

Categorized Document Format Titles for Medical Reimbursement

1. Personal Information

Patient Name

Full legal name of the insured individual.

Employee Code/ID

Unique identifier for the employee (if applicable).

Contact Details

Phone number and email address.

2. Policy & Hospitalization Details

Policy Number

Issued by the insurance provider.

Hospital Name and Address

Details of the treating hospital/healthcare facility.

Admission & Discharge Dates

Duration of hospitalization.

Diagnosis / Nature of Treatment

Summary of medical reason and treatment provided.

3. Claim Documents

Medical Bills and Receipts

Original itemized bills and payment receipts.

Discharge Summary

Official discharge or summary report from hospital.

Doctor's Prescription

All prescriptions during and after hospitalization.

Investigation Reports

Lab test/X-ray/Scan reports if any.

Pharmacy Bills

Receipts for medicines and related materials.

4. Supporting Information

ID Proof

Copy of government-issued identification.

Cancelled Cheque / Bank Passbook

Bank details for reimbursement transfer.

Employer Certificate (if applicable)

Employers' letterhead certifying employment and claim eligibility.

5. Declaration & Authorization

Claim Form

Duly filled and signed insurance claim form.

Declaration by Patient/Guardian

Consent and declaration as per insurance norms.

Important Notes:

- All submitted documents must be clear, legible, and original (wherever required).
- Ensure personal details match policy records for smooth processing.
- Retain copies of all documents for personal records.
- Incomplete submissions may result in delays or rejection of the reimbursement claim.
- Review your insurance provider's checklist for any additional requirements.