

HEALTH SCHEME IMA GSB

2nd Floor, AMA House, Opp H K College, Ashram Road, Ahmedabad – 380009

Ph : 079 – 2658 5430 Time : 2 to 6.30 pm

Email : healthschemeimagsb@gmail.com Website : www.hsgsbima.com

CLAIM FORM

HS NO. : _____

Name of Member Dr. _____
(Surname) (First Name) (Second Name)

Name of Beneficiary _____
(Surname) (First Name) (Second Name)

Claim for : Member Spouse

Diagnosis : _____

Date of Operation : _____ Disease Group : _____

Name of Operation : _____

Hospital Name where treatment taken : _____

Address : _____

Mobile No.: _____

Email ID : _____

Summary :

Hospital Bill : _____

Medicine Charges : _____

Investigations Charges : _____

Other Charges (Specify) _____

TOTAL CLAIM AMOUNT : _____

Date : _____

Signature of Claimant : _____

CHECKLIST :

- | | |
|-----------------------------|---|
| * Application for Claim | * Letter from IMA Local Branch |
| * Health Scheme Certificate | * Pan Card & Aadhar Card of beneficiary |
| * Summary of Payment made | * Discharge Summary * Bills * Reports |
| * Payment Receipts | * X-ray (Pre and Post- Operative) - Photocopy |

(N.B. : Member have to Submit 2 Files – One original & one Xerox copy of all documents.

After verifying, original documents will be given back / courier to member)

(Office Use) - Verified By : _____

HEALTH SCHEME

REQUIRED DOCUMENTS FOR CLAIM PROCEDURE

1. FORWARDING LETTER (MENTIONING DATE OF OPERATION, TOTAL AMT TO BE CLAIMED AND NAME OF HOSPITAL)
2. HEALTH SCHEME MEMBERSHIP CERTIFICATE/XEROX
3. BILLS DETAILS (SUMMARY OF BILLS WITH TOTAL)
4. BILLS (In favour of Patient Only)
5. PAYMENT RECEIPTS
6. INVESTIGATION REPORTS
7. DISCHARGE SUMMARY
8. IMA LOCAL BRANCH SECRETARY / PRESIDENT LETTER
9. PAN CARD & AADHAR CARD OF BENEFICIARY

Send us all the documents in two set of files – one is original and second is xerox copy.
After verifying all the documents, we will return original file.