

Organized Title List for Medical Reimbursement Documentation

1. Claimant and Patient Information

- Claimant Name
- Patient Name (if different)
- Employee ID or Membership No.
- Contact Details (Phone, Email)
- Relationship to Employee

2. Hospital and Treatment Details

- Hospital/Clinic Name and Address
- Attending Physician Name
- Type of Treatment (Inpatient/Outpatient/Dental, etc.)
- Admission and Discharge Dates
- Nature of Illness/Disease

3. Billing and Receipts

- Original Hospital Bill(s) / Invoice(s)
- Detailed Itemized Statement
- Receipt(s) for Payment
- Pharmacy/Medicine Bills and Prescriptions
- Laboratory / Diagnostic Test Reports and Bills

4. Insurance and Supporting Documents

- Insurance Policy/TPA Card Copy (if applicable)
- Approvals/Authorizations (if required)
- Discharge Summary/Medical Report
- Doctor's Prescription/Recommendation
- Previous Claim Details (for ongoing treatments)

5. Bank and Payment Details

- Bank Account Details (for claim settlement)
- Cancelled Cheque/Bank Passbook Copy
- Declaration/Undertaking Form (if needed)

Important Notes:

- Ensure all documents are original and readable; photocopies may not be accepted.
- Submit hospital bills and receipts with proper stamps and signatures.
- Check that all claim forms are completely filled and signed by both doctor and claimant.
- Attach prescriptions with corresponding pharmacy bills for medicine claims.
- Non-submission of mandatory documents may delay or result in rejection of the claim.