CignaTTK Health Insurance Company Limited
Corporate Office: 401/402, Raheja Titanium, Western Express Highway, Goregaon (East), Mumbai – 400063. IRDA Registration No. 151
Call (Toll Free): 1-800-10-24462 **Visit:** www.cignattkinsurance.in **E-mail:** customercare@cignattk.in

Cigna ttk Health Insurance

CIGNATTK PROHEALTH INSURANCE HEALTH MAINTENANCE BENEFIT CLAIM FORM

(The issue of this Form is not to be taken as an admission of liability)

I. POLICY DETAILS

Proposer Name: F I R S T N A M E M I D D L E N A M E S U R N A M E

Policy Number:

II. UTILIZATION OF HEALTH MAINTENANCE BENEFIT TOWARDS:

a. Copay: ☐ b. Deductible: ☐ c. Out Patients Cover: ☐ d. Non Payable Amount: ☐

(if you have opted for "a" "b" or "d" above, please fill section III VI & VII below. If you have opted for "c" above, please fill sections IV, V, VI & VII)

III. AMOUNT TO BE UTILIZED FOR COPAY / DEDUCTIBLE / NON PAYABLE AMOUNT:

Full available Health Maintenance Benefit: ☐ Specific Amount ₹:

IV. OUTPATIENT CONSULTATION DETAILS:

Name of the Member in respect of whom claim is made:

Date of Consultation: D D M M Y Y Y Y

Description of illness/ Diagnosis for which consulted:

Treatment Given:

V. CHECK LIST OF ENCLOSURES:

☐ Duly filled and signed claim form
☐ Outpatient Invoices
☐ Treating Doctor Prescription/ Consultation papers
☐ Investigation reports, if any

VI. POLICY HOLDER BANK ACCOUNT DETAILS (FOR ECS TRANSFER OF CLAIM SETTLEMENT):

Please furnish the details below along with copy of cancelled cheque.

Bank Name:

Bank Branch:

Bank Account No:

IFSC Code: MICR Code:

VII. DECLARATION BY THE INSURED:

I hereby declare that the information furnished in this claim form is true & correct to the best of my knowledge and belief. If I have made any false or untrue statement, suppression or concealment of any material fact with respect to questions asked in relation to this claim, my right to claim reimbursement shall be forfeited.

Date: D D M M Y Y Y Y

Place: Signature of Insured

Cigna TTK ProHealth Insurance UIN Number: IRDAI/HLT/CTTK/P-H/V.II/390/15-16 • Version 1.0/March 2016