



Claim Reimbursement-Non PPN

- Claim Processing for non panel hospital

USE A CLAIM FORM FOR EACH SEPARATE CLAIM OR COURSE OF TREATMENT.

– **PART A - TO BE COMPLETED BY CLAIMANT/PATIENT**

– **PART B- TO BE COMPLETED BY TREATING DOCTOR**

– **DIAGNOSTIC , INVESTIGATION REPORTS, MEDICAL REPORTS (copies)**

– **PRESCRIPTIONS REPORTS (copies)**

– **Original Payment Receipts**

– **Original Hospital bills with Breakup**

– **HOSPITAL DISCHARGE REPORT/ SUMMARY/ DISCHARGE SLIPS(copies)**

– **In case of maternity case - Birth Certificate (UC copy)**

– **Photocopies are not acceptable for payment, submit original where required, claim turn around time is 15 working days for normal cases(in case of any doubt case may be referred for investigation and time limit cannot be defined), incomplete forms are not processed for payments.**