CHECK LIST FOR SUBMISSION OF CLAIM

Employee Name: ___________________________________________ Employee No:__________

Name of the company: ____________Group Name (entity)___________________

Location ______

Contact Number: Mobile _____________________Landline ___________________

E- Mail ID:   _________________________________________________________________

The below listed documents must be provided in order to assess your claim for eligibility:

• Submit all the documents along with completely filled in check-list ONLY to United Healthcare India Pvt. Ltd preferably to local Health Benefits Coordinators (UHC Help Desk) directly.

Check list for Documents:

✓ Signed Claim Form. [Please ensure that the claimed amt in filled]
✓ Original Main Hospital bill with Bill Number, paid/received stamp of hospital & signature with individual break up.
✓ Original Paid Receipt (along with paid receipt of advance amount, if any) with receipt number with seal & signature (if main bill do not carry a bill number).
✓ Original Paid Receipt with receipt number for consultation/surgeon charges if charged separately.
✓ Hospital registration number/Number of beds, on hospital letter head with signature.
✓ Doctor’s registration number on doctor letterhead with signature(if required)
✓ Original Comprehensive Discharge summary is mandatory.
✓ Original Death summary along with Death Certificate in case of death is mandatory.

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✓ **Original bills** of pharmacy, investigation & others.
✓ **Prescriptions** on doctor's letterhead mentioning continuation period with doses (for all tests & medicines).

✓ **Individual Printed/Written** investigation reports from hospital are mandatory.
✓ Break-up with details of any pharmacy item, medicines, materials, investigations, etc. charged in the bill (*name with individual amount*)
✓ All Road traffic accident claims would require attested copy of **FIR/Medical Legal Certificate** **ALONG WITH ALCHOLIC HISTORY**

✓ In case of self fall, need a letter mentioning the cause of fall on the doctor’s letter head with signature.
✓ In cases like cataract, valve surgeries, CABG, any abdominal surgeries, knee replacements if any surgical or prosthetic device used need to be submitted with proper sticker & label.

• Kindly retain copies of all the documents submitted to us.

• If there are any documents further required, our document recovery team (DR Team) will contact you via phone call/e-mail at the above provided contact details.

• If the claim is pending for documents like 'Discharge Summary, Hospital Registration Number, Signed Claim Form, you can write to our mcustomerservice@uhcindia.com or call at 1800 22 4646 (from BSNL/MTNL) requesting for the format.

If you need any further clarification please feel free to contact our local Health Benefits coordinators(UHC Help Desk) at Microsoft.