



*Rothshield Healthcare (TPA) Services Limited*

402, Raheja Chambers, Nariman Point, Mumbai – 400021,  
Tel : +91 22 22022147/22048144 Fax : +91 22 22854415 Toll Free – 1800 228 144  
E-mail : [info@rothshield.co.in](mailto:info@rothshield.co.in) Website : [www.rothshield.co.in](http://www.rothshield.co.in)

**Discharge Voucher**

Reference:

Policy no. \_\_\_\_\_ Insured: \_\_\_\_\_

RSID: \_\_\_\_\_ Claimant: \_\_\_\_\_

CCN: \_\_\_\_\_ DOA \_\_\_\_\_ DOD \_\_\_\_\_

Amount Settled: Rs. \_\_\_\_\_ Cheque no. \_\_\_\_\_

Received from Rothshield Healthcare (TPA) Services Ltd. (herein after called Third Party Administrator) on behalf of National Insurance Co. Ltd. the sum insured of Rupees .....< amount in words.....> in full and final settlement, in respect of all my /our above mediclaim.

In consideration of such payment, I /we hereby absolve the Company from all liability present or future arising directly or indirectly out of the said loss or damage under said policy.

Also, I/we agree that sum insured under the said policy stands reduced by the amount paid until the next renewal.

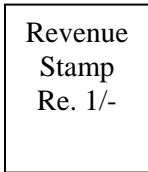
Signature / Thumb impression of policy holder/nominee \_\_\_\_\_

Name: \_\_\_\_\_

Contact no. Res. \_\_\_\_\_ Mobile \_\_\_\_\_

E-mail: \_\_\_\_\_

Date: \_\_\_\_\_



Kindly affix Re.1 Revenue stamp and sign across it. Please return this voucher to Third Party Administrator at the address mentioned above. **Encashment of cheque construes acceptance of settlement by the Insured.**

Note: Any amount disallowed for want of reports / prescriptions / receipts etc. can be represented within 7 days with respective records for our consideration.