

# Checklist Titles for Medical Reimbursement Application Forms

1. Personal Information Section
2. Employee/Policy Holder Details
3. Patient Details
4. Hospital/Clinic Details
5. Treatment Authorization / Referral Letter (if applicable)
6. Detailed Medical Bills/Invoices
7. Original Payment Receipts
8. Doctor's Prescription and Advice
9. Medical Reports and Test Results
10. Discharge Summary (for hospitalization)
11. Claim Form Duly Filled and Signed
12. Copy of Insurance Card/Policy Document
13. Bank Account Details (Cancelled Cheque/Bank Passbook Copy)
14. ID Proof of Patient and Applicant
15. Other Supporting Documents (if required)

## Important Notes

- Ensure all documents are original or self-attested copies as required.
- Incomplete applications may lead to processing delays or rejection.
- Cross-verify all forms and receipts for accuracy before submission.
- Maintain copies of all submitted documents for personal records.
- Check your insurance provider's guidelines for any additional requirements.