

**Document Check List for Authorisation / Claim Submission**

Sr. No.	Pre-Authorization Request Document Type (At The Time Of Admission)	✓/x
A	Duly filled Cashless authorization form along with sign/thumb impression of insured, treating doctor & hospital seal	
B	Insured's Photo ID Proof	
C	Current year policy copy/Health Card of the insured	
D	Age Proof	
E	First prescription of the doctor with commencement date of the symptom of disease	
F	<b>In Case of Accident</b> –Copy of Medico Level Certificate from hospital or FIR of local police station or Detailed Police Information note & Drug Influence Certificate (if applicable)	
G	Copy of investigation reports supporting diagnosis (If any)	
H	<b>Discharge Summary:</b> At the Time of Discharge along with final bill irrespective of approval amount	
Sr. No.	Hospitalization/ Day Care Treatment Document Type (At The Time Of Admission):	✓/x
A	For Network Reimbursement- Cashless authorization request form along with authorization letter (must be signed/thumb impression by the patient/ claimant prior to discharge from the hospital) & hospital covering letter For Member Reimbursement – Duly filled & signed Claim form	
B	Treatment papers along with doctor's prescription	
C	<b>Original Hospital Bills</b> (For Attending Doctors/ Consultants/ Specialists/ Anesthetists- Bill Receipt & certificate regarding diagnosis/ Surgeon's Bill/ Receipt & Certificate - Stating nature of operation performed.)	
D	<b>Surgeon's Bill/ Receipt &amp; Certificate</b> – Stating nature of operation performed	
E	<b>Discharge Card</b> - Original or Attested with Date & Time of admission as well as discharge mentioned in it	
F	<b>In Case of Death</b> - Detailed death summary from hospital	
G	<b>Original Stickers &amp; Invoices</b> for the stents, implants, catheters, lens, etc	
H	<b>Pharmacy Bills</b> (in case medicines purchased from outside, bills in original supported by the prescription of attending Medical Practitioner/ Surgeon with Hospital seal)	
I	<b>Laboratory Bills with Original Investigation reports</b> (X-Ray/ Scan/ ECG/ Laboratory etc)	
J	<b>In Case of Accident-</b> Copy of Medico Level Certificate from hospital or FIR of local police station or Detailed Police Information note & Drug Influence Certificate (if applicable)	
K	For claimed amount above 1 lac self attested copy of PAN Card /Form 60 of Insured is mandatory & for below 1 lac claimed amount copy of Photo identity proof (PAN Card/Form 60, Aadhaar Card, Voter ID etc.) is mandatory	
L	Original Cancelled Cheque in CTS 2010 format (Printed account number, IFSC code, Printed name) Mandatory. In case the name is not printed on cheque leaf, scanned copy of 1st page of passbook or the authorized bank statement	
M	Health Card Copy	
N	Any hospitalization from the notified Hospital will not be entertained. please refer the notified hospital list on our website: <a href="http://www.reliancegeneral.co.in">www.reliancegeneral.co.in</a>	
Sr. No.	Critical Illness Claims Document Type (At The Time Of Admission):	✓/x
	Additional to above stated Hospitalization/ Day Care Treatment Document Type also send: Original Specialist Doctor's certificate confirming the diagnosis and when the symptoms first occurred	
Sr. No.	Domiciliary Hospitalization Document Type (At The Time Of Admission):	✓/x
	Additional to above stated Hospitalization/ Day Care Treatment Document Type also send: Certificate from attending Doctor / Physician stating:  1. Condition of the patient is such that he/she cannot be moved/shifted to the Hospital/Nursing Home. 2. Documentary proof of lack of accommodation in hospital/nursing home	

Please note the above list is only indicative. Insured/ Claimant may have to submit additional documents/information if required.

Email: [rgicl.rcarehealth@relianceada.com](mailto:rgicl.rcarehealth@relianceada.com)

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RCare Health: Reliance General Insurance, No.1-89/3/B/40 to 42/ks/301, 3rd floor, Krishe Block, Krishe Sapphire, Madhapur, Hyderabad 500081.

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