

Check list for verification and validation of Claims

1. Authorization Letter

2. Proforma for Surgical and other procedure cases

3. Patient Photo :

- Photo submitted at the time of claim should match the photo of preauth.
- Photo with AM/SAMCO handing over TA allowance/ Medicines
- Post-op scar photo wherever necessary and not to insist for scar photo concerned with private parts in male, female and children.
- Photo with RT machine wherever necessary
- Photos before treatment and after treatment in case of Burns
- Photo of dead body in case of Death.

4. Procedure Claim Form and Feedback Format:

- **NWH and patient details:** Care to be taken that the information furnished always must match with the information provided in other documents of claim. Especially in case of DoA, DoS, DoD, BPL card no. , pre-auth issued date, number and amount. Also care to be taken to enter correct bill no., Date & amount as in the bill enclosed.
- It is mandatory that procedure claim form should have name and signature of SAMCO, Patient/attendants, Arogyamitra of NWH and treating doctor with affixed seal.

5. Documents pertaining to Surgery/Procedure:

- **Discharge summary:** To be in hospital letter head, typed, with treating doctor signature and signature/LTI of patient/attendant.
- **OT Notes:** To be in hospital letter head, typed, with signature of treating doctor.
- **Post-operative investigation reports:** Only required reports pertaining to the particular treatment code as mentioned in handbook of benefit packages from the Trust to be enclosed with signature of concerned specialist.
- In respect of reports like X-ray, CT, MRI films, stills of angio, Echo and Peripheral Vascular Disease, Name and Age of the Patient and date of investigation done to be legible

- In respect of report of ECG Name and Age of the Patient and date of investigation done to be legible
- Stickers, cartoon containers with patient details to be enclosed wherever required.
- wherever required Proforma for Chemotherapy cases (CT)
- **Case sheets:** Relevant case sheets supporting the procedure done to be updated. For CT, BT and RT with name and dosage of drug, no. of cycles in CT and no. of fractions in RT and RT treatment chart with initial of Nurse/RT technician after completion of RT the Radiologist signature to be affixed with seal. In case of death of a patient the case sheet pertaining to the treatment given on the day of death with detail death summary to be enclosed.
- **Bill:** The Final bill and breakup bill with authorized signatory and patient signature/LTI to be enclosed.
- **Death:** Bill pertaining to Transportation of dead body to be enclosed.

6. Criteria for claims amount deduction: As per proceedings of the claims meeting held on 17.08.2015.

Sl. No.	Subject	Penalty amount
1	Travel amount not provided	Rs.500/-
2	Food not provided	Rs.200/- per day
3	Ambulance not provided in case of beneficiary death	<ul style="list-style-type: none"> • Upto 100 Kms Rs.1000/- • Upto 250 Kms Rs.2000/- • Above 250 Kms Rs.3500/-
4	Discharge Medicine if not provided	Rs.1000/-
5	Investigation charges amount collected if not refunded	Same amount as collected can be deducted.

Note:

- In case of Radiotherapy and Chemotherapy by day care the question of food provided does not arise.
- Medicines at the time of discharge are not applicable to burns and oncology claims.

7. Declaration Chart

8. Arogyamitra Chart



NOTE:

1. Referral letter must be enclosed in Private hospital preauth.
2. Emergency approval information to be furnished in brief at the time of submission of claim (emergency no. and date, code no. & amount).
3. The referral forms in the prescribed format should be asked from 15th July 2018 onwards before this date objection should not to be raised for the same. If referral provided in OPD slip can be accepted.

