



Health Claim Check List |



Future Generali Health

## Check List for Hospitalization Claims

1. **Claim Form duly signed by the claimant or family member.**
2. **Xerox of Health ID Card of claimant.**
3. **First Prescription / Consultation Letter from your Doctor.**
4. **Original Hospital Discharge Card.**
5. **Original Hospital Bill giving detailed break up of all expense heads mentioned in the bill.**  
*[ E.g. if Rs.1,000/- has been charged towards medicines in the bill, please ensure that the names of the medicines, the unit price and the quantity used are mentioned. Similarly e.g. If Rs.2,000/- has been charged towards Laboratory Investigations, please ensure that the names of the investigations, the number of times each investigation has been performed and the rate is mentioned.*  
*In this way, clear break ups have to be mentioned for OT Charges, Doctor's Consultation and Visit Charges, Operation Theatre Charges Consumables, Transfusions, Room Rent, etc.]*
6. **Original Money Receipt duly signed with a Revenue Stamp.**
7. **All Original Laboratory & Diagnostic Test Reports. E.g. X-Ray, E.C.G, Ultrasound, MRI Scan, Haemogram etc. (Please note that you do not have to enclose the films or plates, a printed report for each investigation is sufficient).**
8. **If you have purchased medicines in cash and if this has not been reflected in the hospital bill please enclose a prescription from the doctor and the supporting medicine bill from the Chemist.**
9. **If you have paid cash for Diagnostic or Radiology tests and it has not been reflected in the hospital bill, please enclose a prescription from the doctor advising the tests, the actual test reports and the bill from the diagnostic centre for the tests.**
10. **In case of a Cataract Operation, Please enclose the IOL Sticker.**
11. **For Accident Cases Only - A declaration statement by the claimant or his/her family member explaining how the accident occurred. (The First Information Report - FIR Copy and Medico Legal Certificate - MLC if available should also be attached).**
12. **In case you would like to have your claim amount credited directly to your bank account, please enclose the National Electronic Fund Transfer (NEFT) form duly filled up and certified by your bank.**

## Check List for Pre & Post Hospitalization Claims

1. You are entitled to claim for relevant Pre & Post hospitalisation expenses if the same is included in your policy.
2. Pre & post hospitalization expenses are payable only if the main hospitalisation claim is payable under the policy and must be related to the ailment for which hospitalisation was taken.

### For Pre & Post Hospitalisation expenses, please provide the following documents:

1. **Medicines:** Please provide the doctor's prescription advising medicines and the relevant chemist bill.
2. **Doctor's Consultation Charges:** Please provide the Doctor's prescription and the doctor's bill and receipt.
3. **Diagnostic Tests:** Please provide the Doctor's prescription advising tests, the actual test reports and the bill and receipt from the diagnostic centre.

### PLEASE ENSURE THAT:

1. ONLY ORIGINAL DOCUMENTS ARE ENCLOSED, DUPLICATES OR PHOTOCOPIES WILL NOT BE ENTERTAINED.
2. CLAIM DOCUMENTS MUST BE PUT IN AN ENVELOPE AND SUPERSCRIBED "HEALTH INSURANCE CLAIM – CARD NO. \_\_\_\_\_" (*Claimant ID Card Number*)

### Please send all documents to the following address:

<b>Till 31-Dec-2011</b> Health Claims Department Future Generali Health 2nd Floor, Kant Helix, Bhoir Colony, Opp. Tata Motors, Chinchwad Pune - 411 033.	<b>From 1<sup>st</sup> Jan 2012 onwards</b> Health Claims Department Future Generali Health G-O SQUARE, Building "A", Office Number -3, 3 <sup>rd</sup> Floor, Sr. No. 249+250, Aundh –Hinjewadi link road, near mankar chowk, Wakad Pune - 411 057
--	---

### You can also intimate your claim at:

**Toll Free Phone:** 1800 103 8889 | **Toll Free Fax:** 1800 103 9998 | **E mail:** fgh@futuregenerali.in