Jubilee

GENERAL INSURANCE

|  |  |  |  |
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|  | **OUT – PATIENT CLAIM FORM** |  | **FOR JUBILEE INSURANCE USE ONLY** |
| COMPANY NAME: | Bahria University  |  |
| POLICY NO : |  5932 Date:  |  | Entry No. |  |
| EMPLOYEE NAME |  Designation  |  | Claimed : |  |
| COMPANY ID NO: |  ID# |  | Approved : |  |
| BRANCH CODE & BANK A/C NO  |  |  | Deduction : |  |
| BANK NAME &  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  | ***Claimed Amount*** | ***Approved Amount*** |
| ***Sr. No*** | ***Bill No.*** | ***Date*** | ***Name of Consultant OR Medical Store*** | ***Family*** | ***Self*** | ***Per receipt*** |
|  |  | ***(dd/mm/yy)*** |  |  |  |  |

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| --- | --- | --- | --- | --- | --- | --- |
| 1. |  |  |  |  |  |  |
| 2. |  |  |  |  |  |  |
| 3. |  |  |  |  |  |  |
| 4. |  |  |  |  |  |  |
| 5. |  |  |  |  |  |  |
| 6. |  |  |  |  |  |  |
| 7. |  |  |  |  |  |  |
| 8. |  |  |  |  |  |  |
| 9. |  |  |  |  |  |  |
| 10. |  |  |  |  |  |  |
| ***Sub Total***===================================== |  |  |  |
| ***Grand Total***=================================== |  |  |
| *Amount in words*  |

*I hereby declare that the amount stated above is correct and was incurred by me for medical expenses.*

*Employee’s Signature OIC Health Insurance / HoD Signature with Seal*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Employers Signature with Seal*

|  |  |  |
| --- | --- | --- |
| **DOCUMENTS TO BE ATTACHED**  |  |  |
| \* Proper Original Receipts / Bills of attending Physician with detail of charges. |  |
| \* Proper Original Receipts / Bills showing name of drugs & quantity along with Supporting Prescriptions, Diagnosis report, Lab test and x-rays etc.  |

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| DOCTOR’S REMARKS |
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