

| | CHECKLIST FOR SPECTACLE CLAIMS | please | Attachment No/s. |
|---|---|--------|------------------|
| | NIC Number: | | |
| | Gold | | |
| | Silver | | |
| | Normal | | |
| 1 | Member only | | |
| 2 | Three months paysheets (before the date of Bill) | | |
| 3 | Bank Account details of the member(Clearly & accurately) | | |
| 4 | Complete the section of the head of the department with signature & seal (cheque details of the month before the date of bill) | | |
| 5 | Original Prescription of the Eye Surgeon/ Medical officer of the eye clinic of Government hospital. | | |
| 6 | Original bill/s with "paid "seal | | |
| 7 | Completed claim form with the signature of the member | | |

All photo copies should be certified by the Head of the department with the signature & seal and submit to National Insurance Trust Fund before 90 days from the date of discharge

| | CHECKLIST FOR GOVERNMENT HOSPITAL CLAIMS | please | Attachment No/s. |
|----|---|--------|------------------|
| | NIC Number: | | |
| | Gold | | |
| | Silver | | |
| | Normal | | |
| 1 | Details of Agrahara member | | |
| 2 | Details of Spouse (Compulsory) | | |
| 3 | If both member & spouse are Govt. servants, patient should apply the claim | | |
| 4 | Application is submitted to | | |
| | a. Child- Age below 21years & certified copy of birth certificate | | |
| | b. Spouse- certified copy of Marriage Certificate | | |
| | c. Parent- certified copy of the birth certificate or NIC (below 70 years) | | |
| | - a copy of the birth certificate of a member | | |
| | - letter to confirm Unmarried status from the Head of the Department | | |
| 5 | Complete the section of the head of the department with signature & seal (cheque details of the month before the date of discharge from the hospital) | | |
| 6 | Certified copy of Diagnosis card(with date of admission,date of discharge,name of the patient ,signature of the medical officer with seal) | | |
| 7 | Number of days in hospital | | |
| 8 | Certified copy of the Prescription of the medical officer during the period of hospitalization | | |
| 9 | Original Pharmacy & Laboratory receipts related to medicines or medical test obtained from outside during the period of hospitalization | | |
| 10 | Bank Account details of the member (Clearly & accurately) | | |
| 11 | Three months paysheets (before the date of admission) | | |
| 12 | Completed claim form with the signature of the member | | |

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| | CHECKLIST FOR PRIVATE HOSPITAL CLAIMS | please | Attachment No/s. |
|----|--|--------|------------------|
| | Registered Hospital in Ministry of Health | | |
| | NIC Number: | | |
| | Gold | | |
| | Silver | | |
| | Normal | | |
| 1 | Details of Agrahara member | | |
| 2 | Details of Spouse (Compulsory) | | |
| 3 | If both member & spouse are Govt. servants, patient should apply the claim | | |
| 4 | Application is submitted to | | |
| | a. Child- Age below 21years & certified copy of birth certificate | | |
| | b. Spouse- certified copy of Marriage Certificate | | |
| | c. Parent- certified copy of the birth certificate or NIC (below 70 years) | | |
| | - a copy of the birth certificate of the member | | |
| | - letter to confirm Unmarried status from the Head of the Department | | |
| 5 | Complete the section of the head of the department with signature & seal (cheque details of the month before date of discharge from the hospital) | | |
| 6 | Bank Account details of the member (Clearly& accurately) | | |
| 7 | Three months pay sheets(before date of admission) | | |
| 9 | Certified copy of Diagnosis card(with date of admission, date of discharge,name of the patient ,signature of the medical officer with seal) | | |
| 10 | Number of days in the hospital | | |
| 11 | Original Hospital final bill | | |
| 12 | Breakup details of the Hospital bill | | |
| 13 | All Original receipts with paid seal | | |
| 14 | Name of the Bill/receipts, tally with the patient's name | | |
| 15 | Consent letter from the member to settle the claim only for available receipts when some receipts are not presented | | |
| 16 | For balance payment ,a letter from the particular institution ,stating the amount paid by them and certified copies of bills & receipts | | |
| 17 | Completed claim form with the signature of the member | | |

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| | CHECKLIST FOR CHILDBIRTH CLAIMS | please | Attachment No/s. |
|----|--|--------|------------------|
| | NIC Number: | | |
| | Gold | | |
| | Silver | | |
| | Normal | | |
| 1 | Details of Agrahara member | | |
| 2 | Details of Spouse (Compulsory) | | |
| 3 | If both member & spouse are Govt. servants, patient should apply the claim | | |
| 4 | If the member is the husband, a copy of the Marriage Certificate | | |
| 5 | Complete the section of the head of the department with signature & seal (cheque details of the month before the date of discharge from the hospital) | | |
| 6 | Certified copy of Diagnosis card(with date of admission,date of discharge,name of the patient ,signature of the medical officer with seal) | | |
| 7 | Certified copy of Birth Certificate or Birth record of the baby | | |
| 8 | Bank Account details of the member (Clearly & accurately) | | |
| 9 | Three months pay sheets (before the date of admission) | | |
| 10 | Original Hospital final bill (if private hospital) | | |
| 11 | All Original receipts with paid seal(if private hospital) | | |
| 12 | Name of the Bill/receipts, tally with the patient's name(if private hospital) | | |
| 13 | Consent letter from the member to settle the claim only for available receipts when some receipts are not presented | | |
| 14 | For balance payment ,a letter from the particular institution ,stating the amount paid by them and certified copies of bills & receipts | | |
| 15 | Completed application with the signature of the member | | |

All photo copies should be certified by the Head of the department with the signature & seal and submit to National Insurance Trust Fund before 90 days from the date of discharge