

CLAIM INTIMATION FORM	Medi Assist Insurance TPA Pvt. Ltd.
------------------------------	--

POLICY INFORMATION

Name of Insurance Company	New India Assurance Co Ltd. (Union Health Care)																				
Membership No	0	2	I								Certificate No										
Policy Start Date	D	D	/	M	M	/	Y	Y	Y	Y	Policy end Date	0	1	/	0	1	/	2	0	Y	Y
Name of Policy Holder																					
Phone											Mobile No										

Hospitalization Information

Name of Patient																					
Medicare Membership No.																					
Age of Patient	_____ years										Sex	Male / Female									
Diagnosis																					
Date & Time Admission											Probable Date of Discharge										
Line of Treatment																					
Name of Hospital																					
Address of Hospital																					
City											State										
Contact no. of Hospital																					
Name of Treating Doctor																					
Contact No. of Treating Doctor											Mob No										
Name of Family Physician																					
Contact No. of Family Physician											Mob No										
Estimated Expenses																					
Intimation Submitted By	Insured / Patient / Relative / Agent																				

1. I hereby authorize **Medi Assist Insurance TPA Pvt. Ltd.** / Insurance Company / Representative of Insurance Company to obtain my medical record / information from Hospital / Nursing Home / Treating Medical Professionals / family physician / Diagnostic Centers / Medical Shops necessary to process the claim.
2. Photo Identity (PAN/ VOTER ID of the patient has to be carried to hospital during hospitalization.
3. Photo Identity of the patient has to be attached along with Claim Intimation / Documents.
4. Non submission of the claim Intimation within stipulated time of policy terms will result the claim NO CLAIM

Signature / Thumb Impression of the Patient / Relative / Policy Holder																					
Name																					
Mob No																	Email				
Date																					

Please sent this to Medi Assist email ID info@mediassistindia.com
Address : Medi Assist Insurance TPA Pvt. Ltd., 4th floor, Aarpee Chambers, Shagbaug,
Off Andheri-Kurla Road, Next to Times Square, Marol, Andheri (East), Mumbai 400 059;
Toll Free Number: 1800 425 9449