



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