



**SUVARNA AROGYA SURAKSHA TRUST**  
**Yeshasvini cooperative farmer's Health care scheme**  
**(Cashless Check List )**



**Patient name :**

**Hospital Name :**

**UHID Number :**

**Claim / Inward Number :**

**Date of Admission :**

**Date of Discharge :**

Sl No.	Particulars	Tick (Yes/No)
1	Claim Form & Final bill along with the patient signature/ attender's signature (with name/relationship)	
2	a. Original Authorization letter from Suvarna Arogya Suraksha Trust. b. Claim form signed by District Co-ordinator/Arogya Mitra.	
3	Hospitalized photo of the patient	
4	Pre- Operative Investigation reports	
5	Post-Operative Investigation reports	
6	Operative Notes	
7	Discharge Summary	
8	Preauthorization request form	
9	Yeshasvini ID card & Cotribution paid receipt	
10	Pre-Numbered Credit Bill of the Hospital	
11	Implant invoice original Bill (If Applicable) with Bar code sticker	
12	Nil MLC Report (If Appliocable)	
13	Clinical Photgraph (If Appliocable)	
14	Operative Video (If Appliocable)	

**Total Claimed Amount : \_\_\_\_\_**

**Verified by :**

**In charge Signature :**