payments made to the hospital or pharmacy.
  - **ID Proof:** Provide identification documents as required.
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### 3. Inform the Insurer on Time

- **Planned Hospitalization:** Notify the insurer in advance (usually 48-72 hours) for planned treatments.
  - **Emergency Treatment:** Inform the insurer immediately after admission (within 24 hours).
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### 4. Fill Forms Carefully

- **Insurance Claim Form:** Fill out the form completely and accurately. Any discrepancies can delay or reject the claim.
  - **Authorization Letters:** Submit signed consent for medical record access if required.
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### 5. Check the Cashless Process

- **If you're availing cashless treatment:**



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- Get the pre-authorization form from the hospital and submit it to the insurer.
  - Ensure all required fields are filled by the hospital staff correctly.
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#### 6. Keep Copies of All Documents

- Always retain copies of every document submitted to the insurer for your records.
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#### 7. Provide Clear Communication

- Write a clear cover letter explaining the claim, mentioning:
    - Patient's details (name, policy number).
    - Nature of the illness or injury.
    - Dates of hospitalization.
  - Avoid ambiguous or misleading information.
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#### 8. Stay Updated on the Claim Process

- **Track the Status:** Regularly follow up with the insurer or TPA (Third Party Administrator) to check the status of your claim.
  - **Respond Promptly:** If additional documents or clarifications are requested, provide them promptly.
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#### 9. Avoid Fraudulent Claims

- Never submit fake bills, manipulated records, or incorrect information. Insurers thoroughly investigate claims, and fraud can lead to denial and legal consequences.
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#### 10. Seek Help if Needed

- If the claim is delayed or denied unfairly, contact the insurance company's grievance redressal team.
- If unresolved, you can approach the Insurance Ombudsman for further assistance.



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### 1. Policy Documents

- Copy of the **health insurance policy** (or policy number).
- Details of the insured person (policyholder's name, policy number, coverage details).

### 2. Claim Form

- **Duly filled and signed claim form** provided by the insurance company.
- Ensure all sections are filled accurately to avoid delays.

### 3. Hospitalization Records

- **Admission/Discharge Summary:** Details of the reason for hospitalization, treatment provided, and duration of stay.
- **Doctor's Consultation Notes:** Medical history and diagnosis notes from the treating doctor.

### 4. Medical Reports

- Investigation reports (e.g., X-rays, blood tests, MRI, CT scans).
- Pathology and diagnostic reports.
- Prescriptions for tests or treatments.

### 5. Original Bills and Receipts

- **Hospital Bills:** Itemized and stamped hospital bills showing charges for treatment, room rent, medicines, etc.
- **Pharmacy Bills:** Copies of bills for medicines purchased (attach prescriptions).
- **Payment Receipts:** Proof of payments made to the hospital or pharmacy.

### 6. Identity Proof

- Valid photo ID of the patient (e.g., Aadhaar card, PAN card, passport, voter ID).

### 7. Bank Details

- Copy of the patient or policyholder's **canceled cheque** or **bank passbook** for reimbursement claims.

### 8. Employer Documents (if applicable)



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- If the policy is provided by your employer, include a letter or ID proving your employment.

**9. Pre-Authorization Form** (for cashless claims)

- This form is provided by the hospital and submitted to the insurance company or TPA for approval.

**10. Treatment Certificate**

- A letter or certificate from the treating doctor summarizing the treatment details and duration.

**11. Previous Medical Records**

- If the claim is for a pre-existing condition, provide older reports, prescriptions, or records as required.

**12. Other Relevant Documents**

- FIR or police report (for accident-related claims).
- Death certificate (in case of a claim for the insured's demise).



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