

## CLAIM SUBMISSION CHECK LIST

**Name Of Hospital:**

**Name Of Patient:**

**Date Of Admission:**

**Date Of Discharge:**

Sr.No.	DOCUMENTS.	Yes/No
1	Claim submission check list(All the documents should be completely filled or else the claim file will not be submitted forward for payment)	
2	Copy Of Approval Letter	
3	Copy of Initial Intimation Letter	
4	Copy Of Unit Officer Member Verification Letter	
5	MPKAY ID CARD	
6	Police ID CARD	
7	NOC From District Unit Where Hospital Is Situated	
8	Enhancement Certificate from Unit (In Case Of Exceeding Bills & Stay.)	
9	Application for Reimbursement	
10	Annexure -I	
11	Family Declaration	
12	Dependency Certificate	
13	Family Planning Certificate Wherever Necessary.	
14	Certificate For Unemployment Of Wife	
15	Emergency Certificate.	
16	Stay Certificate.	
17	Form C.	
18	Form D.	
19	Discharge Card.In Case Of Death Death Certificate(form no 4 copy)& Death Summary Compulsory .OT Notes With Date Of Operation.	
20	Original Pharmacy Prescription & Bills Signed & Stamped By Employee & Doctor.	
21	Consolidated Pharmacy List	
22	Original Hospital Consolidated Bill With Bill break-up	
23	Original Investigation Reports With Investigation Bill Break up With Stamp & Sign Of Hospital.	
24	Copy Of MLC/FIR Report(In Case Of RTA)/Injury Certificate(In Case Of Fall) With Stamp & Sign Of Sr Police Inspector.	
25	Indoor Case Papers	
26	All The Above Documents Should Be Signed & Stamped By Hospital Authority Except Member Verification Letter & Member Forms.	