

PARAMOUNT HEALTH SERVICE - BASIC DOCUMENT CHECK-LIST

S.NO	PARTICULARS	FORM IN WHICH THE DOCS ARE REQUIRED	DOCUMENTS PROVIDED YES/NO
1	PHOTO ID PROOF OF PATIENT ADDRESS PROOF REQUIRED FOR MORE THEN 1 LAC CLAIMS		
2	COPY OF CANCELLED CHEQUE FOR NEFT DETAILS		
3	CLAIM FORM WITH ADMISSIBLE AMOUNT	ORIGINAL	
4	PARAMOUNT ID (PHS ID)/ EMPLOYEE CODE		
5	NATURE OF CLAIM DOCUMENTS - FRESH CLAIM / PRE-POST CLAIM / DEFICIENCY RETRIEVAL DOCUMENT	INDICATE THE NATURE OF CLAIM	
6	DISCHARGE SUMMARY / DEATH SUMMARY (IN CASE OF DEATH CLAIMS) / DAY CARE SUMMARY (IN CASE OF DAY CARE TREATMENTS)	ORIGINAL	
7	HOSPITAL BILL / FINAL BILL WITH BREAKUP AND PAYMENT RECEIPT WITH PRE PRINTED NO.	ORIGINAL	
8	RECEIPT OF PAYMENTS MADE AT THE HOSPITAL WITH PRE PRINTED NO.	ORIGINAL	
8-A	RECEIPT OF PAYMENTS MADE AT THE HOSPITAL BY CREDIT CARD : PLEASE ATTACH THE XEROX COPY OF THE CREDIT CARD PAYMENT SLIP AS RECEIVED FROM THE VENDOR		
9	CASH-MEMO OF MEDICINES	ORIGINAL	
10	INVESTIGATION REPORTS	ORIGINAL	
11	X-RAY, USG, MRI FIMS (IF ANY)	ORIGINAL	
12	OPD CARDS and/or DOCTOR'S PRESCRIPTIONS FOR MEDICINE/TEST	ORIGINAL	
13	CONSULTATION RECEIPTS	ORIGINAL	
14	IN CASE OF PRE-PLANNED SURGERIES NEED PRIOR CONSULATION AND INVESTIGATION REPORTS	ORIGINAL	
15	ANY OTHER DOCUMENTS BEING SUBMITTED (EXAMPLE: MLC AND FIR IN CASE OF ACCIDENT & ALCOHOL CERTIFICATE)	ORIGINAL	
16	DELAY IN SUBMISSION	REASON TO BE SUBMITTED WITH THE CLAIM FILE	
16-A	DATE AND TIME OF ADMISSION		
16-B	DATE AND TIME OF DISCHARGE		
16-C	DATE OF SUBMISSION TO PHS		

IN CASE THE ABOVE MENTIONED DOCUMENTS ARE SUBMITTED IN PHOTOCOPY PLEASE INDICATE AGAINST RELEVANT COLUMNS MENTIONED ABOVE

<u>A</u>	<u>OPHTHAMOLOGY CASES (Eye treatments)-</u>		
1	LENS STICKER and/or LENS CARD		
2	LENS IDENTIFICATION NUMBER		
3	INVOICE COPY OF THE LENS		

CLAIMANT DETAILS -			
1	MEMBER'S NAME		
2	NAME OF THE PATIENT		
3	LICENSE NUMBER		
4	ORGANISATION NAME		
5	SIGNATURE OF THE MEMBER		
6	CONTACT NUMBER OF THE MEMBER		
7	E-MAIL ID OF THE MEMBER		