



# UNITED INSURANCE COMPANY OF PAKISTAN

## OPD Form / Out-Patient Claim Reimbursement Form

Note: Must fill each and every column with as much details as possible & Do not leave any column blank.

### POLICY PARTICULARS:

Policy Holder:	Shifa Tameer-e-Millat University					
Employee Name:						
Employee ID No & AL No.						
Sickness Briefly Mention:						
Patient Age:		Sex:	Male		Female	

### CLAIM REIMBURSEMENT DETAILS:

Sr. No.	Patient Name	Relationship	CHECK THE NUMBER OF EXPENCES						Amount
			Bill / Receipt No.	Date / Month	Consultancy	Medicines	Tests	Others	
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									

Total Amount In Figures:

Total Amount In Words:

### CHECKLIST MANDATORY AS BELOW:

- Must attach original paid receipt / bills with sign & stamp.
- Must attach copy of the doctor / consultant relevant prescriptions for medicines, tests, X Rays & etc.
- Copy of all test / lab reports and Copy of vaccination card for new born baby.
- For dental claim, detailed bills with teeth numbers and x-rays (taken during the treatment)

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: