

CUSTOMER INFORMATION SHEET (DESCRIPTION IS ILLUSTRATIVE AND NOT EXHAUSTIVE)

SI NO	TITLE	DESCRIPTION	REFER TO POLICY CLAUSE NUMBER
1.	Product name	Reliance Health Global	
2.	What am I covered for:	<p><b>Global Cover</b> (Applicable outside India)</p> <p>a. <b>In-Patient Treatment</b> - This benefit indemnifies the Insured Person for the medical expenses incurred on In-Patient Treatment outside India</p> <p>b. <b>Pre and Post-Operative Day Care Treatment</b> - This benefit indemnifies the Insured Person for the medical expenses incurred on pre or post-Operative Day Care Treatment in connection with the In-Patient Treatment</p> <p>c. <b>Pre Hospitalization</b> - This cover indemnifies the Insured Person for Pre-hospitalization for a period of 15 days or to the date of start of pre-approved <b>In-Patient Treatment</b> whichever is earlier</p> <p>d. <b>Post Hospitalization</b> - This cover indemnifies the Insured Person for Post-hospitalization for a period of 30 days immediately after the Insured Person was discharged from Hospital after taking the In-Patient Treatment</p> <p>e. <b>Rehabilitation</b> - This cover indemnifies towards In-patient Rehabilitation treatment Abroad that combines therapies such as physical, occupational and speech therapy</p> <p>f. <b>Travel Expenses</b> - This cover indemnifies towards travel expenses incurred by the Insured Person, one accompanying Companion and the living donor (only in the case of transplant) for the treatment of Insured Person</p> <p>g. <b>Accommodation Expenses</b> - This cover indemnifies towards accommodation expenses incurred in the City of Treatment by the Insured Person, one accompanying companion and the living donor.</p> <p>h. <b>Repatriation of Mortal Remains</b> - In the event of the death of the Insured Person while taking treatment Abroad, covers cost of transporting mortal remains of Insured Person back to the Republic of India or an equivalent amount for a local burial or cremation in the City of Treatment.</p> <p>i. <b>Second Opinion</b> - This benefit indemnifies for availing second medical opinion of the listed Specified Illness from a Medical Practitioner.</p> <p>j. <b>Visa Charges and Documentation</b> - This cover indemnifies towards Visa application and processing fee expenses incurred by Insured for overseas travel for the purpose of availing the treatment.</p> <p>k. <b>Assistance Services</b> - Covers following assistance services rendered by the Insured Person in the event of Emergency.</p> <ul style="list-style-type: none"> <li>• Translation services</li> <li>• Transmission of urgent messages</li> <li>• Lost Passport Assistance</li> <li>• Consular Referral</li> <li>• Arrangement of Radio Taxi or Chauffeur services</li> <li>• Emergency cash assistance</li> </ul> <p><b>India Cover</b> (Optional)</p> <p>a. <b>In-Patient Treatment</b> - This benefit indemnifies the Insured for the medical expenses on In-Patient Treatment in India</p> <p>b. <b>Day Care Treatment</b> - This benefit indemnifies the Insured for the medical expenses on Day Care Treatment</p>	<p>3.1</p> <p>3.1.1</p> <p>3.1.2</p> <p>3.1.3</p> <p>3.1.4</p> <p>3.1.5</p> <p>3.1.6</p> <p>3.1.7</p> <p>3.1.8</p> <p>3.1.9</p> <p>3.1.10</p> <p>3.1.11</p> <p>3.1.11.1</p> <p>3.1.11.2</p> <p>3.1.11.3</p> <p>3.1.11.4</p> <p>3.1.11.5</p> <p>3.1.11.6</p> <p>3.2</p> <p>3.2.1.1</p> <p>3.2.1.2</p>



		c. <b>Domestic Road Ambulance</b> - This benefit indemnifies the Insured Person towards expenses incurred on availing Road Ambulance services	3.2.2
		d. <b>Air Ambulance</b> - This benefit indemnifies the Insured Person towards expenses incurred on availing Air Ambulance services	3.2.3
		e. <b>Domiciliary Hospitalization</b> - This cover pays reasonable and customary charges for the medical expenses incurred during Domiciliary Hospitalization as defined under this Policy, provided that the condition for which the medical treatment is required continues for at least three continuous and completed days	3.2.4
		f. <b>Modern Treatment</b> - This cover indemnifies the medical expenses incurred during the Policy Year on Inpatient Treatment or Daycare Treatment or Domiciliary Treatment of listed Modern Treatment Methods	3.2.5
		g. <b>Pre-Hospitalization</b> - This cover indemnifies the Insured Person for Pre-Hospitalization Expenses for a period of 90 days immediately before the Insured Person was Hospitalized	3.2.6
		h. <b>Post-Hospitalization</b> - This cover indemnifies the Insured Person for Post-Hospitalization Expenses for a period of 180 days immediately after the Insured Person was discharged post Hospitalization	3.2.7
		i. <b>Organ Donor Expenses</b> - This cover indemnifies towards medical expenses incurred, during In Patient Treatment, in respect of donor of any organ transplant surgery	3.2.8
		j. <b>Rehabilitation</b> - This cover indemnifies towards In-patient Rehabilitation treatment that combines therapies such as physical, occupational and speech therapy	3.2.9
		k. <b>Home Care Treatment</b> - This cover indemnifies towards Home Care Treatment of any of the listed treatments	3.2.10
		l. <b>Medical Equipment</b> - Cover expenses incurred by the insured person for procuring listed medical equipment or devices as medical aid during the policy year	3.2.11
		• Durable Medical Equipment (DME)	3.2.11.1
		• Small Medical Equipment	3.2.11.2
		m. <b>OPD Covers</b> - Coverage for Out-patient Treatment, Physiotherapy Benefit and Dental Cover	3.2.12
		n. <b>Health Check Up</b> - At the end of every two Policy Year, this benefit indemnifies up to Rs.10000 towards expenses for the listed diagnostic or preventive medical tests (listed in Policy wordings) taken by the Insured Persons in the Policy.	3.2.13
		o. <b>Second Opinion</b> - This benefit indemnifies for availing second medical opinion from a Medical Practitioner within India.	3.2.14
		p. <b>No Claim Bonus</b> - This renewal benefit increases the Sum Insured by 25% for every claim free Policy Year, subject to a maximum of 100% of Sum Insured and decreases by 25 % of Sum Insured for every claim year.	3.2.15
		q. <b>Inflation Protection</b> - This renewal benefit increases the Sum Insured by 8% at the end of each completed and continuous Policy Year, subject to a maximum of 100% of Sum Insured	3.2.16
		r. <b>Unlimited Reinstatement</b> - Unlimited reinstatement of India Base Sum Insured on related or unrelated illness or injury	3.2.17
		s. <b>Assistance Services</b> - Covers following assistance services rendered by the Insured Person in the event of Emergency	3.2.18
		• Tele-consultation	3.1.18.1
		• Booking of health checkups	3.1.18.2
		• Arrangement of Nurse at home	3.1.18.3
		• Emergency helpline	3.1.18.4
		<b>Optional Covers</b>	3.3
		a. <b>Waiver of Co-Payment</b> - This benefit waives off the Co-Payment condition of 20% on the Assessed Claim Amount, applicable on Policies where the Insured age, first time entering into the Policy is $\geq 61$ years.	3.3.1
		b. <b>Voluntary Co-payment</b> - 10%/20% on the Assessed Claim Amount	3.3.2
		c. <b>Change in Pre-Existing Waiting Period</b> - This benefit changes the Pre-Existing Waiting Period from 36 months to 12, 24 or 48 months.	3.3.3
3.	<b>What are the major exclusion in the policy:</b>	Following is a partial list of the policy exclusions. Please refer to the policy document for the complete list of exclusions: a. Investigation & Evaluation (Code:Excl04) b. Rest Cure, rehabilitation and respite care (Code:Excl05) c. Obesity/ Weight Control (Code:Excl06) d. Change-of-Gender treatments (Code:Excl07)	4.1

	<ul style="list-style-type: none"> <li>e. Cosmetic or Plastic Surgery (Code: Excl08)</li> <li>f. Hazardous or Adventure sports(Code:Excl09)</li> <li>g. Breach of law (Code: Excl10)</li> <li>h. Excluded Providers (Code:Excl11)</li> <li>i. Substance Abuse and Alcohol (Code: Excl12)</li> <li>j. Wellness and Rejuvenation (Code:Excl13)</li> <li>k. Dietary Supplements &amp; Substances (Code: Excl14)</li> <li>l. Refractive Error (Code: Excl15)</li> <li>m. Unproven Treatments-Code (Code: Excl16)</li> <li>n. Sterility and Infertility (Code: Excl17)</li> <li>o. Maternity Expenses (Code - Excl 18)</li> </ul>	
	<p><b>Specific Exclusions (Applicable-to both Global and India)</b></p> <ul style="list-style-type: none"> <li>a. Organ Donor Expenses</li> <li>b. Treatment outside Discipline</li> <li>c. Gene Therapy except to the extent specifically stated to be covered</li> <li>d. Hearing Aids and spectacles</li> <li>e. External durable medical equipment</li> <li>f. Sleep Apnea</li> <li>g. External Congenital Anomaly</li> <li>h. Artificial Life support equipment's</li> <li>i. Outpatient Treatment expect to the specifically stated to be covered</li> <li>j. Self-injury</li> <li>k. Documentation charges</li> <li>l. Circumcision</li> <li>m. Convalescence or Rehabilitation expect to the specifically stated to be covered</li> <li>n. Dental Treatments expect to the specifically stated to be covered</li> <li>o. Unprescribed Drugs or treatments</li> <li>p. Hormonal therapies</li> <li>q. Peritoneal dialysis</li> <li>r. Non-Medically Necessary Treatment</li> <li>s. Spinal subluxation, manipulation and muscle stimulation</li> <li>t. Treatment by a family member</li> <li>u. Vaccination and immunization</li> <li>v. Charges other than Reasonable &amp; Customary Charges</li> <li>w. Nuclear Attack</li> <li>x. War</li> </ul>	4.2
	<p><b>Specific Exclusions (Applicable- Global)</b></p> <ul style="list-style-type: none"> <li>a. Alternative Treatments</li> <li>b. Countries outside Geographical Scope</li> <li>c. Non-payable items</li> <li>d. Sanction Clause</li> <li>e. Treatment taken in India</li> </ul>	4.3
	<p><b>Specific Exclusions (Applicable- India)</b></p> <ul style="list-style-type: none"> <li>a. Medical supplies</li> <li>b. Prosthetic and other devices</li> <li>c. Treatment taken Abroad</li> <li>d. RMO charges and Service charge</li> </ul>	4.4
<b>4.</b>	<p><b>Waiting Periods</b></p> <p><b>Applicable for Global Cover:</b></p> <ul style="list-style-type: none"> <li>a. Pre-Existing Disease waiting period (Code: Excl01): 36 months</li> <li>b. Specified disease/procedure (Code: Excl02) <ul style="list-style-type: none"> <li>• 36 months for Joint Replacement/Reconstruction (Hip, Knee, Shoulder)</li> <li>• 48 months for Gene therapy</li> <li>• 24 months for listed illnesses/procedures</li> </ul> </li> <li>c. 90 days initial Waiting Period</li> </ul>	<p>4.1.1</p> <p>4.1.2</p> <p>4.3.1</p>

		<p><b>Applicable for India Cover (if opted):</b></p> <p>a. Pre-Existing Disease waiting period (Code: Excl01): 36 months</p> <p>b. Specified disease/procedure (Code: Excl02)</p> <ul style="list-style-type: none"> <li>• 24 months for Joint Replacement/Reconstruction (Hip, Knee, Shoulder)</li> <li>• 48 months for Gene therapy</li> <li>• 24 months for listed illnesses/procedures</li> </ul> <p>c. 30 days initial Waiting Period</p> <p>d. Dental Cover: 30 days</p>	<p>4.1.1</p> <p>4.1.2</p> <p>4.4.1</p> <p>3.2.12.4</p>
5.	<b>Payment Basis</b>	Payment on indemnity basis for all covers except OPD cover, Health Checkup and Assistance Service which are on Benefit basis	
6.	<b>Loss Sharing</b>	<p><b>Co-Payment</b></p> <p>20% co-payment on the Assessed Claim Amount if at the time of inception of the first Policy with the Company, the age of the Insured Person is 61 years and above.</p>	6.13
7.	<b>Renewal Conditions</b>	The policy shall ordinarily be renewable except on grounds of fraud, moral hazard, misrepresentation by the insured person. Renewal shall not be denied on the ground that the insured had made a claim or claims in the preceding policy years.	5.1.8
8.	<b>Cancellation</b>	<p>a. The Policyholder may cancel this Policy by giving 15 days' written notice, and in such an event, the Company shall refund premium on short term rates for the unexpired Policy Period as per the rates detailed in the policy terms and conditions.</p> <p>b. The Company may cancel the policy at any time on grounds of misrepresentation, non-disclosure of material facts, fraud by the Insured Person by giving 15 days' written notice.</p>	5.1.7
9.	<b>Claims</b>	<p><b>Claims Procedure (Applicable Global)</b></p> <p><b>Cashless:</b> Claims shall be settled on cashless basis. Insured may contact the Empaneled Service Provider with a request for claim. Details of the Empaneled Service Provider shall be available on the Company website.</p> <p>On the basis of documents submitted and Insured Person's medical condition the Empaneled Service Provider provide a choice of Hospitals/treatments to the Insured Person.</p> <p><b>Re-imburement:</b> In case of any Claim under the Benefits Pre-Hospitalization, Post-Hospitalization, Visa Charges and Documentation and Assistance Services where Cashless facility is not availed, Insured can avail the claim under Re-imburement basis</p>	<p>6.3(i)</p> <p>6.3(ii)</p>
		<p><b>Claims Procedure (Applicable India)</b></p> <p><b>Cashless:</b> The Insured Person can avail Cashless facility at the time of admission into any Network Hospital, by presenting the health card as provided by the TPA/Company with the Policy, along with a valid photo identification proof (Voter ID card / Driving License / Passport / PAN Card / any other identity proof as approved by the Company).</p> <p><b>Re-imburement:</b> In case of any Claim under the Benefits, where Cashless facility is not availed, the list of documents as mentioned in Policy Wording shall be provided by the Policyholder/ Insured Person, immediately but not later than 15 days of discharge from the Hospital, at the Policyholder's/ Insured Person's expense to avail the Claim.</p>	<p>6.4(i)</p> <p>6.4(ii)</p>
10.	<b>Policy Servicing</b>	<p>Any issues related with respect to policy, kindly E-mail us at <a href="mailto:rgicl.services@relianceada.com">rgicl.services@relianceada.com</a> and for correspondence contact us Reliance General Insurance Company Limited</p> <p>Correspondence Address –</p> <p>Reliance General Insurance, Winway Building, 2nd &amp; 3rd Floor, 11/12 Block No. 4, Old No. 67, South Tukoganj, Indore (M.P) - 452001.</p> <p>Contact No.: 022 - 41112600</p>	
11.	<b>Grievances/ Complaints</b>	<p>a. Details of Grievance redressal officer refer the link (<a href="https://www.reliancegeneral.co.in/Insurance/About-Us/Grievance-Redressal.aspx">https://www.reliancegeneral.co.in/Insurance/About-Us/Grievance-Redressal.aspx</a>)</p> <p>b. IRDAI Integrated Grievance Management System-<a href="https://igms.irda.gov.in/">https://igms.irda.gov.in/</a></p> <p>c. Insurance Ombudsman - The contact details of the Insurance Ombudsman offices have been provided as Annexure-B of Policy document</p>	5.1.15
12.	<b>Insured's Rights</b>	<p>a. Free Look period of 15 days from the date of receipt of the policy shall be applicable at the inception.</p> <p>b. Lifelong renewability (except on certain specific grounds)</p> <p>c. Right to migrate from one product to another product of the company (E-mail us at <a href="mailto:rgicl.services@relianceada.com">rgicl.services@relianceada.com</a> and For correspondence contact us Reliance General Insurance, Winway Building, 2nd &amp; 3rd Floor, 11/12 Block No. 4, Old No. 67, South Tukoganj, Indore (M.P) - 452001.</p> <p>Contact No.: 022 - 41112600</p>	<p>5.1.13</p> <p>5.1.8</p> <p>5.1.16</p>

		d. Right to port the from one company to another company (E-mail us at rgicl.services@relianceada.com and For correspondence contact us Reliance General Insurance, Winway Building, 2nd & 3rd Floor, 11/12 Block No. 4, Old No. 67, South Tukoganj, Indore (M.P) - 452001.	5.1.17
		e. Change in SI during the policy term or at the time of renewal E-mail us at rgicl.services@relianceada.com	5.2.6
<b>13. Insured's Obligations</b>		Please disclose all pre-existing disease/s or condition/s before buying a policy. Non-disclosure may result in claim not being paid.	5.2.4

**Legal Disclaimer Note: The information must be read in conjunction with the product brochure and policy document. In case of any conflict between the CIS and the policy document, the terms and conditions mentioned in the policy document shall prevail.**

### Premium Illustration

#### Benefit Illustration in respect of policies offered on Individual and Family Floater basis

Age of the members insured	Coverage opted on individual basis covering each member of the family separately (at a single point in time)		Coverage opted on individual basis covering multiple members of the family under a single policy (Sum insured is available for each member of the family)				Coverage opted on family floater basis with overall Sum insured (Only one sum insured is available for the entire family)			
	Premium (Rs.)	Sum insured (USD)	Premium (Rs.)	Discount, if any	Premium after discount (Rs.)	Sum insured (USD)	Premium or consolidated premium for all members of family (Rs.)	Floater discount, if any	Premium after discount (Rs.)	Sum insured (USD)
51 years	20,470	150,000	20,470	10%	18,423	150,000	20,470	30%	36,411	150,000
44 years	12,234	150,000	12,234		11,011	150,000	12,234			
23 years	9,721	150,000	9,721		8,749	150,000	9,721			
18 years	9,590	150,000	9,590		8,631	150,000	9,590			
Total Premium for all members of the family is Rs. 52,015 when each member is covered separately.			Total Premium for all members of the family is Rs. 46,814 when they are covered under a single policy.				Total Premium when policy is opted on floater basis is Rs. 36,411.			
Sum insured available for each individual is USD 1.5 lakh			Sum insured available for each family member is USD 1.5 lakh				Sum insured of USD 1.5 lakh is available for the entire family.			

**Note:** Premium rates specified in the above illustration are standard premium rates for Elite Plan with Worldwide coverage. The rates are without any optional covers, loading and discounts and are exclusive of taxes applicable.

**RELIANCE GENERAL INSURANCE COMPANY LIMITED - PRE-AUTHORISATION FORM  
REQUEST FOR CASHLESS HOSPITALISATION HEALTH INSURANCE POLICY**

**DETAILS OF THE THIRD PARTY ADMINISTRATOR (To be filled in block letters)**

a) Name of TPA / Insurance Company:

b) Phone number:

c) FAX:

**TO BE FILLED BY THE INSURED/PATIENT**

a) Name of Patient

b) Gender:  Male  Female

c) Age: Years  DD / MM / YYYY

d) Date of birth:

e) Contact number:

f) Contact number of attending relative:

g) Insured card ID Number:

h) Policy number / Name of Corporate:

i) Employee ID:

j) Currently do you have any other Mediciam/Health insurance:  Yes  No

If yes, company name:

Give details:

k) Do you have a family physician:  Yes  No

If yes, name of the family physician:

Contact number, if any:

(Please complete declaration on Page 3 of this form)

**TO BE FILLED BY THE TREATING DOCTOR/HOSPITAL**

a) Name of the treating doctor:

b) Contact number of the treating doctor:

c) Nature of illness/disease with presenting complaints:

d) Relevant clinical findings:

e) Duration of the present ailment:

\_\_\_\_\_ days

i. Date of first consultation: DD / MM / YYYY

ii. Past history of present ailment if any:

iii. ICD 10 code:

f) Provisional diagnosis:

g) Proposed line of treatment:

Medical management  Surgical management  Intensive care  
 Investigation  Non-allopathic treatment

h) If investigation and/or medical management, provide details:



i) Route of drug administration:		
j) If surgical, name of surgery:		
k) ICD 10 PCS Code:		
l) If other treatments, provide details:		
m) How did injury occur?		
n) In case of accident:	i. Is it RTA: <input type="checkbox"/> Yes <input type="checkbox"/> No	ii. Date of injury: DD / MM / YYYY
	iii. Reported to police: <input type="checkbox"/> Yes <input type="checkbox"/> No	iv. FIR number:
	v. Injury/disease caused due to substance abuse/alcohol consumption: <input type="checkbox"/> Yes <input type="checkbox"/> No	
	vi. Test conducted to establish this: <input type="checkbox"/> Yes <input type="checkbox"/> No	(If Yes, attach reports)
o) In case of maternity:	<input type="checkbox"/> G <input type="checkbox"/> L <input type="checkbox"/> A	
p) Date of delivery:	DD / MM / YYYY	

**DETAILS OF PATIENT ADMITTED**

a) Date of admission:	DD / MM / YYYY
b) Time:	HH / MM
c) Is this an emergency/a planned hospitalization event?:	<input type="checkbox"/> Emergency <input type="checkbox"/> Planned
d) Expected no. of days' stay in hospital:	_____ days
e) Room type:	
f) Per day room rent + nursing and service charges + patient's diet:	Rs.
g) Expected cost for investigation and diagnostics:	Rs.
h) ICU charges:	Rs.
i) OT charges:	Rs.
j) Professional fees Surgeon + Anaesthetist fees + Consultation charges	Rs.
k) Medicines + Consumables + Cost of implants (if applicable please specify, other hospital expenses):	Rs.
l) All inclusive package charges if any applicable:	Rs.
m) Sum total expected cost of hospitalization:	Rs.
<b>Mandatory: Past history of any chronic illness</b>	<b>If yes, since (month / year)</b>
<input type="checkbox"/> Diabetes	MM / YYYY
<input type="checkbox"/> Heart disease	MM / YYYY
<input type="checkbox"/> Hypertension	MM / YYYY
<input type="checkbox"/> Hyperlipidemias	MM / YYYY
<input type="checkbox"/> Osteoarthritis	MM / YYYY
<input type="checkbox"/> Asthma/COPD/Bronchitis	MM / YYYY
<input type="checkbox"/> Cancer	MM / YYYY
<input type="checkbox"/> Alcohol or drug abuse	MM / YYYY
<input type="checkbox"/> Any HIV or STD/Related ailments	MM / YYYY
Any other ailment give details:	

**DECLARATION (Please read very carefully)**

We confirm having read, understood and agreed to the Declarations on page 3 of this form:

- a) Name of the treating doctor:
- b) Qualification:
- c) Registration number with state code:

\_\_\_\_\_  
Hospital seal (Must include Hospital ID)

\_\_\_\_\_  
Patient/Insured name and signature

**DECLARATION BY THE PATIENT/REPRESENTATIVE:**

1. I agree to allow the hospital to submit all original documents pertaining to hospitalization to the Insurer 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 conditions of the policy. In case the Insurer is not liable to settle the hospital bill, I undertake to settle the bill as per the terms and conditions of the policy.
3. All non-medical expenses and expenses not relevant to current hospitalization and the amounts over and above the limit authorized by the Insurer not governed by the terms and conditions of the policy will be paid by me.
4. I hereby declare to abide by the terms and conditions of the policy and if at any time the facts disclosed by me are found to be false or incorrect, I forfeit my claim and agree to indemnify the Insurer.
5. 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 with respect to the claim, my right to claim reimbursement of the said expenses shall be absolutely forfeited.
6. I agree to indemnify the hospital against all expenses incurred on my behalf, which are not reimbursed by the Insurer.

Patient's/Insured's name: \_\_\_\_\_

Contact number: \_\_\_\_\_

\_\_\_\_\_  
Patient's/Insured's signature

**HOSPITAL DECLARATION:**

1. We have no objection to any authorized Insurance Company official verifying documents pertaining to hospitalization.
2. All valid original documents duly countersigned by the insured/patient as per the checklist below will be sent to 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 Insurance Company, OR arising out of incorrect information in the pre-authorisation form will be collected from the patient.
4. WE AGREE THAT 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. The patient declaration has been signed by the patient or by his representative in our presence.
6. We agree to provide clarifications for the queries raised regarding this hospitalization and we take the sole responsibility for any delay in offering clarifications.
7. We will abide by the terms and conditions agreed in the MOU.

\_\_\_\_\_  
Hospital seal (Must include Hospital ID)

\_\_\_\_\_  
Doctor's signature

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

1. Detailed discharge summary and all bills from the hospital
2. Cash memos from the hospitals/chemists supported by proper prescription.
3. Receipts and pathological test reports from pathologists, supported by note from the attending medical practitioner/surgeon recommending such pathological tests.
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.