

## CLAIM SUBMISSION DOCUMENTS CHECK LIST

**Please furnish the following documents to avoid unnecessary File movements / Investigations & for faster settlement of the Bills.**

1. Name of the Company / Individual.	7. Discharge Summary.
2. Policy Copy.	8. Main Bill- Break up of the Main Bill.
3. Claim Form.	9. Counter signed Receipts of all bills.
4. Copy of the ID Card.	10. Receipt for advance payment.
5. Contact Telephone / Mobile / Fax.	11. Doctors Prescription.
6. E- mail address.	12. Investigation Reports.
<p><b>Note :</b></p> <ol style="list-style-type: none"> <li>1. Every admission should carry a certificate from the Physician / Surgeon in charge justifying admission &amp; treatment.</li> <li>2. Every Prescription should accompany Pharmacy Bill signed by the dispensing Pharmacist (D Pharma &amp; above)</li> <li>3. Every Specialist / Doctor, should issue separate bills for having charged and received payment</li> <li>4. Every investigation should have Doctor's Order, giving reason for the investigation.</li> <li>5. Each investigation report, the Specialist Doctor in the field should sign Lab, X-ray, Scan, ECG, etc.</li> </ol>	

The Bills / Investigation Reports / Discharge Summary / should be signed by the department heads in the concerned field responsible for patient care / counter signed by the Hospital Administrator.

The Pharmacy Bill should be single, listing each prescription, drug disposed and the rate. This should accompany individual Bill if any.

The patient should sign all bills and other medical documents relating to treatment.

The Healthcare provider shall keep AMHPL indemnified in the matters relating to the healthcare provided to the patients by them.

Signature: \_\_\_\_\_

Signatory's name: \_\_\_\_\_

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

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

\_\_\_\_\_

**Establishment Rubber Stamp**

**Thank you for being a partner of Anyuta Healthcare Program.**