



TIPS:-EMPLOYEES MEDICAL INSURANCE

Dear colleague,
Medical insurance policy for existing/retired employees is in vogue.
A few tips to ensure smooth processing of the claims given below.

1) Claim to be submitted at following address:

Medical Insurance Cell,
Bank Of Baroda Head office,
Baroda Bhavan,
6th Floor,
Opp National Plaza,
R.C.Dutt Road,
Alkapuri,Vadodara-390007.

2)Toll Free No.: 1800-233-2707 (10 a.m to 05 p.m)

3)E-mail Id: bob_baroda@dhs-india.com

Escalation:-medicalinsurance.ho@bankofbaroda.com

4)Download MEDDIBUDDY APP in your smartphone

Kindly find below the list of mandatory claim documents for future refrence:-

Hospitalisation Claim	Domiciliary Claim
<ul style="list-style-type: none">Claim form (part-A) duly signed by Insured and (part-B) duly signed & stamped by treating doctor.	<ul style="list-style-type: none">Claim form (part-A) duly signed by Employee.
<ul style="list-style-type: none">Original discharge card from the hospital duly signed & stamped by hospital.	<ul style="list-style-type: none">Original recent prescription/ Consultation paper with confirm diagnosis from treating doctor.
<ul style="list-style-type: none">Original Hospitalisation bill with break-up from the hospital duly signed	<ul style="list-style-type: none">All original medicine bills.
<ul style="list-style-type: none">Original Payment receipt with revenue stamp & signed by hospital authority.	<ul style="list-style-type: none">All original Lab or Diagnostic centre's payment receipts with original investigation reports.
<ul style="list-style-type: none">All original investigation reports supporting diagnosis and all reports which bills are attached.	<ul style="list-style-type: none">Original Consultation receipts with Receipt No.
<ul style="list-style-type: none">All original medicine bills with prescriptions.	
<ul style="list-style-type: none">Photo ID & address proof in-case of more than 1 lac claim amount.	
<ul style="list-style-type: none">A copy of FORM C for hospital registration by municipal authority/ local authority/especially Ayurvedic hospital	
<ul style="list-style-type: none">Invoice/sticker of implant used in surgery.	
<ul style="list-style-type: none">MLC given by hospital/ FIR in case of Road traffic accidents	
<ul style="list-style-type: none">Reason for late submission letter will be required in case of delay for more than 30 days.	