

IMA Kerala Health Scheme

CLAIM FORM

(Read Instructions on page 4 before filling)

Rcd Date:

Claim No.

1	Name of claimant	Age:	Sex:	Branch:
2	Scheme Enrolment No.	Date of joining scheme:		Renewal Date:
3	Address Permanent		Address to which Cheque/DD to be sent	
4	Phone (R):	Mob:	E-mail:	
5	Details of previous claims if any (in the current membership year)			
	<u>Date</u>	<u>Amount claimed</u>	<u>Amount received</u>	
6	Details of present claim			
	<u>Date of Admission</u>	<u>Discharge</u>	<u>No. of days in hospital</u>	
7	Diagnosis (Procedure/Surgery if any) :			
8	Details of hospital(s) treated			
	<u>Name of Hospital</u>	<u>Address</u>	<u>Phone</u>	
9	Name(s) of Doctors(s) treated			
10	Amount of claim (Bill details to be filled in the tables on pages 2 & 3)			
	a) Room rent + Tax:	b) ICU Charge:		
	c) Nursing charge:	d) Procedure/Implant charges:		
	e) Investigation:	f) Pharmacy:		
	g) Others:	TOTAL:		
11	Details of documents submitted			
12	Originals to be returned: Y / N		Enclosed self addressed and stamped envelope: Y / N	
13	DD payable at:			
14	Status of IMA membership Life member / Annual member Renewed / Not Renewed			

Affidavit

I.....do hereby declare that the details submitted are true to the best of my knowledge and are bonafide records of the charges incurred during the treatment.

Date:

Signature:

Place:

Name:

For Office Use

Scheme Membership: Active/Inactive.

IMA Membership: Active/Inactive.

Total Amount Claimed			
Deductions			
Calculation			
Upper limit of the claim			
Payment allotted			

Signature of Scheme Secretary

[illegible]

[illegible]

CLAIMING PROCEDURE - INSTRUCTIONS

1. Please fill in the Name, Address and Diagnosis/Procedure in block letters
2. Row (5) Current year: Calculated yearly starting from the date and month of joining.
3. Row (11) Originals of discharge summary and all bills should be presented.
4. If you want to get the originals back, send photocopies of the required documents.
5. Originals will be returned once the scrutiny is over. **If you want to get originals back immediately**, put the originals in a self addressed envelope with adequate stamp for speed post, and keep along with the copies. Originals will be send back soon after verification.
6. In any case, **originals will not be returned** if the photocopies of the documents are not attached along with.
7. OP Treatments **will not be reimbursed** unless accepted as day care procedure. Routine investigations as part of health check up will not be reimbursed.
8. Claim application will be rejected if your IMA membership is not up to date at the time of treatment.
9. Claim application will be considered only if the scheme membership is renewed properly and effective at the time of treatment.
11. **Bills should reach the office within 2 months [60days]** of the discharge date/ bill date.
12. In case of conditions in which no IP treatment is mandatory for reimbursement, bills should reach the office within 2 months of purchase/ treatment/investigation.
13. In any case, bills older than 2 months will not be accepted.
14. Total amount of bills should be more than 5000/-
15. The reimbursement may take up to 3 months from the receipt of the application in the scheme office.
16. The duly filled form with documents should be sent to the address given below-

Dr. Venugopalan. B
Hon Secretary IMA KHS
Health Scheme Office
IMA Hall Complex, Kozhikode - 673011
Tel. & Whatsapp No. 8590698600
e-mail: ourimakhs@gmail.com

If you have any query/doubt regarding the claim procedure, feel free to
call

Office Number - 8590698600 (CLAIM)