RAJASTHAN STATE ACCREDITED JOURNALIST MEDICAL FACILITY SCHEME 2012-13
(20.10.2012 – 19.10.2013)

WHEREAS the insured designed in the Schedule hereto has by a proposal and declaration dated as stated in the Schedule which shall be the basis of this Contract and is deemed to be incorporated has applied to GENERAL INSURANCE FUND (herein after called the GIF) for the insurance hereinafter set forth in respect of Accredited Journalists/Members (including their eligible family members) named in the Schedule hereto (hereinafter called the INSURED PERSON ) and has paid premium as consideration for such insurance.

NOW THIS POLICY WITNESSES that subject to the terms, conditions, exclusions and definitions contained herein or endorsed, or otherwise expressed hereon the GIF undertakes that if during the period stated in the Schedule or during the continuance of this policy by renewal any insured person shall contract any disease or suffer from any illness (herein after called DISEASE) or sustain any bodily injury through accident(hereinafter called INJURY) and if such disease or injury shall required any such insured person, upon the advice of a duly qualified Physician/Medical Specialist/Medical Practitioner (hereinafter called MEDICAL PRACTITIONER) or of a duly qualified Surgeon (hereinafter called SURGEON) to incur hospitalisation expenses for medical/surgical treatment at any Nursing Home/Hospital in Rajasthan as herein defined (hereinafter called HOSPITAL) as an inpatient, the GIF will pay through TPA/GIF to the Hospital/Nursing Home or the Insured Person the amount of such expenses as are reasonably and necessarily incurred in respect thereof by or on behalf of such Insured Person but not exceeding the Sum Insured in aggregate in any one period of insurance stated in the schedule hereto.

1. In the event of any claim/s becoming admissible under this scheme, the GIF will pay through TPA to the Hospital/Nursing Home or the insured person the amount of such expenses as would fall under different heads mentioned below and as are reasonably and necessarily incurred thereof by or on behalf of such Insured Person, but not exceeding the Sum Insured in aggregate mentioned in the schedule hereto.
   (A) Room, Boarding in general ward and Nursing Expenses as provided by the Hospital/Nursing Home as per condition.
   (B) Surgeon, Anesthetist, Medical Practitioner, Consultants, Specialists Fees.
   (C) Anesthesia, Blood, Oxygen, Operation Theatre Charges, Surgical Appliances, Medicines & Drugs, Diagnostic Materials and X-ray, Dialysis, Chemotherapy, Radiotherapy, Coast of Pacemaker, Artificial Limbs implanted in the body & Cost of organs and similar expenses.
   (N.B.: GIF’s Liability in respect of all claims admitted during the period of insurance shall not exceed the Sum Insured per family as mentioned in the schedule)

2. DEFINITIONS :

2.1 HOSPITAL means any registered institution in or outside Rajasthan established for indoor care and treatment of deseases and injuries and which are :-
   (a) All the Government hospitals in the State of Rajasthan
   (b) The Hospitals outside Rajasthan which have been approved by the Govt. of Rajasthan (Appendix –1)
Private Hospitals duly approved by GIF situated within Rajasthan and outside Rajasthan. (Appendix –2)

2.2 ‘Surgical Operation’ means manual and/or operative procedures for correction of deformities and defects, repair of injuries, diagnosis and cure of diseases, relief of suffering and prolongation of life.

2.3 Expenses on Hospitalisation for minimum period of 24 hours are only admissible. However, this time limit is not applied to specific treatments, i.e. Dialysis, Chemotherapy, Radiotherapy, Eye Surgery, Dental Surgery in case of accidents, Lithotripsy (Kidney Stone removal), D&C, Tonsillectomy taken in the approved Hospital/Nursing Home and the Insured is discharged on the same day, the treatment will be considered to be taken under hospitalisation Benefit. This condition will also not apply in case of stay in hospital of less than 24 hours provided Explanation the treatment is such that it necessitates hospitalisation and the procedure involves specialised infrastructural facilities available in hospitals and due to technological advancement hospitalisation is required for less than 24 hours only. It would be certified by concerning Doctor under whom treatment is given and weighted by TPA.

2.4 CGHS/Govt. approved packages in this behalf will be admissible.

2.5 OUT DOOR HOSPITAL FACILITY :-
In the Government Hospitals reimbursement of medicines upto Rs. 2500/- per annum per family on floater basis from authorised medical shop including tests, X-ray done by medicare relief society.

3. ANYONE ILLNESS :-
Any one illness will be deemed to mean continuous period of illness and it includes relapse within 45 days from the date of discharge from the Hospital/Nursing Home where treatment has been taken. Occurrence of the same illness after a lapse of 45 days as stated above will be considered as fresh illness for the purpose of this policy.

3.1 PRE-HOSPITALISATION :-
Relevant medical expenses incurred during period up to 10 days prior to hospitalisation on disease/illness/injury sustained will be considered as part of claim and this facility would be given in critical diseases.

3.2 POST HOSPITALISATION :-
Relevant medical expenses incurred during period up to 15 days after hospitalisation on disease/illness/injury sustained will be considered as part of claims and this facility would be given in critical diseases.

3.3 MEDICAL PRACTITIONER means a person who holds a degree/diploma of a recognised institution and is registered by Medical Council of respective State of Rajasthan. The term Medical Practitioner would include Physician, Specialist and Surgeon.

3.4 QUALIFIED NURSE means a person who holds a certificate of a recognised Nursing Council and who is employed on recommendation of the attending Medical Practitioner.

3.5 MATERNITY EXPENSES BENEFIT means treatment taken in Hospital/Nursing Home arising from or traceable to pregnancy. Childbirth including normal Caesarean Section.

3.6 TPA means a Third Party Administrator who, for the time being, is licensed by the Insurance Regulatory and Development Authority, and is engaged, for a fee or remuneration, by whatever name called as may be specified in the agreement with the GIF, for the provision of health services.

3.7 CASHLESS FACILITY – Cashless facility would be extended to the Insured in the private networking Hospitals only for the critical ailments and the treatment requiring surgical treatments as per Guide lines issued by the GIF. However, The TPA would decide the merit of the case and it will not be claimed as a matter of right by the insured. The denial of cashless facility does not mean the denial of treatment from concerned hospital & reimbursement thereof.
The critical illness means -
(a) Coronary Artery Surgery
(b) Cancer
(c) Renal Failure i.e. failure of both the kidneys.
(d) Stroke
(e) Multiple Sclerosis
(f) Meningities
(g) Major Organ transplants like Kidney, Lung, Pancreas or Bone marrow Transplantation.

3.8 CLAIM INTIMATION TO TPA - It is required by the Accredited Journalists that the claims arising in private hospitals should be intimated by cashless request form/ claim intimation form, available in the hospital, to the TPA positively. If the claim intimation does not reach the TPA the same day when the patient is admitted to the hospital, then the Accredited Journalists shall not be entitled for re-embursement.

3.9 Claim Intimation to TPA in case of Government Hospitals – It is required by the Accredited Journalists that the claim arising in Govt. Hospitals should be intimated in writing to the concerned, District State Insurance & Provident Fund office, on the same day patient is admitted to the hospital, otherwise, the employee shall not be entitled for reimbursement.

3.10 DEPENDENT FAMILY – The ‘family’ of the Accredited Journalists shall include the Accredited Journalists, his/her spouse, not more than two dependant children upto 21 years of age.

3.11 FAMILY DETAIL – Every Accredited Journalists shall have to provide details of the family & photographs for preparing the database & for issuing identity cards in the prescribed form(Appendix 3).
Explanation – Details of the family means : Name, Names of Family members, Age and relation with insured.

4. SCHEDULE : The Schedule enclosed will be deemed to be a part of the policy.

5 EXCLUSION:
The GIF shall not be liable to make any payment under this policy in respect of any expenses whatsoever incurred by any Insured person in connection with or in respect of:
1. Conditions that do not require hospitalization.
2. Congenital external diseases
3. Drug and Alcohol Induced illness
4. Sterilization and Fertility Related procedures
5. Vaccination
6. War, Nuclear Invasion
7. Attempt to Suicide
9. Outdoor treatment which is not included in day care treatment

6. CONDITIONS :
6.1 Every notice or communication to be given or made under this Policy shall be delivered in writing at the address of the TPA/GIF office.

6.2 The premium payable under this Policy shall be paid in advance. No receipt for Premium shall be valid except on the official form of the GIF signed by a duly authorised official of the GIF. The due payment of premium and the observance and fulfilment of the terms, provisions, conditions and endorsements of this policy by the Insured Person in so far as they relate to any thing to be done or complied with by the Insured Person shall be a condition precedent to any liability of the GIF to make any payment under this Policy. No waiver of any terms, provisions, condition an endorsements of this policy shall be valid unless made in writing and signed by an authorised official of the GIF.
6.3 Upon the happening of any event which may give rise to a claim under this Policy notice with full particulars shall be sent to the TPA/GIF immediately and in case of emergency Hospitalisation with in 24 hours from the time of Hospitalisation.

6.4 All supporting documents relating to the claim must be filed with TPA/GIF within 30 days from the date of discharge from the hospital. In case of post-hospitalisation, treatment (limited to 15 days), all claim documents should be submitted within 30 days after completion of such treatment.

6.5 The Insured Person shall obtain and furnish the TPA/GIF with all original bills, receipts verifications and other documents upon which a claim is based and shall also give the TPA/GIF such additional information and assistance as the TPA/GIF may require in dealing with the claim.

6.6 Any medical practitioner or an officer authorised by the TPA/GIF shall be allowed to examine the Insured Person in case of any alleged injury or disease requiring Hospitalisation when and so often as the same may reasonably be required on behalf of the TPA/GIF.

6.7 The GIF shall not be liable to make any payment under this policy in respect of any claim if such claim be in any manner fraudulent or supported by any fraudulent means or device whether by the Insured Person or by any other person acting on his behalf.

6.8 If at the time when any claim arises under this Policy, there is in existence any other insurance (other than Cancer Insurance Policy in collaboration with India Cancer Society), whether it be effected by or on behalf of any Insured Person in respect of whom the claim may have arisen covering the same loss, liability, compensation, costs or expenses, the GIF shall not be liable to pay or contribute more than its rateable proportion of any loss, liability, compensation costs or expenses. The benefits under this Policy shall be in excess of the benefits available under Cancer Insurance Policy.

6.9 If and when the Accredited Journalists has submitted his/her family details to the State Insurance and Provident Fund (G.I.S.) and identity cards have been issued to the insurer, then only he/she shall be entitled for cashless facility.

6.10 The Policy may be renewed by mutual consent. The GIF shall not however be bound to give notice that it is due for renewal and the GIF may at any time cancel this Policy by sending the Insured 30 days notice by registered letter at the insured’s last known address and in such event the GIF shall refund to the insured a pro-rate premium for unexpired Period of Insurance. The GIF shall however, remain liable for any claim, which arose prior to the date of cancellation. On the event of exit from the policy the premium to be returned on prorata basis, after the deduction of the claim amount on short period scale. The GIF undertakes to provide cover to the insured upto the limit of 125% of the net premium under written.

6.11 If any dispute or difference shall arise as to the quantum to be paid under the policy (liability being otherwise admitted) such difference shall independently of all other questions be referred to the decision of a sole arbitrator to be appointed in writing by the parties or if they cannot agree upon a single arbitrator within 30 days of any party invoking arbitration, the same shall be referred to a panel of three arbitrators, comprising of two arbitrators, one to be appointed by each of the parties to the dispute/difference and the third arbitrator to be appointed by such two arbitrators and arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act, 1996.

It is clearly agreed and understood that no difference or dispute shall be referable to arbitration as herein before provided, If the GIF has disputed or not accepted liability under or in respect of this Policy.
It is hereby expressly stipulated and declared that it shall be a condition precedent to any right of action or suit upon this policy that award by such arbitrator/arbitrators of the amount of the loss or damage shall be first obtained.

6.12 If the TPA, as per terms and conditions of the policy or the GIF shall disclaim liability to the Insured for any claim hereunder and if the Insured shall not within 12 calendar months from the date or receipt of the notice of such disclaimer notify the TPA/GIF in writing that he does not accept such disclaimer and intends to recover his claim form the TPA/GIF then the claim shall for all purposes be deemed to have been abandoned and shall not thereafter be recoverable hereunder.

6.13 All medical/surgical treatments under this policy shall have to be taken in approved hospitals in and outside Rajasthan and admissible claims thereof shall be payable in Indian currency. Payment of claim shall be made through TPA/GIF to the Hospital/Nursing Home or the Insured Person as the case may be. The list of approved hospitals is available at (Appendix 2).

6.14 In case of death of insured during policy period the names of family members to be continued till expiry of the policy.

6.15 Medical examination of the Accredited Journalists or any member of his family shall not be a condition for issue of Mediclaim Policy.

6.16 A master policy has been issued & copy of policy has been provided to Director, Information and Public Relations. It is required from Director Information and Public Relations that He would brought in notice of all the Accredited Journalists regarding terms & condition of the policy.

6.17 This Policy is available at website : www.finance.rajasthan.gov.in

7 HIGH CLAIMS RATIO LOADING (MALUS)
The total premium payable at the time of renewal of the Group Policy will be loaded at the following scale depending upon the incurred claims ratio for the entire group insured under the Group Mediclaim Insurance Policy for the preceding three completed years excluding the year immediately preceding the date of renewal, where the Group Mediclaim Policy has not been in force for the three completed years, such shorter periods of completed years, excluding the year immediately preceding the date of renewal will be taken in to account.

8 Incurred Claim ratio under the group policy

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<th>Incurred Claim ratio</th>
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<tr>
<td>Between 70% and 100%</td>
<td>25%</td>
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<tr>
<td>Between 101% and 125%</td>
<td>55%</td>
</tr>
<tr>
<td>Between 126% and 150%</td>
<td>90%</td>
</tr>
<tr>
<td>Between 151% and 175%</td>
<td>120%</td>
</tr>
<tr>
<td>Between 176 and 200</td>
<td>150%</td>
</tr>
<tr>
<td>Over 200%</td>
<td>Cover to be reviewed</td>
</tr>
</tbody>
</table>

Note:
1 High Claim loading (Malus) will be applicable to the Premium at renewal of the Policy depending on the incurred claims Ratio for the entire Group Insured.
2 Incurred claim would mean claims paid plus claims outstanding in respect of the entire group insured under the policy during the relevant period.

9 MATERNITY EXPENSES BENEFIT EXTENSION : (Wherever applicable)

9.1 Spouse & Accredited female Journalists shall be entitled for this benefit. Benefit shall be as under :-
I. Spouse Rs. 20000/- per year per case.
II. Accredited female Journalists Rs. 50 thousand per case per year.

9.2 Special conditions applicable to Maternity expenses Benefit Extension :
I These Benefits are admissible only if the expenses are incurred in Hospital/Nursing Home as in-patients in Rajasthan.
II A waiting period of 9 months is not applicable for payment of any claim relating to 
normal delivery or caesarean section or abdominal operation for extra uterine 
pregnancy. The waiting period may be relaxed only in case of delivery, miscarriage 
or abortion induced by accident or other medical emergency.

III Claim in respect of delivery for only first two children and/or operations associated 
therewith will be considered in respect of any one Insured Person covered under the 
policy or any renewal thereof. Those Insured Persons who are already having two or 
more living children will not be eligible for this benefit.

IV Expenses incurred in connection with voluntary medical termination of pregnancy 
during the first 12 weeks from the date of conception are not covered.

V Pre-natal and post natal expenses are not covered unless admitted in 
Hospital/Nursing Home and treatment is taken there.

VI Newly born child’s expenses will also be treated as Maternity Expenses.

10 PAYMENT OF CLAIM
10.1 The insured will submit the claim form directly to the TPA in the prescribed proforma 
(Appendix 4).

10.2 For Re-imbursement photo will be pasted by the concerned Accredited Journalists (if he 
doesn’t possess the identity card) which will be duly verified by the treating doctor so as to 
confirm the identity of the Patient.

10.3 No cashless facility will be provided if the identity cards have not been obtained by the 
policy holder.

10.4 Payment of claim shall be made through TPA/GIF to the Hospital or to the Insured Person 
as the case may be normally within 30 days from the date of receipt of completed claim 
proposals by the TPA.

FILE : D:\POLICY\MEDICLAIM06\MEDICLAIM_JOUR10-11
Schedule

Rajasthan State Accredited Journalist Medical Facility Scheme 2012-13

DIRECTOR INFORMATION & PUBLIC RELATION DEPARTMENT RAJASTHAN, JAIPUR

Policy Number : GIF/81/Journalist/Mediclaim/2012-13/10
Name of Insured : Accredited Journalist, Spouse and two dependent Children up to age of 21 years.

Coverage Details :
1. Critical Illness Rs. 2,00,000 (On Floater basis)
2. Mediclaim coverage Rs. 2 Lac (On Floater basis)
3. Benefit of Pre and Post hospitalization upto 10 days and 15 days respectively.
4. All Pre existing diseases shall be covered.
5. Maternity cover
   1. Rs. 20 Thousand for female spouse
   2. Rs. 50 Thousand for Accredited Female Journalist

Premium :
Rs. 8000/- per annum including S.T.
ch. No.048460 dated 12-10-2012 Amount 8,08,000/-
ch. No.048695 dated 19-10-2012 Amount 5,92,000/
Total Amount 14,00,000/- (175 journalist)

Contribution : The premium will be paid in proportion as 90% of annual premium will be deposited by state government through journalist welfare fund and remaining 10% will be deposited by individual policy holders.

Beneficiary :
(a) Head - Accredited Journalist
(b) Spouse
(c) Any two dependent children upto age of 21

Claim Intimation :
The Director, State Insurance & Provident Fund, TPA authorized by the Director.

Cashless facility :
Cashless facilities will be provided by TPA in approved private Hospitals only for the critical illness.

Reimbursement :
Expenses incurred for treatment taken by the patient in govt. hospitals/outdoor facility upto 2500/- during the policy period will be reimbursed through TPA for the beneficiary.

Service Provider Hospitals : All Govt. Hospitals (CHCS, District Hospital, Medical College) in the State & approved Private and Public Hospitals within and outside the State.

Waiver of any terms, provision,condition an endorements of this policy shall be valid unless made in writing and signed by an authorised of this Gif

ADDITIONAL DIRECTOR
State Insurance & P.F. Department

DIRECTOR
State Insurance & P.F. Department
List of Hospitals approved by the State Government for treatment outside Rajasthan

1. All India Institute of Medical Sciences, New Delhi.
2. Apollo Hospital, Madras.
3. Bombay Hospital, Bombay.
4. Cancer Institute, Adayar, Madras.
5. Christian Medical College & Hospital, Vallore.
6. Delhi Heart & Lung Institute, New Delhi.
7. Escort Heart Institute, New Delhi.
8. G.B. Pant Hospital, Delhi.
10. Irwin Hospital, New Delhi.
11. J.J. Hospital, Bombay.
12. Jaslok Hospital, Bombay.
13. K.E.M. Hospital, Bombay.
14. Lady Hardinge Medical College Hospital, New Delhi(for women and children).
15. N.M. Wadia Institute of Cardiology, Pune.
16. Post Graduate Institute, Chandigarh.
17. Rajiv Gandhi Cancer Institute & Research Center, Delhi.
18. Tata Memorial Hospital, Bombay.
19. The Gujarat Research & Medical Institute (Rajasthan Hospital), Ahmadabad
Approved Private Hospitals in Rajasthan

(For Journalist)

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<th>S.No.</th>
<th>Hospital Name</th>
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<td></td>
<td><strong>Jaipur (0141)</strong></td>
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<tr>
<td>1</td>
<td>S.K. Soni Hospital</td>
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<td>Calgiary Eye Hospital</td>
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<td>Bhandari Hospital</td>
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<td>Bhagwan Mahavir Cancer Hospital</td>
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<td>Saket Hospital</td>
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<td>Tongia Heart &amp; Gen Hospital</td>
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<td>Santokbha Durlabhij Medical Hospital</td>
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<td>Amar Medical &amp; Research Centar Mansarover</td>
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<td>Geetanjali Hospital</td>
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Any change will be notified separately
कर्मचारी द्वारा समी कॉलम हिन्दी व अंग्रेजी में भरे जाने अनिवार्य हैं। कोई भी कॉलम खाली होने पर प्रस्ताव पत्र निरस्त कर दिया जाएगा।

1. अधिवेशनकृत पत्रकार का पूरा नाम  
Name of Employee

2. पिता/पति का नाम  
Name of Father/Husband

3. अधिवेशनकृत पत्रकार की राज्य सेवा में कार्यग्रहण तिथि

4. वर्तमान वेतन रेटें (STIPEND)  
Present Designation  

5. ज्ञात पेशेवर योजना नम्बर  
Home Address (In English)

6. वर्तमान आहारण वितरण अधिकारी का पद (हिन्दी में)  
Home Address (In English)

7. वर्तमान पद  
Present Designation  

8. वर्तमान आहारण वितरण अधिकारी का पद (हिन्दी में)  
Home Address (In English)

9. व्रत्मान पद (हिन्दी में)  
Present Designation  

10. एक्सप्रेस डेलीवरी कॉमर्स डेलीवरी  
Present Designation  

# Family Detail for Mediclaim Policy Database

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के-1: परिवार सदस्यों में 21 वर्ष की उम्र तक के 2 बच्चों का ही उल्लेख किया जाए।  
के-2: यही बाबा-माता की समस्तता आप दो हजार रुपये प्रति माह से कम है एवं अधिवेशनकृत पत्रकार के पदस्थापन स्थान पर सामान्यतः साध रहते ही तभी उनका उल्लेख किया जायें।  
के-3: परिवार सदस्यों के उदाम साइज के फोटो विषय कर कर्मचारी उस पर हस्ताक्षर करने तथा सबसे एक अतिरिक्त फोटो परियोजना पत्र हेतु उपलब्ध कराएं।
## राजस्थान सरकार

### राज्य बीमा एवं प्राक्तनी निषिद्ध हिंदी कियाग (साधारण बीमा निषिद्ध)

“ही—क्लॉक, द्वितीय तद, विन्च भवन, जंगलो, जमपुर।”

**फोन :** 2740219, 2740292

**नेट्डिल्सेम बीमा पॉलिसी दावा प्राप्त**

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<td>2.</td>
<td>पॉलिसी संख्या</td>
</tr>
<tr>
<td>3.</td>
<td>रोगी यथिभत का विवरण</td>
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<td></td>
<td>ख. जीवन पूर्व आयु</td>
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<tr>
<td></td>
<td>ध. तौरे नं</td>
</tr>
<tr>
<td>4.</td>
<td>संसाधन रोग/बीमारी या लंगि हुई चोट का कारण</td>
</tr>
<tr>
<td>5.</td>
<td>यह दिनांक निंदा चोट लगने या रोग/बीमारी होने की पहली बार पता चलता</td>
</tr>
<tr>
<td>6.</td>
<td>अपस्ताल का नाम और पता</td>
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<td>7.</td>
<td>(1) भरी छोटे का दिनांक</td>
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<tr>
<td></td>
<td>दिनांक</td>
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<tr>
<td></td>
<td>छोटे जाने का दिनांक</td>
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<tr>
<td>8.</td>
<td>यह दावा अधिकारी अस्पताल भरी के लिए है ती कृपया बताएं</td>
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<tr>
<td></td>
<td>क. उपचार के प्रारंभ का दिनांक</td>
</tr>
<tr>
<td></td>
<td>माह</td>
</tr>
<tr>
<td></td>
<td>ख. उपचार समाप्त होने का दिनांक</td>
</tr>
<tr>
<td></td>
<td>माह</td>
</tr>
<tr>
<td>9.</td>
<td>संपूर्ण खातों का मददार विवरण :-</td>
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<tr>
<td></td>
<td>(अ) कमरा फिल्टर</td>
</tr>
<tr>
<td></td>
<td>(ब) दीर्घकालिक/मसौदन/सर्जन शुल्क</td>
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<td></td>
<td>(स) जीव/परिष्करण व्याप</td>
</tr>
<tr>
<td></td>
<td>(द) दावांस में व्याप</td>
</tr>
<tr>
<td></td>
<td>(प) आपराधिक विवरण का व्याप</td>
</tr>
<tr>
<td>10.</td>
<td>बैंक खाता संद (salary a/c number) एवं बैंक का नाम</td>
</tr>
</tbody>
</table>

(यह बैंक बैंक वाले में जाना करवाने के लिये बैंक पास बैंक की छायापत संलग्न करे )

<table>
<thead>
<tr>
<th>संख्या</th>
<th>विवरण</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>मैक्सिल्स बीमा परिषद पत्र की संख्यित विविधता अधिकारी प्रमाणी से प्रमाणित फोटो प्रति</td>
</tr>
<tr>
<td></td>
<td>(परिषद पत्र प्रद नहीं होने की स्थितिय में रोगी का फोटो विविधता जाए)</td>
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<tr>
<td>2.</td>
<td>अस्पताल के बिल, रस्ता और छोटे जाने का प्रमाण पत्र/कार्ड</td>
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<tr>
<td>3.</td>
<td>उचित प्रक्रिया से साधा अस्पताल एवं दावा के मूल प्रमाणित विलिका को फोटो प्रति</td>
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<tr>
<td>4.</td>
<td>कभी प्रक्रिया के बिलों के संबंधित जांच स्थिरों के साथ एवं रोग के बढ़ते में प्रमाण-पत्र</td>
</tr>
<tr>
<td>5.</td>
<td>अधिकारी अस्पताल भरी के साथ में भरी के प्रारंभ के पत्र में उसकी रेखाखंड करने वाली प्रतिस्थलित नर्स से प्रारंभ रस्ता दिये के साथ उपचार करने वाले</td>
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<tr>
<td>6.</td>
<td>उपचार करने वाले विविधता से प्रमाण-पत्र जिसमें पॉलिसी के अधिकारी अस्पताल भरी कार्ड के अंतर्गत उपचार करने के लिए कारण दिए गए</td>
</tr>
</tbody>
</table>
| 7. | उपचार करने वाले विविधता/सर्जन से यह प्रमाण-पत्र कि इसे लागू हुआ है | (किस्सार्ट टिकट)
घोषणा

मैं एतदृ द्वारा घोषणा करता हूं कि उपर्युक्त विवरण सभी प्रकार से सत्य है और संगी जिस पर चिकित्सा व्यव किया गया है वह पूर्वसुन्दर बुद्धि पर आधिक्य है। मैं आगे घोषणा करता हूं कि उपर्युक्त हिस्से के संबंध में कोई भी लाग किसी अन्य चिकित्सा योजना या बीमा के अन्तर्गत प्राप्त नहीं किया गया है।

200 आज के अंत में से .............. दिन पर ................. में दिनांकित

दाताकर्ता के हस्ताक्षर
भाग पद नाम व पता

रॉगी का
हस्ताक्षर फोटो
जो चिकित्सक
द्वारा प्रमाणित है।

सत्यापन

प्रमाणित किया जाता है कि उपरोक्त वयस्क विवरण सत्य है।

प्रमाणित किया जाता है कि श्री/श्रीमती/वृ/श्रीरुप.........................रप्ले................... दर्शन में इस कार्यालय में पद्धति प्राप्त है एवं
इनका वेतनमान......................... है। कृपया जमानत की व्यवस्था करवाये।

हस्ताक्षर आहरण वितरण अभिकारी मैं सीता

प्रथिमत चिकित्सक/मेडिकल सुप्रिंटेंडेंट के हस्ताक्षर
कार्यालय/TPA में प्रयोग के लिए

(1) दावे का दिनांक  
(2) दावा वर्गीकरण  
(3) पॉलिसी संख्या  
(4) बीमित धनराशि  
(5) दाबाकर्ता द्वारा उडाए गए खचों की अनुसूची – (1)  
(2)  
(3)  
(6) तैयारकर्ता  
(7) जांचकर्ता  
(8) अनुबंधकर्ता  
कुल धनराशि दावे के अंतर्गत देय है:  
अधिम भुगतान घटाकर यदि कोई है तो (–)रु.  
(9) भुगतान के लिए पारित रूपये  
(10) यदि सम्पूर्ण दावा मंजूर नहीं किया गया तो उसका कारण –  

राजस्थान सरकार  
राज्य बीमा एवं प्रावधायी निधि विभाग  
(साधारण बीमा निधि)  

नाम :  
पता :  

पॉलिसी नं- % GIF/81/Medi/2012-13/10  
आयु :  
आई.डी. नं.(CPF) :  
पॉलिसी आरम्भ दिनांक :  
समाप्ति दिनांक:  

"सामाजिक सुरक्षा – समय पर व्यवस्था"

<table>
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<th>पुत्र/पुत्री (नाम)</th>
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<th>माता (नाम)</th>
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</tr>
</tbody>
</table>

अपयमान में भर्ती होने पर संपर्क करें  
TPA -  

GIF Help line : 0141-2740292