

8. Are you at present covered under any other similar type of scheme like Personal Accident, Cancer Insurance, Mediciam (Individual or Group), Health Insurance and the like; If Yes. Please give particulars of each :

Sl. No.	Content	Details
	Name of the Insurer	
	Insurance Scheme	
	Policy No.	
	Period of cover	From: To:
	Claim Amount Received / Receivable	Rs.

- a) Is this the first year of coverage under Mediciam Policy? Yes / No.
If No, since when have you been continuously insured under Mediciam Policy. Give details:

Year	Insurance	Policy No.

- b) (i) Is this the first claim under this policy? Yes / No.
If No, please quote Previous Claim details:

Year	Policy No.	Insured	Disease / Ailment / injury Details	Amount claimed and Receivable or Received
				Rs.
				Rs.
				Rs.

In support of the above Claim, I enclose the following Original Documents (Please indicate by ✓):

1. Doctor's Advice for Admission in Hospital/Nursing Home / Day Care Centre
2. Bills / Receipts / Cash memos from Hospital/Nursing Home / Day Care Centre
3. Discharge Certificate / Card from Hospital/Nursing Home / Day Care Centre clearly stating the diagnosis
4. Bills / Receipts / Cash memos for purchase of medicines and Diagnostics / Pathological Tests along with Reports & supported by proper prescriptions from the Doctor / Consultant / Specialist
5. Bills / Receipts / Cash Memos for consultations from Doctor / Consultant / Specialist during Pre & Post Hospitalization period
6. Any other documents in support of the claim

Summary of expenses incurred for which Original Bill(s) / Receipt(s) / Cash Memo (s) are enclosed.

Pre Hospitalisation Period:

Doctor / Consultant / Specialist Fees

Medicines / Drugs

Diagnostics / Pathological Tests

Hospitalisation Period:

Hospital Bills / Receipts / Cashmemo **

Medicines / Drugs purchased from outside

Diagnostics / Pathological Tests done outside

Post Hospitalisation Period:

Doctor / Consultant / Specialist Fees

Medicines / Drugs

Diagnostics / Pathological Tests

Grand Total

** NB : Hospital Bills / Receipts / Cashmemos should include Attending Doctor's / Consultant's / Specialist's / Anaesthetist Fees.

DECLARATION:

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, suppression or concealment of any facts, 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 availed or claimed under any other Medical Scheme or Insurance.

I ALSO CONSENT AND AUTHORISE THE NEW INDIA ASSURANCE COMPANY LIMITED & THIRD PARTY ADMINISTRATOR TO SEEK MEDICAL INFORMATION FROM ANY HOSPITAL / MEDICAL PRACTITIONER WHO HAS AT ANY TIME ATTENDED ON ME.

I authorize TPA to make payment of the claim admissible as per Terms, Conditions and Limitations of the Policy to the Hospital/Nursing Home / Day Care Centre on my behalf for full and final settlement of Hospital bills.

I also authorize TPA to receive payment from the Insurance Company as reimbursement of Hospital Bills incurred on me / for the insured person's treatment.