

Document Check List for Authorisation / Claim Submission

Sr. No.	Pre-Authorization Request Document Type (At The Time Of Admission)	✓/x
a.	Duly filled Cashless authorization form along with sign of insured & treating doctor and hospital seal.	
b.	Insured's Photo ID Proof.	
c.	Current year policy copy of the insured.	
d.	Age Proof.	
e.	First prescription of doctor with commencement date of the symptom of disease.	
f.	Copy of investigation reports supporting diagnosis (If any).	
g.	Discharge Summary: At the Time of Discharge along with final bill irrespective of approval amount.	

Sr. No.	Hospitalisation/ Day Care Treatment Document Type (at the time of claim submission):	✓/x
a.	Cashless authorisation request form along with authorisation letter.	
b.	Treatment papers along with doctor's prescription.	
c.	Original Hospital Bills (For Attending Doctors/ Consultants/ Specialists/ Anesthetists- Bill Receipt & certificate regarding diagnosis).	
d.	Surgeon's Bill/ Receipt & Certificate – Stating nature of operation performed.	
e.	Discharge Card – Original or Attested with Date & Time of admission as well as discharge mentioned in it.	
f.	In Case of Death – Detailed death summary from hospital.	
g.	Stickers & Invoices for the stents, implants, catheters, lens, etc.	
h.	Pharmacy Bills (in case medicines purchased from outside, bills in original supported by the prescription of attending Medical Practitioner/ Surgeon with Hospital seal)	
i.	Laboratory Bills with Original Investigation reports (X-Ray/ Scan/ ECG/ Laboratory etc).	
j.	In Case of Accident – Copy of MLC report from hospital or FIR of local police station or Detailed Police Information note	
k.	For Claims above 1lac – Attested copy of indoor case papers & Claim Form signed by the claimant/ patient.	
l.	SIGNATURE & THUMB IMPRESSION OF THE PATIENT – Authorisation letter & final bill must be signed by the patient/ claimant prior to discharge from the hospital.	

Sr. No.	Critical Illness Claims Document Type	✓/x
a.	Original Specialist Doctor's certificate confirming the diagnosis and when the symptoms first occurred.	
b.	Original Hospital Admission & Discharge Card.	
c.	Relevant Original Investigation reports (Radiology, Pathology etc.) confirming the diagnosis.	
d.	Claim form completed & duly signed by the claimant.	

Sr. No.	Domiciliary Hospitalisation Document Type	✓/x
a.	Certificate from attending Doctor / Physician stating: 1. Condition of the patient is such that he/she cannot be removed to Hospital/Nursing Home. 2. Documentary proof of lack of accommodation in hospital/nursing home.	
b.	Original Bills – Pharmacy/ investigations/ Doctor's Visit Receipt.	
c.	In case of Accident – Copy of FIR.	
d.	Treatment papers along with Doctors prescription mentioning the commencement date of the symptoms of the disease.	

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Insurance is a subject matter of solicitation. IRDA of India Registration No. 103.

R Care Health: Reliance General Insurance, No.1-89/3/B/40 to 42/ks/301, 3rd floor, Krishe Block, Krishe Sapphire, Madhapur, Hyderabad 500081.

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