

# NBCC Claim Form

OPD/HOSPITALISATION/REIMBURSEMENT CLAIM FORM

**Ewest  
East Assist**  
Third Party Administrators

Please send your information to:-

97, Manekshaw Road, Near Anupam Garden, Sainik Farms,  
New Delhi- 110068. Fax No.- 29553033.

Toll Free No.- 18001037576, Phone No.- 47222666, 29554130.

Issuance of this form does not amount to admission of any liability under the claim on the part of the insurers

Policy Holder Information NBCC Ltd.		Patient Information	
Name:		Name:	
Card Id No. NIC-GHI-301115-		Relation:	
E-Code		Insurer : National Insurance Co. Ltd.	
Address:		Tel:No.	
		Mobile:	
Pin:		E-mail. Address	

## Hospital / Doctor's Information

Name:		Provider Information Number(UPIN/MCI NO.):		
Address:		City:	State:	Pin:

## Claim Information

Admission Date :		Time:		Notes (for tpa use) :	
Patient Status:					
First Occurrence Date:					
Discharge Date:		Time:			
Patient Paid Amount:					

Principal Diagnosis:

Other Diagnosis:

Procedure Code:

Disease Code:

## Service line Information

Claim Type	Amount	Discount	Net Amount	Patient Paid Amount	Remarks	Blance Due
IPD Claim Amount						
OPD Claim Amount						

I hereby warrant the truth of the foregoing particulars in every respect & I agree that if I have made or shall make any false or untrue statement, suppression or concealment my right to claim reimbursement of the expenses shall be absolutely for feited. I further declare that in respect of the

above treatment no benefits are admissible under any other Medical Scheme or Insurance.

I authorize EAST WEST ASSIST PVT. LTD (TPA) / National Insurance Co. Ltd.

to obtain/verify any medical record or information from hospital authorities necessary to process the claim on my behalf.

it is compulsory to give bank details because bank bill transfer the claim amount to your bank account by neft

Bank Account Name		Policy Holder/Patient	
Bank A/C No.		Name:	
IFSC CODE		Signature:	Place
MICR CODE		Date:	

- Please attach signed cancelled Cheque for transfer of funds.