MEDI+CLAIM FORM

- 1) Pancard Clubs Ltd. offers the Medi+claim benefits to its applicant (Free of Cost) as a matter of promotional activities; the Company does not charge any premium to its Applicants till the Room Night period gets over.
- 2) The Onus of sanctioning/rejecting the Medi+claim totally depends on the Insurance Company. The Pancard Clubs Ltd. does not have any right to sanction /reject claims.
- 3) Files pertaining to Black List Hospitals (Anne "A") will be rejected by Insurance Company. (Refer Anne "A" for Black Listed Hospital).
- 4). Few Operations and diseases are Payable only after 2 and 4 years from the date of Insurance Commencement Date. (Refer for Medi+claim Guideline 2012)
- 5) Certain Operations / Diseases Fixed Amount is Payable as per Room Night Policy. (Refer for Medi+claim Guideline 2012)

Name of Insurance Co:	Policy No.:
	Applicant Information
Name of Applicant :	Folio No. :
Address :	Mobile No. :
Scheme Name :	DetectMonth and Co
	Date of Membership: Date of Expiry
	Age :
8.7	ncard Certificates, Kindly fill details :
	Detect Free to
Commencement Date	Date of Expiry :
	1st Consultation Details
Family Doctor Name :	
Name of Sickness / Disease / Injury :	
Date of First Consultation :	
Name, Address, Telephone No. of Do	etor Consulted :
Suggested Repots : X-ray report Y	es () No () / Blood Test Reports Yes () No ()
y ±	Details Of Hospitalization
Name of Hospital :	
Date of Admission :	Date of Discharge :
Hospital Address :	
Doctors Name	
Qualification of the Doctor :	
Suggested Reports :	

Place of Accident : Date of Accident :				_
Police Station	Name :	FIR / MLC NO :		
Are You makir	ng any other Insurance claim as a result of this I	Hospitalization/Surgery? Yes () No ()		
Name of Insura	ince Company :	,		
*	Claim Bill	Summary		
Date	Bill Particulars	Bill No.	Amount	
1				
4				
		Total		
8 9 9				
	the following original documents (Please Tic opy – Pancard Membership Certificate.	k)	,	1
	A" Form Signed by Hospital Doctor.		()
	Form Duly filled & Signed by Member with Total An	nount.	()
	nmary (Bill Details with Total Amount)		()
	Il Discharge Card / Discharge Summary.		()
The state of the s	ıl Main Hospital Bill with Break-Up. ıl Hospital Advance Paid Receipts if any.		()
	inal Doctor Prescription Papers.		()
9 Original Payment Receipts / Bills paid for Diagnostic / X-ray's test / Pathological Bills etc.				
1	Il Pharmacy Bills.		()
 11 Xerox Indoor Case Paper with Hospital Rubber Stamp and Sign on all pages. 12 First Consultancy Letter to the duration of present ailment. 				
13 FIR/Medico Legal Certificate (In case of Accident)				
	of Cataract Surgery IOL (INTRACULER LENSE) Sticker is Compulsory.	()
	Il Investigation Reports :			
	od Test Reports/Pathology Reports (Original) ay Test Reports with Films (Original)/Plates (Orig	() B) ECG Reports (Original)inal) () D) MRI Scan Report/Film (Original)	()
	ography Reports (Original)	()	()
1000				
egoing statement in every mpany may require in re	hereby, to the best of my/our knowledge and belief, warrant the truth of the respect, and I/We agree that if I/We have made, or in any further declaration the spect of the said claim. shall make any false or fraudulent statement, or any the Policy shall be void and all rights to recoverthere under in respect of past or d. The behalf of the patient: (1) Any Employer, Medical Practitioner, Hospital, Clinic, Government Institution, or Other Organisation, Institution or Person, that has any	laboratories to perform the necessary medical assessment and tests to evalual patient in relation to this claim. This authorisation shall bind the patient's sunothwithstanding death or incapacity. A photocopy or facsimile copy of this authority the original. Conditions: 1) Medi+claim coverage will start after thirty days from the Medi+claim Commencer Certificate. 2) If Applicant is admitted in the Hospital Anne "A" the Medi+claim file will be a considered and the considered and th	ccessors and rema prization shall be as nencement Date pr	ains a valid
urance Company, Bank,	and the state of t	Company.		
thorisation: EREBY AUTHORISE or urance Company, Bank, or ords or knowledge of the	e patient and/or who has attended or may hereafter attend the patient to disclose e Company; (2) Insurance Company or any of its appointed medical examiners or	Medi+claim file should be submitted in nearest Pancard Office within 30 days	from the Date of Dis	scharg