

HEALTH CLAIM MANDATORY DOCUMENTS CHECKLIST FOR HOSPITALIZATION CLAIMS		
Sr No	Name of Documents	Check
1	Duly filled and signed Bajaj Allianz Health Insurance Claim Form	<input type="checkbox"/>
2	Original Discharge Summary stating the date of admission, date of discharge, presenting complaints with duration ,clinical condition, detailed line of treatment, final diagnosis and past medical and surgical history with duration.	<input type="checkbox"/>
3	Original final bill stating the detailed expense like-OT charges, Doctor's Consultation/Visit Charges, OT Consumables, Medicines, Room Rent, etc.	<input type="checkbox"/>
4	Original Paid Receipt with revenue stamp, hospital seal and signature towards the final hospital bill.	<input type="checkbox"/>
5	All Laboratory and Diagnostic Test Reports. E.g. X-Ray, E.C.G, USG, MRI Scan, Haemogram etc.	<input type="checkbox"/>
6	Completely filled NEFT Details stating Branch MICR Code, IFSC Code Complete Account Number with type of account along with Preprinted canceled cheque/First page of passbook or bank statement If beneficiary is corporate, NEFT details of employee/nominee are not required.	<input type="checkbox"/>
7	For Retail claim:- In case claim amount is INR 1 lac and above then KYC (Know your customer) form will require with photo dully completed filled and signed by nominee along with AML documents: Pan card/passport/Voter identity card (For identity proof), Bank account statement/electricity bill/Telephone bill (For the residential proof).	<input type="checkbox"/>

Note- Additionally claims team might ask the following documents on case to case basis to decide the admissibility of claim

8	In case of Surgeries where Implant and Stent has been used copy of invoice /stickers/Barcode of Implant used will have to be enclosed.	<input type="checkbox"/>
9	First Consultation letter from the Doctor	<input type="checkbox"/>
10	Require First Information Report and Medico Legal Certificate copy in case of accident.	<input type="checkbox"/>
11	In case of Death if Nominee is not defined on the policy copy then we will require the below documents	<input type="checkbox"/>
	a) Legal heir certificate containing affidavit and indemnity bond (As per attached format).The same should be duly signed by all legal heirs, notarized.	<input type="checkbox"/>
	b) Completely filled NEFT form stating Branch MICR Code, Branch IFSC Code, Account type, Complete Account Number duly signed by Nominee with original cancel cheque (Name & Account number pre-printed) if pre-printed cheque is not available Kindly provide 1st Page of Bank Pass Book/ Bank statement Attested by the Bank which clearly indicates Beneficiary Name & Complete Account no as well IFSC code.(All Fields in the form are mandatory to process).	<input type="checkbox"/>
12	If Nominee is minor then we will require Decree Certificate from Court stating the guardian of the insured	<input type="checkbox"/>

Health Administration Team reserves right to raise deficiencies for any other document depending upon case to case basis to ascertain admissibility of claim.