

LIST OF DOCUMENTS TO BE ENCLOSED FOR COVID -19 CLAIMS

1. Follow up notes /Day to day case sheet (In case of death details of terminal event)
2. Appropriate radiological examination - X-Ray/CT/MRI (wherever applicable)
3. ECG,ECHO (wherever applicable)
4. Lab investigation reports as per guidelines for covid 19+ve cases
5. Discharge summary
6. Claim format
7. Nursing chart
8. Bill (format attached)

AYUSHMAN BHARAT - AROGYA KARNATAKA PROCEDURE CLAIM FORM AND FEED BACK FORM

Hospital name :.....
 Patient Name :.....
 AB-ArKID/Ration card no. :.....
 DOA:..... DOS:..... DOD:.....
 Preauth issue date:..... Preauth no:.....
 Preauth amount:..... Claimed amount:.....
 Bill no:..... Bill date:..... Bill amount:.....

TREATMENT DETAILS

Procedure code approved:..... Procedure code done:.....
 Name of the procedure:.....
 Treating doctor name:..... Mobile no:.....
 Diagonis:.....

FEEDBACK AND REFUND

Shri/smt/Kum..... From:.....
 Taluk:..... District:.....
 having AB-ArKID/Ration card:..... having treated under
 Ayushman Bharath - Arogya Karnataka Scheme was discharged on

1. Amount collected for Pre-operative investigation Rs.....
2. Amount refunded at the time of discharge Rs:.....
3. Travelling allowance Rs.....
4. Free food given: Yes No
5. Feedback from the patient.....

Signature of the patient with mobile no.	Signature of the SAMCO with phone no.	Signature of the AM with phone no.
--	---------------------------------------	------------------------------------

FINAL BILL

Name of Network hospital :

Name of patient :

Sex:

Age:

D.O.A :

D.O.D/Death:

Sl.No	Ward	No of IP Days	Amount claimed (In Rs.)
1	Routine/General		
2	HDU		
3	ICU without ventilator		
4	ICU with ventilator		
Total			

This amount is not claimed under any other scheme

Authorized Signature with Seal