

## 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 : \_\_\_\_\_ Date of Membership: \_\_\_\_\_

Commencement Date : \_\_\_\_\_ Date of Expiry : \_\_\_\_\_

Branch : \_\_\_\_\_ Age : \_\_\_\_\_

***If applicant having more than one Pancard Certificates, Kindly fill details :***

Scheme Name : \_\_\_\_\_

Folio No. : \_\_\_\_\_

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 Doctor Consulted : \_\_\_\_\_

\_\_\_\_\_

Suggested Repots : X-ray report Yes ( ) No ( ) / Blood Test Reports Yes ( ) No ( )

### Details Of Hospitalization

Name of Hospital : \_\_\_\_\_

Date of Admission : \_\_\_\_\_ Date of Discharge : \_\_\_\_\_

Hospital Address : \_\_\_\_\_

Doctors Name : \_\_\_\_\_

Qualification of the Doctor : \_\_\_\_\_

Suggested Reports : \_\_\_\_\_

**Signature of Claimant**