



IN-PATIENT CLAIM FORM

(TO BE FILLED BY EMPLOYEE)

1	NAME OF THE COMPANY / CLIENT	
2	NAME OF EMPLOYEE	
3	IGI HEALTH CARD #	
4	PATIENT'S NAME	
5	AGE	
6	DATE OF ILLNESS/ACCIDENT / INVESTIGATION/TREATMENT	
7	DATE OF ADMISSION	
8	DATE OF DISCHARGE	
9	STATE WHERE AND WHEN A MEDICAL OR OTHER OFFICER OF THE COMPANY CAN VISIT THE PATIENT, IF NECESSARY	
10	HAS THE PATIENT CLAIMED ELSEWHERE? IF YES, GIVE DETAILS	
	TOTAL AMOUNT CLAIMED IN Rs. (Please attach all the related supporting invoices)	

We, the undersigned, do hereby declare that, to the best of our knowledge and belief, the foregoing particulars are true and correct. We authorize IGI to obtain information from Doctor/Hospital concerning the treatment for which claim is made.

Employee's Signature

Employer's Signature & Stamp

MEDICAL CERTIFICATE (TO BE FILLED BY DOCTOR)

1	PATIENT'S NAME	
2	AGE	
3	DATE OF ADMISSION	
4	DATE OF DISCHARGE	
5	FULL PARTICULARS OF THE ILLNESS /REASON OF HOSPITALIZATION	
6	IS HE/ SHE SUFFERING FROM ANY DISEASE, IRRESPECTIVE OF THE PRESENT ILLNESS, OR ARE THERE ANY OTHER CIRCUMSTANCES WHICH MAY TEND TO DELAY RECOVERY? IF	
7	NAME AND ADDRESS OF THE HOSPITAL IN WHICH HE/SHE HAS BEEN TREATED	

DATE: _____

SIGNATURE & STAMP OF ATTENDING DOCTOR with
PMDC Registration No _____

CHECK LIST (in support of your in-patient claim) :

FOR NORMAL

HOSPITALISATION

- %o Proper Original hospital bill with breakup of all charges.
- %o Hospital Discharge Summary indicating diagnosis.
- %o Original cash memos for all medicines purchased.
- %o Doctor's prescription for all medicines purchased.
- %o Lab and Ultrasound reports and receipts (if applicable).
- %o X-ray reports and original film indicating lesion (if applicable).

FOR MATERNITY CASES

- %o Proper Original hospital bill with breakup of all charges.
- %o Hospital Discharge Summary indicating mode of delivery.
- %o Original cash memos for all medicines purchased.
- %o Doctor's prescription for all medicines purchased.
- %o A Copy of Union Council Birth Certificate of newborn baby.
- %o Lab and Ultrasound reports and receipts (if applicable).
- %o Blood Group reports of mother and baby (if applicable).