

Checklist of Requirements for I-Heal Disability Claim

Policy	No
Insure	d:
1.	 I - Heal Claim Forms J Form I (Accident or Sickness, as applicable) to be filled-up by the Insured J Form II to be filled-up by the Hospital's Authorized Representative J Form III (Accident or Sickness, as applicable) to be filled-up by the Attending Physician J Form IV to be filled-up by the Attending Surgeon, if surgery was performed
2.	Statement of Account with Itemized Charges or Summarized Statement of Account with attached Charge Slips.
3.	Photocopies of Official Receipt from the hospital/doctors with original copies to be presented for validation.
4.	Original or Certified True Copies of Hospital records such as: Insured's Admitting History Insured's Clinical History and Physical Examination Insured's Clinical Resume Insured's Hospital Chart Insured's Clinical Chart Records Insured's Discharge Clinical Summary Or the equivalent of the above items
5.	For confinement due to injury: Police Report/Police Progress Report Sworn Statement of Witnesses Newspaper clippings, if any. Photocopies of Official Receipt, Certificate of Registration and Driver's License, if due to a vehicular accident and Insured is the driver. Certification from the Airline/Shipping Company (stating that the Insured is included in the list of passengers manifest), if accident occurred while travelling by Plane or Ship.
	Name and Signature of Customer Care Assistant
Date:	

NOTE: Please attach this form upon submission of the above-requirements.

WARNING: It is unlawful (a) to present or cause to be presented any fraudulent claim for the payment of a loss under a contract of insurance, and (b) to fraudulently prepare, make or subscribe any writing with intent to present or use the same, or to allow it to be presented in support of any claim. Such acts shall be punishable by a fine not exceeding twice the amount claimed or imprisonment of two (2) years, or both, at the discretion of the court. (Section 251, Insurance Code.)