

MDIndia Health Insurance TPA Pvt. Ltd.
Mezzanine Floor, Ballard House, Adi Marzban Path,
Ballard Estate, Bearing CTS number 1185, Fort, Mumbai - 400 001.

OPD CLAIM SUBMISSION CHECKLIST

Students must submit original documents at OSA

Policy Number: 132200/48/2026/1947 MD-ID NO:

1. Name of the Student: _____
2. Enrollment Number is the Employee ID of student (**UPPER CASE**): _____
3. Contact Number: _____
4. TISS email id: _____
5. Please scan all documents from checklist and create one pdf and send to osa@tiss.ac.in

Please put tick mark against the submitted documents:

No.	Checklist	Original/Photocopy/Duplicates
PLEASE TICK THE DOCUMENTS SUBMITTED FROM THE LIST		
1	Form 'A' Filled in original	Original
2	i) Original Prescription from treating doctor stating cause and line of treatment ii) Advice note if any, in case of blood test/X-ray etc.	Original
3	Original Investigation reports, Xray Film, CT Scan, MRI etc., if its online please take the stamp from the pathology or insist on original report to be sent through courier.	Original
4	Original Payment Receipts from treating doctor	Original
5	Original Pharmacy bills	Original
6	Original Investigation Bills	Original
7	Police FIR/Midico Legal Certificate (Mandatory for all Road traffic accidents/burns etc -duly attested by police with Seal	Original
Compulsory Document		
8	Cancelled Cheque/clear bank passbook first page	Photocopy
9	KYC documents- Aadhar card & Pan Card	Photocopy
10	Total amount of claim	Rs.

I have scanned all the above documents and emailed it to osa@tiss.ac.in for reference: Yes/No

NOTE:-

1. Kindly keep a copy of the submitted documents with you for future references.
2. Please note that this is just an indicative checklist & not an exhaustive one, the documents requirement may vary as per the insurer's guidelines which will be intimated accordingly.

Date:

Signature