

**UNITED INSURANCE COMPANY OF PAKISTAN LIMITED****IPD Form / In-Patient Claim Reimbursement Form****Note:**

This form is to be supported with paid receipts. Prescriptions and discharge summary* of the hospital for settlement of the claim. Must fill each and every column with as much details as possible and do not leave any column blank.

POLICY PARTICULARS:

Policy Holder:	Shifa Tameer-e-Millat University
Employee Name:	
Employee ID No. & AL No.	
Employee CNIC No.	
Employee Contact No.	
Patient Name & Relationship:	
Patient Date of Birth:	
Sickness Briefly Mention:	

DEATAIL OF HOSPITAL:

Name of Hospital:			
Name of Treating Physician and Surgeon:			
Admission Date:		Discharge Date:	
Total Amount:			
Total Amount In Words			

a. Must attach original paid receipt / bills with sign & stamp.

b. Must attach copy of the doctor / consultant relevant prescriptions for medicines, tests, X Rays & etc.

c. Original admission and discharge summary with sign & stamp.

Discharge summary means a concise description of the patient's hospitalization entered into the medical record, including the reasons for admission, findings of laboratory testing and other diagnostic procedures, the discharge diagnostic provided by the attending physician upon the patient's discharge from the hospital and instructions for the patient.

I declare that to the best of my knowledge and belief the statements contained herein are true and that all relevant information has been disclosed.

Employee Sign & Employee ID No. _____ **Dated:** _____

Verified By Concerned HR: Sign & Date		Diary / Claim No.:
HR Secretariat Sign & Stamp:		Dated: