CLAIM FORM

Park Mediclaim TPA Pvt. Ltd.
702, Vikrant Tower, Rajendra Place, New Delhi – 110008
Tel. No. 43191000-30, Fax. 41539390, 43191003-04 Email: park@parkmediclaim.co.in

Name of the Insurance Company: _____ Policy No.: _____

Park Mediclaim Card no.:_____

Name of the Insured:_____ Name of the Claimant _____

Address: _____

Contact No:_____ E-mail _____

Name of the patient: _____Relation with Claimant_____ Age: _____Sex: M / F

Bank A/C No.(Compulsory) _____ Bank Name _____

Bank Branch _____ Bank Address _____ City _____

State _____ Pin Code _____ IFC Code _____

Date of injury sustained or Disease first detected: Diagnosis :

Hospital Name and address: _____Regd. No. : _____ No. of Beds _____

Name and Address of attending Doctor: _____ Regd. No. _____

Admitted on: Date _____ Time _____ Discharged on: Date _____ Time _____

IPD No. / File No._____ Room No _____ Type of Room _____

Total Amount Claimed: Rs._____

Whether Cashless Facility / claim availed earlier, if yes please provide details:_____

Previous coverage details, if any:_____

I HAVE 'NO OBJECTION' IN PARK MEDICLAIM TPA PVT LTD. OBTAINING DETAILS OF MY TREATMENT / COLLECTING DOCUMENTS AND / OR VERIFYING HOSPITAL RECORDS. (THIS MAY BE TREATED AS MY CONSENT FOR VERIFICATION OF HOSPITAL RECORDS CONCERNING MY ADMISSION)
I HEREBY WARRANT THE TRUTH OF THE FOREGOING PARTICULARS IN EVERY RESPECT AND I AGREE THAT IF I HAVE MADE OR SHALL MAKE ANY FALSE OR UNTRUE STATEMENT, SUPPRESS OR CONCEAL ANY MATERIAL FACT, THEN, MY RIGHT TO CLAIM REIMBURSEMENT OF THE SAID EXPENSES WOULD STAND FORFEITED. I FURTHER DECLARE THAT IN RESPECT OF THE ABOVE TREATMENT, NO BENEFITS ARE ADMISSIBLE UNDER ANY OTHER MEDICAL SCHEME OR INSURANCE.

Signature (Insured / Claimant)

In support of the above claim, Please enclose the following documents, **in original: -**

- Copy of ID Card.
- Completely filled and signed claim form.
- Original detailed Discharge Summary
- Final bill of the hospital and the payment receipts in original.
- Package Break-up details, (if applicable)
- All the investigation reports in original.
- All the medicine purchase vouchers with supporting prescriptions in original.
- Record of treatment taken in Pre & post hospitalization periods, if any.
- Hospital Registration Certificate with local Government authorities.
- Cancelled Bank Cheque with Bank Account no. with IFSC code & MICR code.