

RAKSHA Health Insurance TPA PRIVATE LIMITED ACKNOWLEDGEMENT COPY

Stellar Sphinx,4th Floor,Above Himalaya Book World,Road No.I,
Banjarahills,Panjagutta,Hyderabad-500034, Ph No-040-66680191/66680192

Member ID/Claim No :

Patient Name:

List of documents

- I. Filled Claim Form Duly Signed
2. Hospital Registration Number with IP Bed Capacity :
3. Original Discharge Summary With Sealed & Signature :
4. Original Final Bill with Sealed & Signature :
5. Pre Number cash paid receipt for Final bill :
6. Detailed Break up for the Final bill :
(Incl Pharmacy. OT Consumables, Investigation Etc)
7. All Original Investigation Reports ^ :
8. Bank Details of insured for NEFT Transfer :
9. MLC / FIR copy in case of Individual :
10. fOL sticker for Cataract claim :
- II. Gravida Status Certified By Treating Doctor For Maternity Claim
12. policy copy in case of Individual :
13. Address Proof & Photo Proof ID Proof Of Insured If Claim
Amount Is Above 1 lakh :

Amount Claimed :

Date :

Stamp: