

GOVERNMENT OF RAJASTHAN
STATE INSURANCE AND PROVIDENT FUND DEPARTMENT
(GENERAL INSURANCE FUND)

‘D’ BLOCK, VITTA BHAWAN, JANPATH, JAIPUR

Phone : 0141-2740219, 2740292

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 diseases 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)

- (c) Private Hospitals duly approved by GIF situated within Rajasthan and out side 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 re-embursement 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) Meningitis
- (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 entitle 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
 - 8. Naturopathie, Unani, Siddha, Arurveda.
 - 9. Outdoor treatment which is not included in day care treatment
 - 10. Dental 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 Poilicy.
- 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 | <u>Incured Claim ratio under the group policy</u> | <u>Loading</u> |
|---|--|-----------------------|
| | Between 70% and 100% | 25% |
| | Between 101% and 125% | 55% |
| | Between 126% and 150% | 90% |
| | Between 151% and 175% | 120% |
| | Between 176 and 200 | 150% |
| | Over 200% | Cover to be reviewed |

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-imbusement 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

Government of Rajasthan
STATE INSURANCE AND PROVIDENT FUND DEPARTMENT
(GENERAL INSURANCE FUND)

‘D’ BLOCK, VITTA BHAWAN, JANPATH, JAIPUR

Phone : 0141-2740219, 2740292

Schedule

Rajasthan State Accredited Journalist Medical Facility Scheme 2012-13

**DIRECTOR INFORMATION & PUBLIC RELATION DEPARTMENT RAJASTHAN,
JAIPUR**

| | |
|----------------------------|--|
| Policy Number | : GIF/81/Journalist/Medicaid/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. Medicaid 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 bebeneficiary. |
| 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 endoresments 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, Vellore.
6. Delhi Heart & Lung Institute, New Delhi.
7. Escort Heart Institute, New Delhi.
8. G.B. Pant Hospital, Delhi.
9. Gujarat State Cancer & Research Institute (M.P. Shah Cancer Hospital), Ahmadabad.
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)

| S.No. | Hospital Name | Phone no |
|-----------------------|---|--------------------|
| Jaipur (0141) | | |
| 1 | S.K.Soni Hospital | 2232408 |
| 2 | Calgiary Eye Hospital | 2521384, 2521389 |
| 3 | Bhandari Hospital | 2703851/2703852 |
| 4 | Bhagwan Mahavir Cancer Hospital | 5113104/2700107 |
| 5 | Saket Hospital | 2755074-75 |
| 6 | Tongia Heart & Gen Hospital | 2370271 |
| 7 | Anand Eye Hospital | 2371106-07/5125121 |
| 8 | Santokbha Durlabhij Medical Hospital | 2566251-58 |
| 9 | Jain ENT Hospital | 2742828 |
| 10 | Amar Medical & Research Centar Mansarover | |
| 11 | Dhanvantri Hospital | 2781425 |
| Ajmer (0145) | | |
| 1- | Gheesi Bai Mittal Hospital | 2603600 |
| Jodhpur (0291) | | |
| 1- | Goyal Hospital | 2432144/2434144 |
| Udaipur (0294) | | |
| 1. | Kalpana Nursing Home | 2527244 |
| 2. | Geetanjali Hospital | 2500000 |

Any change will be notified separately

राजस्थान सरकार
राज्य बीमा एवं प्रावधानी निधि विभाग (साधारण बीमा निधि)
डी-ब्लॉक, वित्त भवन, जनपथ, ज्योति नगर, जयपुर (राजस्थान)
दूरभाष - 2740219, 2740292 (फैक्स)
मेडीक्लेम पॉलिसी के लिए डेटाबेस हेतु परिवार विवरण
Family Detail for Medclaim Policy Database

कर्मचारी द्वारा सभी कॉलम हिन्दी व अंग्रेजी में भरे जाने अनिवार्य हैं। कोई भी कॉलम खाली होने पर प्रस्ताव पत्र निरस्त कर दिया जावेगा।

1. अधिस्वीकृत पत्रकार का पूरा नाम
Name of Employee
2. पिता/पति का नाम
Name of Father/Husband
3. अधिस्वीकृत पत्रकार की राज्य सेवा में कार्यग्रहण तिथि
4. वर्तमान वेतन स्टाइपेंड(STIPEND) वेतन श्रंखला/Payscale.....
5. न्यू पेंशन योजना नम्बर
6. बीमा विभाग द्वारा जारी यूआई.डी. नम्बर
7. वर्तमान पद जन्म तिथि/DOB
- Present Designation
8. वर्तमान आहरण वितरण अधिकारी का पद (हिन्दी में)
(In English)
9. आवासीय पता (हिन्दी में).....
Home Address (In English)
10. फोन नम्बर:- कार्यालय निवास मो.न.:-.....

अधिस्वीकृत पत्रकार के परिवार के सदस्यों का विवरण (कृपया सदस्यों का विवरण अंग्रेजी में भरें)

| क्र.सं. | नाम | अधिस्वीकृत पत्रकार से सम्बन्ध | उम्र | जन्म तिथि | लिंग M/F |
|---------|-----|-------------------------------|------|-----------|----------|
| 1. | | स्वयं | | | |
| 2. | | | | | |
| 3. | | | | | |
| 4. | | | | | |
| 5. | | | | | |
| 6. | | | | | |

नोट-

1. परिवार सदस्यों में 21 वर्ष की उम्र तक के 2 बच्चों का ही उल्लेख किया जावे।
2. यदि माता-पिता की सम्मिलित आय दो हजार रुपये प्रति माह से कम है एवं अधिस्वीकृत पत्रकार के पदस्थापन स्थान पर सामान्यतया साथ रहते हों तभी उनका उल्लेख किया जावे।
3. परिवार सदस्यों के स्टाम्प साईज के फोटो चिपका कर कर्मचारी उस पर हस्ताक्षर करें तथा सबके एक अतिरिक्त फोटो परिचय पत्र हेतु उपलब्ध कराएं।

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|--|--|--|--|--|--|

नाम

घोषणा पत्र

में पुत्र/पुत्री/श्री..... पद आयु यह घोषणा करता हूँ कि ऊपर दिया गया विवरण पूर्णतया सत्य है और कोई तथ्य छिपाया नहीं गया है। ईश्वर मेरी सहायता करें।

दिनांक:

हस्ताक्षर अधिकारी/कर्मचारी

उपरोक्त विवरण कार्यालय रिकॉर्ड से जाँच कर लिया गया है एवं बीमा जिला कार्यालय को आवश्यक कार्यवाही हेतु अग्रेषित किया जाता है।

दिनांक:

आहरण एवं वितरण अधिकारी
मय सील

उप/सहायक निदेशक,
राज्य बीमा एवं प्रा0 नि0 विभाग
जिला

राजस्थान सरकार
राज्य बीमा एवं प्रावधायी निधि विभाग
(साधारण बीमा निधि)
"डी"-ब्लॉक, द्वितीय तल, वित्त भवन, जनपथ, जयपुर।
फोन : 2740219, 2740292
मेडिकलेम बीमा पॉलिसी दावा प्रपत्र

1. बीमाधारक का नाम : केवल कार्यालय प्रयोग के लिए
- उपनाम प्रथम नाम
- (जिसके नाम से पॉलिसी जारी की गई है) दावा संख्या.....
2. पॉलिसी संख्या अवधि से तक
3. रोगी व्यक्ति का विवरण
- क. नाम और बीमाधारक के साथ संबंध
- ख. वर्तमान पूर्ण आयु
- ग. घर का पता
- घ. दूरभाष नं० मोबाईल नं०
4. संसर्गजन्य रोग/बीमारी या लगी हुई चोट का प्रकार
5. वह दिनांक जिस दिन चोट लगने या रोग/बीमार होने का पहली बार पता चला
6. अस्पताल का नाम और पता.....
7. (क) भर्ती होने का दिनांक
- दिनांक माह वर्ष
- (ख) छोड़े जाने का दिनांक
- दिनांक माह वर्ष
8. यदि दावा अधिवासी अस्पताल भर्ती के लिए है तो कृपया बताएं
- क. उपचार के प्रारम्भ का दिनांक
- दिनांक माह वर्ष
- ख. उपचार समाप्त होने का दिनांक
- दिनांक माह वर्ष
- ग. उपचार करने वाले चिकित्सक का नाम और पता -
9. संपूर्ण खर्च का मदवार विवरण :-
- (अ) कमरा किराया(परिचर्या, भोजन आदि पर व्यय) :
- (ब) चिकित्सक/विशेषज्ञ/सर्जन शुल्क :
- (स) जाँच/परीक्षण व्यय
- (द) दवाईयों पर व्यय :
- (य) आपरेशन थियेटर का व्यय
- कुल :
10. बैंक खाता सं० (salary a/c number) एवं बैंक का नाम
- (दावा राशि बैंक खाते में जमा करवाने के लिये बैंक पास बुक की छायापति संलग्न करें)
1. संलग्न दस्तावेज :-
- I. मेडिकलेम बीमा परिचय पत्र की संबंधित चिकित्सा अधिकारी प्रभारी से प्रमाणित फोटो प्रति।
(परिचय पत्र प्राप्त नहीं होने की स्थिति में रोगी का फोटो चिपकाया जाये।)
- II. अस्पताल के बिल, रसीद और छोड़े जाने का प्रमाण पत्र/कार्ड।
- III. उचित प्रिस्क्रीपशन के साथ अस्पताल एवं दवाईयों के मूल प्रमाणित बिल/के । मीमो
- IV. सभी प्रकार के रोगों से संबंधित जांच रिपोर्ट के साथ एवं रोग के बारे में प्रमाण-पत्र
- V. अधिवासी अस्पताल भर्ती के संबंध में मरीज के घर में उसकी देखभाल करने वाली प्रशिक्षित नर्स से प्राप्त रसीद जिसके साथ उपचार करने वाले चिकित्सक का प्रमाण-पत्र।
- VI. उपचार करने वाले चिकित्सक से प्राप्त-पत्र जिसमें पॉलिसी के अधिवासी अस्पताल भर्ती क्लॉज के अंतर्गत उपचार करने के लिए कारण दिए गए हों।
- VII. उपचार करने वाले चिकित्सक/सर्जन से यह प्रमाण-पत्र कि मरीज रोगमुक्त हुआ है। (डिस्चार्ज टिकट)

घोषणा

मैं एतद् द्वारा घोषणा करता हूँ कि उपर्युक्त विवरण सभी प्रकार से सत्य है और रोगी जिस पर चिकित्सा व्यय किया गया है वह पूर्णतया मुझ पर आश्रित है। मैं आगे घोषणा करता हूँ कि उपर्युक्त इलाज के संबंध में कोई भी लाभ किसी अन्य चिकित्सा योजना या बीमा के अन्तर्गत प्राप्त नहीं किया गया है।

200 के आज दिन पर में दिनांकित

रोगी का
हस्ताक्षरित फोटो
जो चिकित्सक
द्वारा प्रमाणित हो।

दावाकर्ता के हस्ताक्षर
मय पद नाम व पता

सत्यापन

प्रमाणित किया जाता है कि उपरोक्तानुसार विवरण सही है।

प्रमाणित किया जाता है कि श्री/श्रीमति/कु०/सुश्री.....पद..... वर्तमान में इस कार्यालय में पदस्थापित है एवं इनका वेतनमान..... है। कृपया भुगतान की व्यवस्था करवायें।

हस्ताक्षर आहरण वितरण अधिकारी मय सील

प्राधिकृत चिकित्सक/मेडिकल सुप्रीटेंडेंट के हस्ताक्षर

कार्यालय/TPA में प्रयोग के लिए

- (1) दावे का दिनांक (2) दावा संख्या
- (3) पॉलिसी संख्या
- (4) बीमित धनराशि रु.....
- (5) दावाकर्ता द्वारा उठाए गए खर्चों की अनुसूची – (1)
(2)
(3)
- (6) तैयारकर्ता
(प्रस्ताव पत्र से मिलान किया)
- (7) जांचकर्ता
- (8) अनुमोदितकर्ता कुल धनराशि दावे के अंतर्गत देय है: रु.
अग्रिम भुगतान घटाकर यदि कोई है तो (-)रु.
- (9) भुगतान के लिए पारित रूपये शुद्ध देय धनराशि रु.
- (10) यदि सम्पूर्ण दावा मंजूर नहीं किया गया तो उसका कारण –
सक्षम प्राधिकारी
जारी किया गया डिमांड ड्राफ्ट/चैक नं. मय दिनांक

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

नाम :
पता :

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

Photo

“सामाजिक सुरक्षा – समय पर व्यवस्था”

| पत्नी/पति (नाम) | पुत्र/पुत्री (नाम) | पुत्र/पुत्री (नाम) | पिता (नाम) | माता (नाम) |
|--------------------|-----------------------|-----------------------|-------------------|-------------------|
| (फोटो चिपकाएं) | (फोटो चिपकाएं) | (फोटो चिपकाएं) | (फोटो चिपकाएं) | (फोटो चिपकाएं) |

अस्पताल में भर्ती होने पर संपर्क करें
TPA -

हस्ताक्षर मय सील
(जारी कर्ता)

GIF Help line : 0141-2740292