



### Claim Form for Bhai Ghanhya Sehat Sewa Scheme (Punjab)

Toll Free Number: 1800-233-5758

Date:

Policy Number:

MDID Card Number:	
Claim Number (CCN):	
Name of Main Member:	
Name of Patient:	
Relation of patient with Main Member:	
Age / Gender of Patient:	
Phone / Mobile Number of Patient.	
Name of Hospital:	
Address of Hospital:	
Contact Number of Hospital:	
Diagnosis:	
Date of Admission:	
Date of Discharge:	
Name of the Treating Doctor:	
Address of Treating Doctor:	
Phone / Mobile Number of Treating Doctor:	
Total Bill of Hospital:	
Amount of Cashless Sanctioned:	
Payment made by Patient (if any):	
Reason of Payment made by Patient:	
Negotiated Package rate of Hospital:	
Number of Documents Attached:	

I hereby warrant the truth of the foregoing particulars in every respect and authorize MDIndia Health Insurance TPA Pvt. Ltd. To process my hospitalization bills & agree that if I have made of shall make any false or untrue statement, suppression or concealment, my right to claim reimbursement of the said expenses shall be absolutely forfeited.

I further declare that, in respect of the above treatment, no benefits are admissible to me under any other Medical scheme or insurance. I have no objection if my records are verified from the treating hospital.

(A proper detail bill to be attached separately, which is duly signed by the claimant).

The Issuance of this form does not amount to admissibility of any liability under the policy.

We hereby certify that \_\_\_\_\_ is a valid card holder bearing No \_\_\_\_\_ and has been treated at our hospital.

Signature of Patient: _____	Signature of Main Member: _____
Stamp & Signature of Authorized Signatory of Hospital: _____	Dated : _____

Reliance General Insurance Company Limited.  
 IRDAI Registration No. 103.  
 UIN of Group Mediclaim: UIN: IRDA/NL-HLT/RGI/P-H/V.I/317/13-14.  
 Registered Office: 19, Reliance Centre, Walchand Hirachand Marg, Ballard Estate, Mumbai 400001.  
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 Corporate Identity Number U66603MH2000PLC128300.