The United Insurance Company of Pakistan Ltd.
A Member Company of United International Group

AMAAN UNITED WINDOW TAKAFUL OPERATOR

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# HOSPITAL REIMBURSEMENT CLAIM FORM

| | | | |
|---|---|---|---|
| ORGANIZATION NAME | | | |
| POLICY NO | | ALNo/ EMP NO | |
| EMPLOYEE NAME | | RELATION | |
| PATIENT NAME | | AGE | |
| NAME OF HOSPITAL | | | |
| DATE OF ADMISSION | | DATE OF DISCHARGE | |
| DURATION OF ILNESS | | | |
| DIAGNOSIS | | | |
| PROCEDURE IF ANY | | | |
| CORRESPONDANCE ADDRESS | | | |
| HOME PHONE NUMBER | | BUSINESS PHONE NUMBER | |

**TYPE OF CLAIM**

| | | | | | |
|---|---|---|---|---|---|
| HOSPITALIZATAION | | PRE-POST | | PRE-POST NATAL | |
| MATERNITY | | **CLAIM AMOUNT** | | | |

| S.NO | KIND OF TREATMENT / PROCEDURES | EXPENSES INCURRED (Rs.) |
|---|---|---|
| 1 | Room & Board Charges | |
| 2 | Consultant Physician Fee | |
| 3 | Surgeon's Fees | |
| 4 | Operation Theatre | |
| 5 | Anesthesia Charges | |
| 6 | Laboratory Charges | |
| 7 | Radiology Charges (X-Ray ,CT Scan , MRI, etc ) | |
| 8 | Medicines | |
| 9 | Miscellaneous Expenses | |
| **TOATL** | | |

**Documents required for Claim Re-imbursement**

- Copy of NIC and Heath Takaful Card
- Claim Form duly signed by the Treating Consultant
- Original Itemized Hospital Bills
- Original Payment Receipts
- Prescription for Medicines
- Lab / Radiolagy / etc Test Reports
- Discharge Certificate / Discharge Card
- Birth Certificate (in case of delivery)

## FOR OFFICE USE ONLY

| | |
|---|---|
| CLAIM AMOUNT | |
| SANCTIONED AMOUNT | |
| OUTSTANDING AMOUNT | |
| NOT PAYABLE AMOUNT | |

CLAIM OFFICER SIGNATURE

**Declaration/ Authorization**

I hereby certifiy that all answers, and all documents submitted with the claim form are complete and true. I hereby authorize any doctor hospital,clinic or medical provider any insurance company or any company, institution or any other person who has any record or information about me and /or of my family members to provide Amaan Window Takaful Health with the information,including copies of their records with reference to any sickness or accident,any treatment, examination,advice or hospitalization . Any photocopy of this declaration / authorization shall be taken as the original copy.

**Signature of Patient** **Signature & Seal of the Employeer** **Sanction Authority Signature**