

**E-CLAIM DISCLAIMER**

Policy No : \_\_\_\_\_  
Document Type : New Reimb Claim  Pre-Post Claim  Query Reply   
Claim No : \_\_\_\_\_(If any)  
Policy Holder Name : \_\_\_\_\_  
Patient Name : \_\_\_\_\_  
Hospital : \_\_\_\_\_  
Date of Admission : \_\_\_\_\_ Date of Discharge \_\_\_\_\_  
Claimed Amount : \_\_\_\_\_ No Of Documents \_\_\_\_\_

Note: Photos of Radiological Films are to be attached

Disclaimer: I \_\_\_\_\_(Policy Holder Name) hereby confirms that hard copies will be submitted as soon as asked for and that the claim has not been made elsewhere by me. If declarations are found untrue, the insurance company may recover the entire amount from me.

NAME : \_\_\_\_\_

Sign : \_\_\_\_\_

Contact No : Mob : \_\_\_\_\_ Resi. \_\_\_\_\_ Office \_\_\_\_\_

Place: \_\_\_\_\_

Date : \_\_\_\_\_