



**The New India Assurance Company Limited**  
**D.No. 49-01-09, II nd Floor, Daliraju Super Market,**  
**Sangam Office Bus Stop, Akkayyapalem Main Road,**  
**VISHAKAPATNAM – 530 016**

Ph: 0891-2517737: 2591977: 2504849(D) Telfax: 0891-2517781

**ANNEXURE – III to Mediclaim Policy**

**O.P.D. TREATMENT CLAIM FORM – DCI RETIRED EMPLOYEES**

1. Name of the Employee :
2. Name of the Patient :
3. Employee Number :
4. Mediclaim Policy No :
5. Address (In Block letters) :
6. Phone No. with STD Code / CELL Number :
7. Nature of illness :
8. Period of illness :

9	Expenses Incurred	Amount	Bill No	Bill Date
a)	For Consultation			
b)	For Medicines			
c)	For Pathological and other diagnostic test			

I declare that the facts given are correct and that I have not claimed reimbursement for the above expenses incurred by me from any other source

Place:

(SIGNATURE OF THE EMPLOYEE / SPOUSE)

Date:

Name of Account Holder :

(Only Name of Employee / Spouse):

Bank Name:

Account Number:

Branch Name:

IFSC Code :

**Please enclose the following documents along with the claim form:**

- a) OPD Claim Form dully filled in;
- b) All Original Doctor's Prescriptions;
- c) All Original Cash Receipts/Bills for Durgs/Diagnostic Tests etc, all Diagnostic Reports;
- d) Bank Account proof / Cancelled cheque copy

**\*\* All the above documents should be in original. Photocopies will not be accepted**

**All claim bills should be sent to following address**

**VIDAL HEALTH INSURANCE TPA Pvt. Ltd.**  
**D.No.50-94-19/1, N R Bhavan, Ground Floor, Shanthipuram, Vishakhapatnam – 530 016**  
**Phone: 0891-2754316 / 2723959,**