

## **REQUIREMENTS WITH CLAIMS FOR INDOOR TREATMENT**

### **Original First Set**

- 1) RME form
- 2) Application from the employee with details of incidence occurred
- 3) Photocopy of Intimation (Fax, Email, letter etc)
- 4) Original Reference note issued by P T Hospital, if referred by P.T.Hospital
- 5) Original Discharge Card or Summary /Transfer Certificate/ Dearth Certificate
- 6) Original Medical Certificate , if available
- 7) Original Hospital Bills detail & date wise
- 8) Original Investigation Bills
- 9) Original Medicine Bills (Cash mema)
- 10) Original Stent cover/ Sticker (in case of Angioplasty)
- 11) Photocopies of MAR Card and PPO book (For Retired employees)
- 12) Original Service Particulars and photocopies of I-Card and Family Card (For Existing employees)

### **Second Set**

- 1) RME form
- 2) Photocopy of application from the employee with details of incidence occurred
- 3) Photocopy of Intimation (Fax, Email, letter etc)
- 4) Photocopy of Reference note issued by P T Hospital, if referred by P.T.Hospital
- 5) Photocopy of Discharge Card or Summary /Transfer Certificate/ Dearth Certificate
- 6) Photocopy of Medical Certificate, if available
- 7) Photocopies of Hospital notes (Indoor Case paper)
- 8) Photocopies of Hospital Bills detail & date wise
- 9) Photocopies of Investigation Bills detail & date wise
- 10) Photocopies of Medicine Bills detail & date wise
- 11) Original prescriptions
- 12) Original investigation reports
- 13) Photocopy of stent cover/ Sticker (in case of angioplasty)
- 14) Photocopies of MAR Card and PPO book (For Retired employees)
- 15) Photocopies of Service Particulars, I-Card and Family Card ( For Existing employees)