



## HEALTH CLAIM CHECK LIST



# HOSPITALIZATION CLAIM

**[ Reimbursement claim must be intimated to FGH Call Center within 48 hours of Admission and claim documents must be submitted within 30 days from the date of discharge from hospital. ]**

- 1. Claim Form duly signed by the claimant or family member.**
- 2. Xerox of Health ID Card of claimant.**
- 3. First Prescription / Consultation Letter from your Doctor.**
- 4. Original Hospital Discharge Card.**
- 5. Original Hospital Bill giving detailed break up of all expense heads mentioned in the bill.**

*[ E.g. if Rs.1,000/- has been charged towards medicines in the bill, please ensure that the names of the medicines, the unit price and the quantity used are mentioned. Similarly If Rs.2,000/- has been charged towards Laboratory Investigations, please ensure that the names of the investigations, the number of times each investigation has been performed and the rate is mentioned].*

In this way, clear break ups have to be mentioned for OT Charges, Doctor's Consultation and Visit Charges, Operation Theatre Charges Consumables, Transfusions, Room Rent, etc.]

- 6. Original Money Receipt duly signed with a Revenue Stamp.**
- 7. All Original Laboratory & Diagnostic Test Reports. E.g. X-Ray, E.C.G, Ultrasound, MRI Scan, Haemogram etc. (Please note that you do not have to enclose the films or plates, a printed report for each investigation is sufficient).**
- 8. If you have purchased medicines in cash and if this has not been reflected in the hospital bill please enclose a prescription from the doctor and the supporting medicine bill from the Chemist.**
- 9. If you have paid cash for Diagnostic or Radiology tests and it has not been reflected in the Hospital bill, please enclose a prescription from the doctor advising the tests, the actual test reports and the bill from the diagnostic centre for the tests.**
- 10. In case of a Cataract Operation, Please enclose the IOL Sticker.**
- 11. For Accident Cases Only - A declaration statement by the claimant or his/her family member explaining how the accident occurred. (The First Information Report - FIR Copy and Medico Legal Certificate - MLC if available should also be attached).**

# PRE / POST HOSPITALIZATION CLAIM

[ Post hospitalization documents should be submitted within 30 days of the last date of post Hospitalization period.]

1. You are entitled to claim for relevant Pre & Post hospitalisation expenses if the same is included in your policy.
2. Pre & post hospitalization expenses are payable only if the main hospitalisation claim is payable under the policy and must be related to the ailment for which hospitalisation was taken.

**For Pre & Post Hospitalisation expenses, please provide the following documents:**

1. **Medicines:** Please provide the doctor's prescription advising medicines and the relevant chemist bill.
2. **Doctor's Consultation Charges:** Please provide the Doctor's prescription and the doctor's bill and receipt.
3. **Diagnostic Tests:** Please provide the Doctor's prescription advising tests, the actual test reports and the bill and receipt from the diagnostic centre.

## PLEASE ENSURE THAT:

1. ONLY ORIGINAL DOCUMENTS ARE ENCLOSED, DUPLICATES OR PHOTOCOPIES WILL NOT BE ENTERTAINED.
2. CLAIM DOCUMENTS MUST BE PUT IN AN ENVELOPE AND SUPERSCRIBED "HEALTH INSURANCE CLAIM – CARD NO. \_\_\_\_\_" (Claimant ID Card Number)

Please send all documents to the following address:

**Health Claims Department  
Future Generali Health  
Office Number -3, 3<sup>rd</sup> Floor, Building "A",  
G-O SQUARE, Sr. No. 249+250, Aundh –Hinjewadi, Near Mankar Chowk, Wakad  
Pune -411 057 [Maharashtra]**

**You can intimate your claim at below mentioned numbers or e mail id.**

Need further assistance, please feel free to contact our Toll Free Health Help Line

 Call Us	1800 209 1016 / 1800 103 8889	 Fax Us	1800 209 1017 / 1800 103 9998	 Email Us	fg@ futuregenerali.in
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