



PAK-QATAR GENERAL TAKAFUL

Pak-Qatar General Takaful Limited

Head Office: 102-105, Buisness Arcade, BlockS, P.E.C.H.S., Shares
Faisal, Karachi, Pakistan,
Phone (92-21) 4311747-56, Fax (92-21) 4386451
Islamabad (Phone) 051 2804159 (Fax) 051 2804228



Out-patient Reimbursement Claim Form

To be completed by the covered Individual Member only

Do not leave any field blank, question unanswered, or declaration undated or unsigned (wherever applicable).

Employer's Name:	CNIC NO:
Employee Name:	Designation:
Health Card Number(EMP):	Location:
Patient's Name:	Bank Account Title:
Contact Number:	E-mail
Participant ID:	

Each expense must be itemized on this form and substantiated by a written statement from the provider of the qualifying product or service certifying:

- The date the product or service was provided
- A description of the product or service provided
- The amount charged
- The name of the provider
- The name of the person to whom it was provided

2. Incomplete information/document(s) will not be accepted for claim substantiation. Attach bills, receipts, and/or attending physician statements.
3. Please be sure to sign and date this form.
4. Please make a photocopy of the reimbursement form and documentation for your records. Your completed Reimbursement form and supporting documents must be submitted to the following address, to ensure prompt reimbursement:

Important:

Your claim will not be entertained/processed unless all of the above listed elements are clearly identified on your receipt.

Participant Benefit Services Department (Health)
Pak-Qatar General Takaful Limited,
Office No. 808-814, 8th Floor, North side, ISE
Tower, 55-B, Jinnah Avenue, Islamabad.
Phone: 051-2894801-4
Fax: 051-2894800

DATE EXPENSE INCURRED DD-MM-YY	SERVICE PROVIDER (clinic, pharmacy, doctor, store etc.)	Description of Expenses	Receipt No	Patient's Relation to participant	Amount Paid
TOTAL REQUIRED REIMBURSEMENT AMOUNT					

Title of Cheque: Participant's (Employer) Name Employee Name

DECLARATION & AUTHORIZATION

I hereby certify that to the best of my knowledge and belief, my statements on this request for reimbursement are complete and true, I understand that I am solely responsible for the validity of claim(s) submitted. I hereby also declare that I am claiming reimbursement only for eligible expenses incurred by myself, and/or covered dependents and that these expenses have not been reimbursed under this plan or any other source or insurance/takaful scheme.

I, the above claimant, hereby authorize any doctor, hospital, clinic, or medical service provider, Takaful/insurance company or any other institution or any person, who has any information or record about me and/or any of my dependents to provide Pak-Qatar General Takaful Limited with the complete information including copies at their records with reference to any sickness, accident, disability, any treatment examination, medical investigation advice of healthcare provider. Photocopy of this authorization shall be valid as the original.

Date of Statement:

/ /

Signature of claimant Individual Member

Employee will complete and sign this form on behalf of minor child