

## HOSPI-CASH CLAIM FORM

ALL FIELDS IN THIS FORM ARE MANDATORY (Data will be kept confidential)

**POLICY / INSURED DETAILS**

Policy No : _____	Claim No (If Available) _____
Corporate Name(Only for Group Policies) _____	

**PERSONAL DETAILS OF POLICYHOLDER**

1	Name of the Insured Member: _____
2	E-Mail address of the Insured Member: _____
3	Mobile Number of the Insured Member : _____

**CLAIMANT / PATIENT DETAILS**

1	Name of the Patient: _____		
2	Relationship with Policy Holder	Self <input type="radio"/> Spouse <input type="radio"/> Child <input type="radio"/> Parent <input type="radio"/> Others <input type="radio"/> _____	
3	Date of Birth of Patient: _____	Age (In Years) _____	Gender <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Other <input type="radio"/>
4	Residential Address _____		

**CLAIM DETAILS**

Date & Time of Admission	Date & Time of Discharge	No.of Days in NON-ICU	No.of Days in ICU	Hospital City
DD/MM/YYYY _____ AM/PM	DD/MM/YYYY _____ AM/PM			
DD/MM/YYYY _____ AM/PM	DD/MM/YYYY _____ AM/PM			

Total No. of Days Stay in Hospital including ICU Stay

Total Claimed Amount:

Claimed Amount in Words: Rupees \_\_\_\_\_

<p>1. Diagnosis _____</p> <p>2. Name of Treating Doctor: _____</p> <p>3. Mobile No. of Treating Doctor: _____</p> <p>4. Details of other existing Health Policies: _____</p> <p>_____</p>	<p><b>Enclosure Check List :</b></p> <ol style="list-style-type: none"> <li>1. Copy of discharge summary containing all relevant details.</li> <li>2. Copy of Final Hospital bill.</li> <li>3. Copies of all reports &amp; prescriptions.</li> <li>4. Copy of First prescription / consultation letter from your Doctor.</li> <li>5. For hospitalization of more than 10 days, please provide medical certificate from treating doctor mentioning the need of such prolonged hospitalization.</li> <li>6. Copy of proposer photo ID proof &amp; address proof.</li> <li>7. NEFT Form with photocopy of cancelled cheque with printed name of proposer.</li> </ol>
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**CONSENT REQUIREMENT FOR ACCESS TO TREATMENT PAPERS / INDOOR CASE SHEETS / MEDICAL RECORDS / INVESTIGATOR VISIT**

I hereby authorize Future Generali India Insurance or any agency / individual authorized by them to obtain copies or review in person all my medical records including but not limited to admission notes, treatment sheets, indoor case papers, investigation reports, prescriptions and all other documents present in the hospital case file. Details related to my past hospitalisations in your hospital can also be provided / shown to Future Generali or its authorized representatives. I agree that all information provided above by me in the claim documents is true and that if I have provided any false or untrue information, my right to claim the reimbursement of expenses shall be absolutely forfeited.

Name of Patient / Relative: \_\_\_\_\_

Relationship with Patient: \_\_\_\_\_

Signature of Patient / Relative: \_\_\_\_\_

Date: DD / MM / YYYY

Please attach this form in Original with claim documents. Separate claim form required for each claim.

**AUTHORIZATION FOR TRANSFER OF CLAIM AMOUNT BY NATIONAL ELECTRONIC FUND TRANSFER**

Document List (Any One of the Following)	Required Information on the Document Submitted
1. Photocopy of cheque with printed name of Proposer.	1. Name of Proposer.
2. Bank Passbook	2. Bank Account Number
3. Bank Statement	3. Bank Account Type
4. Duly filled NEFT form authorized by the bank	4. IFSC Code
	5. Bank Name & Branch name

I hereby declare that the particulars given above are correct and complete and request you to remit any amount due to me, if any to the aforesaid bank account. I herewith further declare that if any transaction is delayed or not effected at all or is wrongly credited to any other account for reasons of incomplete or incorrect information as provided above, I shall not hold Future Generali India Insurance Company Ltd (“Company”) or any of its directors, employees or agents responsible for the same. I also declare that the remittance of any dues to the aforesaid bank account shall be considered as full and valid discharge of its obligations by the company. I also undertake to advise any change in the particulars of my bank account to facilitate updation of records for the purpose of credit of any amount due, through NEFT.

Name of Proposer: \_\_\_\_\_

Signature of Proposer: \_\_\_\_\_

Claimant Name: \_\_\_\_\_

Date: \_\_\_\_\_ Place: \_\_\_\_\_

**FEEDBACK AND SUGGESTIONS**

We thank you for choosing Future Generali as your Insurance provider. We always strive to ensure that our service levels exceed our customer’s expectations. In the spirit of this endeavor, we will greatly appreciate your valuable inputs and feedback. Kindly provide your feedback on your experience with Future Generali and any suggestions for improving our services. We value your time and promise to evaluate your suggestions for improvement of our service.

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