



Self Declaration for submitting scanned copies of Reimbursement claim Documents by Insured/Corporate for Group Medclaim Policy

To,

Date:

Heritage Health Insurance TPA Pvt. Ltd.
2, Hare street, Nicco House, 5th Floor,
Kolkata – 700001

Dear Sir,

We hereby confirm that all the Details/Documents uploaded in the Heritage Health Insurance TPA Portal (www.heritagehealthtpa.com) are, as per original claim documents **which will be couriered /submitted to Heritage Health Insurance TPA within 15 days after lockdown period is over.**

Basic Details	
Name of the Insurance Co.	
Policy No.	
TPA Card No.	
Patient Name	
Claim No.	
Date of Admission	
Date of Discharge	
Hospital Name & Diagnosis	
Total Bill Amount	

Check list for Reimbursement Documents - Please tick and confirm the attachments	
Document Details	Tick (✓) to confirm attachment
Original Claim Form Part A & B	
ID proof of beneficiary (Aadhar, PAN Card etc.) self attested	
Original Final Bill duly signed by Patient/Attendant	
Original Discharge Summary	
Other bills	
Original Investigation reports	
Original Sticker / Invoice of implants	
Original Receipt for patient paid amount	
Bank Account Details (Cancel Cheque with IFSC code)	

Reimbursement CLAIM SUBMISSION PROCEDURE DURING LOCKDOWN PERIOD

In view of current lockdown situation (lockdown by Govt. of India) and emphasis by Ministry / DFS on expeditious settlement of Health Claims, as per insurer's instructions, the insured can submit soft copies of the claim documents duly self attested

Important Instructions for submitting the claim documents:

1. The maximum size of the document should not exceed 30 MB in PDF format.
2. Each and every page of the document should be self-attested by the Insured/Corporate after writing the declaration as "submitted to Heritage Health Insurance TPA Pvt. Ltd.
3. Claim settlement is subject to policy terms and conditions and insurer's instructions.

DECLARATION BY THE Insured/Corporate

DURING SUBMISSION OF SOFT COPIES OF Reimbursement CLAIM DOCUMENTS

I / We are herewith agreeing the following conditions with regards to Reimbursement claim registered under Health Insurance TPA Pvt. Ltd.

1. The TPA/insurer reserves the right to process the claim as per terms and conditions of the policy.
2. No claim has been made/received from any other source using these treatment related documents.
3. I/We agree to submit the original documents as soon as the lock down is lifted or whenever the TPA /insurer summons for the same even after settlement of the claim.
4. I/We take complete responsibility of the discrepancy in documents (if found any) which are uploaded in portal Vs the original documents which will be submitted later.
5. The TPA or insurer reserves its right to recover the settled amount in case of any misrepresentation of facts or fraud is committed.

Signature: _____

Name: _____

Designation: _____

Date: _____

Corporatel name and stamp: (In case of Group Policy)