

CORPORATE NAME :- IIT ISM DHANBAD	Insurance Company : SBI General Insurance Co. Ltd.
	Service by: MEDI ASSIST INSURANCE TPA PVT. LTD.
<u>Domiciliary Claim Form</u>	

➤ **Details of the Insured:** *Please Note: Below mentioned columns are mandatory:

*Employee's Name:	*Employee Code:	*Patient MAID No:
*Patient's Name in full:	*Complete Residential Address & Contact No.:	
*Emergency Contact No.:		*E-Mail ID :

➤ **Details of the Treatment Expenses :**

<u>Name/ Nature of Ailment:</u>		
1. Family Doctors Fees:	No. of Bills/documents	Total Amount
(a) Doctor/Consultants/Specialist's Fees (Consultation Notes Mandatory)		
(b) Medicine given by Doctor (Original Prescription Mandatory)		
(c) Medicines brought from Chemists (Prescription Mandatory)		
2. Investigation Charges:		
(a) Blood Test – (Original Reports Mandatory)		
(b) X-Ray – (Original Reports Mandatory)		
(c) Others – (Original Reports Mandatory)		
Grand Total (1+2)		

➤ **Details of the Insured's Bank Account (Mandatory details for claim processing)**

Name of the Account Holder	
Bank Account Number	
Bank Name	
Bank Branch address	
IFSC Code	

***Please attach cancelled cheque, Copy of Adhar along with the claim form for ready reference.**

Signature of Claimant :	Date :
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Important Notes/Guidelines to be strictly followed :

1. Name/Nature of illness has to be mentioned in the claim form along with prescription and doctor's consultation notes or claim will be rejected.
2. All doctors' consultation Bills/Chemists Bills/Investigation Bills have to be submitted in original.
3. Please use separate claim form for each member i.e. self and spouse.