

# REIMBURSEMENT HOSPITALISATION



Intimate the claim at [claim.intimation@paramounttpa.com](mailto:claim.intimation@paramounttpa.com) within 7 days from the date of admission

Employee code, PHS ID, patient name, diagnosis, date of admission/discharge, diagnosis, hospital name and address, estimated amount – Mobile number and email id

Claim form part A, employee's Pan card and Patient ID proof, kindly send the all documents in **ORIGINAL** within 15 days from the date of discharge.

Collect the all documents from the hospital related to hospitalization at the time of discharge with singed and stamped by hospital like :- Claim form part B, all doctor's prescription related to hospitalization, final bill summary bill number, itemize bill break up in details, payment receipt/s, discharge summary/daycare summary card, all investigation reports/films, sticker/invoice (IOL/stent) and any bills for medicine,/surgical appliances/investigation with supporting doctor prescription, reports and films. Kindly enclose also claim form Part A, ID proof of patient, employee Pan card, employee cancel cheque

If claim admissible

If claim in deficiency

If claim Non-admissible

Payment will be done within 15 days

Query letter will be sent within 07-10 days at email ID

Rejection letter within sent 20-30 days