HEALTH INSURANCE CLAIM FORM

ALL FIELDS IN THIS FORM ARE MANDATORY AND THE CLAIM WILL BE NOT BE PROCESSED IF ANY OF THE DETAILS ARE MISSING

Claim Number (For BAGIC Use Only)	

POLICY DETAILS

Policy No : OG - _____

Policy Start Date DD / MM/ YYYY **Policy End Date** DD/MM/YYYY

Bajaj Allianz Claimant ID Card No: _____

Corporate Name : _____ **(Only for Group Policies)**

PERSONAL DETAILS OF EMPLOYEE/PROPOSER

1	Name of the Employee/Individual	
2	Employee No (if any)	
3	Date of Joining the Policy (DOJ)	DD/MM/YYYY
4	E-Mail address of the Employee/Individual	
5	Contact No (Mobile No)	

CLAIMANT / PATIENT DETAILS

1	Name of the Patient:	
2	Relationship with the Employee / Proposer	Self / Spouse/ Child / Parent / Others – Please Specify
3	Date of Birth of Claimant	DD/MM/YYYY Age : _____
4	Gender	
5	Residential Address	

CLAIM DETAILS

Total Claimed Amount: Rs.								

Claimed Amount in Words: Rupees _____

1.Provisional Diagnosis / Nature of Disease _____ 2. Date of Admission : DD / MM / YYYY 3. Date of Discharge : DD / MM / YYYY	Enclosure Check List : 1. Discharge Summary containing all relevant details. ☐ 2. All Bills and their Receipts. ☐ 3. All Reports & prescriptions ☐ 5. Certificate regarding Diagnosis ☐

PLEASE ENCLOSE A PHOTOCOPY OF THE BAJAJ ALLIANZ HEALTH ID CARD

Please attach this form in Original to the hospital bill and other claim documents. Separate claim form required for each claim

BAJAJ | Allianz

HEALTH INSURANCE CLAIM FORM

CONSENT REQUIREMENT FOR ACCESS TO TREATMENT PAPERS / INDOOR CASE SHEETS / MEDICAL RECORDS / INVESTIGATOR VISIT

Dear Sir / Madam,

In order to proceed with your claim, Bajaj Allianz General Insurance may need to see your health records. Our doctors may need to review all your medical records including admission notes, treatment sheets, indoor case papers, investigation reports, prescriptions and all other documents present in the hospital case file. This will facilitate faster processing and adjudication of your claim. You are requested to sign the authorization form below to allow Bajaj Allianz General Insurance access to the above medical records.

AUTHORIZATION FORM FOR ACCESS TO TREATMENT PAPERS / INDOOR CASE SHEETS / MEDICAL RECORDS / INVESTIGATOR VISIT

Medical Director

_____

_____

_____

_____

Dear Sir / Madam,

I _____ (Name of Patient) was admitted in your hospital from _____ to _____. I am insured with Bajaj Allianz General Insurance as per the policy details given overleaf.

I hereby authorize Bajaj Allianz General 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 Bajaj Allianz or its authorized representatives.

Verification of the above consent can be obtained from me at _____

(Patient / Relative Phone Number)

Name of Patient / Relative: _____

Relationship with Patient: _____

Signature of Patient / Relative: _____

Date: DD / MM / YYYY

Please attach this form in Original to the hospital bill and other claim documents. Separate claim form required for each claim