TATA AIG INSURANCE
WITH YOU ALWAYS

CLAIM FORM - Part B

To be filled in by the Hospital. The issue of this Form is not to be taken as an admission of liability. Please include the original pre-authorization request form in lieu of PART A.

Please fill-up this form in CAPITAL LETTERS.

DETAILS OF HOSPITAL (SECTION A)

Name of the Hospital: _____

Type of Hospital: ☐ Network ☐ Non-network (If non-network fill Section D) ☐ Valued Provider-Pan India

ROHINI ID: _____

Facilities available in the hospital: OT: ☐☐ ICU: ☐☐

Name of the treating Doctor: _____
Prefix First Name Middle Name Last Name

Qualification: _____ Phone No.: ☐☐☐☐☐☐☐☐☐☐

Registration No.: (with State Code) _____

DETAILS OF THE PATIENT ADMITTED (SECTION B)

Name of the Patient: _____
Prefix First Name Middle Name Last Name

IP Registration Number: _____ Gender: ☐ M ☐ F Age: ☐☐ Years ☐☐ Months ☐☐

Date of Birth: ☐☐☐☐☐☐☐☐ Date of Admission: ☐☐☐☐☐☐☐☐ Time: _____

Date of Discharge: ☐☐☐☐☐☐☐☐ Time: _____

Type of Admission: ☐ Emergency ☐ Planned ☐ Day Care ☐ Maternity

If Maternity: i) Date of Delivery: _____ i) Gravida Status: ☐ G ☐ P ☐ L ☐ A

Status at time of discharge: ☐ Discharge to home ☐ Discharge to another hospital ☐ Deceased

Total claimed amount ₹ : ☐☐☐☐☐☐☐☐

DETAILS OF AILMENT DIAGNOSED (PRIMARY) (SECTION C)

ICD 10 Codes:	Description	ICD 10 PCS:	Description
i) Primary Diagnosis		i) Procedure 1	
ii) Additional Diagnosis		ii) Procedure 2	
iii) Co-morbidities		iii) Procedure 3	
iv) Co-morbidities		iv) Details of Procedure	

Pre-authorization obtained: ☐ Yes ☐ No Pre-authorization Number: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐

If authorization by network hospital not obtained, give reason: _____

Hospitalization due to injury: ☐ Yes ☐ No

i) If yes, give cause: ☐ Self-inflicted ☐ Road Traffic Accident ☐ Substance abuse / alcohol consumption

ii) If injury due to Substance abuse/alcohol consumption, Test Conducted to establish this: ☐ Yes ☐ No (If Yes, attach report)

iii) If Medico legal: ☐ Yes ☐ No iv) Reported to Police: ☐ Yes ☐ No v) FIR No.: ☐☐☐☐☐☐☐☐☐☐

vi) If not reported to police, give reason: _____

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ADDITIONAL DETAILS IN CASE OF NON-NETWORK HOSPITAL (SECTION D)
(ONLY FILL IN CASE OF NON-NETWORK HOSPITAL)

Name of the Hospital: _____

Address: _____

City/Town _____ District _____

Pin Code ☐☐☐☐☐☐ State _____

E-Mail _____ Phone ☐☐☐☐☐☐☐☐☐☐

Registration No.: with State Code _____ Hospital PAN: ☐☐☐☐☐☐☐☐☐☐ Number of In-patient beds: _____

Facilities available in the hospital: i) OT: ☐ Yes ☐ No ii) ICU: ☐ Yes ☐ No iii) Others _____

DECLARATION BY THE HOSPITAL (SECTION E)
(PLEASE READ VERY CAREFULLY)

We hereby declare that the information furnished in this Claim Form is true & correct to the best of our knowledge and belief. If we have made any false or untrue statement, suppression or concealment of any material fact, our right to claim under this claim shall be forfeited.

Date: _____

Place: _____ Signature and Seal of the Hospital Authority: _____

Communication details of TPA (kindly submit the duly signed, filled claim form along with original documents at the following address)

Health Claims Hub, TATA AIG General Insurance Co. Ltd. Door No. 615, 616, 5th and 6th Floor, Imperial Towers, Ameerpet, Next to Ameerpet Metro Station, Hyderabad - 500016, Telangana. Toll-Free: 22 6489 8282 or 1800 229 966 (For Senior Citizens). Website: www.tataaig.com. Email: healthclaimsupport@tataaig.com

Prohibition of Rebates - Section 41 of Insurance Act, 1938 as amended by Insurance Laws (Amendment) Act, 2015

1. No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out or renew or continue an insurancein respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectus or tables of the insurer.
2. Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to ten lakh rupees.

Insurance is the subject matter of solicitation. For more details on risk factors, terms and conditions, please read sales brochure carefully, before concluding a sale.