**BU EMPLOYEES HEALTHCARE SCHEME**

**JGI OPD CLAIM REIMBURSEMENT FORM – POLICY YEAR 2022**

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| --- | --- | --- | --- |
| Company Name: | Bahria University | Policy No: | **FOR JGI USE ONLY** |
| Employee Name |  | Designation:  | Entry No. |  |
| Company ID No: |  | JGI ID# | Claimed: |  |
| Campus/ CU/ BUHO Directorate: | BUHO | Mobile No:- | Approved: |  |
| OPD Claim No: (mention claim no 1st, 2nd, 3rd, etc applied during the policy year) | Deduction: |  |
| Total OPD reimbursed before this claim is Rs \_\_\_\_\_\_\_\_\_\_\_\_\_\_  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  | ***Claimed Amount*** | ***Approved Amount*** |
| ***S. No*** | ***Bill No.*** | ***Date*** | ***Name of Consultant OR Medical Store*** | ***Family*** | ***Self*** | ***Per receipt*** |
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| ***Sub Total***===================================== |  |  |  |
| ***Grand Total***=================================== |  |  |
| *Amount in words*  |

*I hereby declare that the information given in the claim form is correct and the amount mentioned was incurred by the employee for medical expenses.*

 Signature with Seal \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee’s Signature OIC Healthcare (BU Campus) /CU/

 Director /DD/ AD (BUHO)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DD (Admin) BUHO

|  |  |
| --- | --- |
| **Documents to be attached for OPD Medical Claim reimbursement**  | **Tick**  |
| i. | Doctor / consultant / prescription on letter head  |  |
| ii. | Consultation charges receipt (original) by Doctor/ physician  |  |
| iii.  | Medicine receipt/ charges (original) of pharmacy/ medical store, etc (showing name of drug & quantity) |  |
| iv. | Original receipts/ bills of diagnostic centers, laboratories, medical centres for lab test and x-rays, etc  |  |
| v. | Copy of diagnosis reports with supporting prescriptions |  |
| **Please note that no medical claim (OPD/IPD) will be entertain pending more than 2 months** |

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| JGI Doctor’s Remarks  |
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