

DOCUMENTS CHECKLIST - HOSPITALIZATION CLAIM

Important Reminders:

- Submit only certified true copies except as indicated below
- Other requirements may still be required after initial review of submitted requirements
- Contestable claims are subject to investigation and will affect processing time

	Hospitalization Insurance Benefit Claim Form
	(Part I- to be accomplished by the Insured) (Part II- to be accomplished by the Employer of the policyholder, as needed) (Part III- to be accomplished by the physician)
	Original or Certified True Copy of Hospital Bill
	Original Official Receipts Covering Payment of Hospital Bills as Indicated in the Statement of Account
	Original Professional Fee Receipts
	Original Official Receipts of Medicines Bought Outside of the Hospital but within the confinement period only
	Record of Operation or Admitting History with Discharged Summary
	Traffic Accident report Sketch (If cause or hospitalization was due to Vehicular Accident) to be secured at the Traffic Management Bureau)
	Photocopy of Driver's License
	Latest Payslip
	Detailed Statement of Account if diagnosed with 2 or more illnesses
	Photocopy of Policy Contract
	Photocopy of 2 Valid IDs

The submission of these forms does not necessarily mean that our Company is accepting liability under the policy. We reserve the right to evaluate all the documents presented and to secure additional proofs when needed.