**DOMICILIARY TREATMENT- CLAIM FOR NOVEMBER, 2016**

Renewed  Health Insurance policy still not received. Procedure and formats of domiciliary claim not issued. Bank authorities have suggested to submit claims FOR November, 2016, as done by serving employees.

.Claim  Requirements are as follows:

Separate claims are to be submitted for self and the spouse.

1. Attending/treating doctor's certificate cum prescription which is not older than 90 days.

 2. If the certificate does not contain prescription, detailed prescription.

 3. Both the certificate and prescription  must contain name of the doctor, registration number, and signature of the doctor with a rubber stamp of the Doctor.

 4. Bills issued by Chemist/ drug store, bearing serial no. of the bill.

 5. Claim form Part-A, duly filled in and signed by the claimant. While filling up, in respect of claim for the month of November,2016, in the place meant for Policy No. the number of TPA ID Card may be mentioned( Since Renewed Policy is not yet received). On the top of this form, "  For Domiciliary Treatment " should be written.

 6. Domiciliary treatment claim reimbursement statement.

7. ECS mandate. (Forms under SL. no 1,5, 6, and 7 are available on our website- [vbra.in](http://vbra.in/)).

 8. Photocopy of the first page of the Savings Bank Account Pass Book with signature of the bank's official.

9. Cancelled cheque leaf of the bank account.

10. Copy of the Vidal TPA I.d. card.(If the I.D.Card is not received, please write TPA I.D.No on a paper and attach it )

 11. While submitting the claim for November,2016, doctor's certificate/ prescription in original should be attached. For subsequent claims, photo copies of the above  may be attached.

12. All the above papers are to be sent to the Office of the Vidal TPA by registered Post/ speed post or by a courier, who provides a Proof of Delivery.

Please inform this to all Domiciliary Treatment claimants.

 K. V. Naik,Gen. Secretary, VBRA.

ALL THE FORMS ARE UPLOADED ON OUR WEBSITE vbra.in.

CLAIMANTS MAY DOWN LOAD THE FORMS AND USE IT.

PLEASE MAIL TO kevinaik@gmail.com for any clarifications/information.