
DECLARATION BY THE PATIENT/REPRESENTATIVE

1. I agree to allow the hospital to submit all original documents pertaining to hospitalization to the Insurer/T.P.A. after the discharge. I agree to sign on the Final Bill & the Discharge Summary. Before my discharge.
2. Payment to hospital is governed by the terms and condition of the policy. In case the Insured / TPA is not liable to settle the hospital bill, I undertake to settle the bill as per the terms and condition of the policy.
3. All non-medical expenses and expenses not relevant of current hospitalization and the amounts over & above the limit authorized by the Insured/TPA not governed by the terms and condition of the policy will be paid by me. In case any clarification is needed on admissibility of a particular item I shall contact TPA at the Toll Free Number on the reverse of this form.
4. I hereby declare to abide by the terms and condition of the policy and if at any time the fact disclosed by me are found to be false or incorrect I forfeit my claim and agree to indemnify the Insurer / TPA
5. I agree and understand that T.P.A. is in no way warrantin the service of the hospital & that the Insure TPA is in no way guaranteeing that thaservices provided by the hospital will be of a particular quality or standard.
6. I hereby warrant the truth of the forgoing particulars in every respect and I agree that if I have made or shall make any false or untrue statement, suppression or concealment, my right to claim reimbursement of the said expenses shall be absolutely forfeited. I further declare that, in respect of the above treatment, no benefits are admissible under any other Medical Scheme or Insurance
7. I agree to indemnify the hospital against all expenses incurred on my behalf, which are not remibursed by the Insurer > TPA.

a) Patient's / Insured"s Name:

b) Contact number: _____ d) Patient's /Insured's Signature: _____

HOSPITAL DECLARATION

1. We have no objection to any authorised TPA/ Insurance Company official varying documents pertaing to hospitalization.
2. All valid original documents duly countersigned by the insured / patient as per the checklist below will be sent to TPA / Insurance Company within 7 days of the patient's discharge.
3. All non medical expenses, OR expenses not relevant to hospitalization or illness, OR expenses disallowed in the Authorization Letter of the TPA / Insurance Co. OR arising out of incorrect information in the pre-authorisation form will be collected from the patient.
4. WE AGREE THAT TPA / INSURANCE COMPANY WILL NOT BE LIABLE TO MAKE THE PAYMENT IN THE EVENT OF ANY DISCREPANCY BETWEEN THE FACTS IN THIS FORM AND DISCHARGE SUMMARY or other documents.
5. We patient declaration has been signed by the patient or by his representative in our presence.
6. We agree to provide clarification for the queries raised regarding this hospitalization and we take the sole responsibility for any delay in offering clairifications.
7. We will abide by the terms and condition agreed in the MOU.

Hospital Seal

Doctor's Signature

DOCUMENTS TO BE PROVIDED BY THE HOSPITAL IN SUPPORT OF THE CLAIM

1. Detailed Discharge Summary and all Bill from the hospital
2. Cash Memos from theospitals / Chemists supported by proper prescription.
3. Receipts and Pathological Test Reports from Pathologists, supported by not from the attending Medical Practitioner / Surgeon recommending such pathological Test.
4. Surgeon's Certificate stating nature of operation performed and Surgeon's Bill and Receipt.
5. Certificates from attending Medical Practitioner / Surgeon that the patient is fully cured.