OUT - PATIENT MEDICAL CLAIM FORM

Jubilee HEALTH INSURANCE

Registration No.*		Batch No.	

* If this claim already submitted through Health App then please mention the Registration number.

Don't leave any blank, unanswered question, medical reports, dates and / or signatures, wherever applicable.

PART A - EMPLOYEE'S SECTION

Company's Name

Card No | Company's Employees ID

Employee's Name

Patient's Name

Relationship with Employee ☐ Self ☐ Spouse ☐ Son ☐ Daughter ☐ Parents Age ☐ Sex ☐ Male ☐ Female

Nature of Visit : ☐ Sickness

☐ Accident

Doctor's Name

Consultation Expenses

Type of Visit	Per Visit Rate	No. of Visit	Total Amount
Clinic Visits			
Home Visits			
Specialist Visits			
Other Tests			
		Sub Total Rs.	

Medical Expenses

Expenses Title	No. of Receipts Attached	Amount Claimed
Medicine		
Laboratory		
X-Rays		
Other Tests		
	Total Amount Rs.	
	B/F Sub Total Rs.	
	Total Claimed Rs.	

Amount claimed (Rupees _____ Only)

I hereby certify that all answers and all documents submitted with this Claim Form are complete and true. I, the above claimant, hereby authorize any doctor, hospital, clinic or any other person who has my record or information about me and/or any of my family members to provide Jubilee Health Insurance with the complete information, including copies of their records with reference to any sickness or accident or any treatment. Any photocopy of the authorization shall be taken as the original copy.

Employee's (Claimant) Signature

Date

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PART B - ATTENDING PHYSICIAN'S SECTION

Patient's Name

Diagnosis (Block Letters)

Symptoms first appeared on Date of first consultation

Is consultation directly related to pregnancy / childbirth ☐ Yes ☐ No

Dates of Treatment / consultation	Detail of treatment / consultation Visits

Details of Treatment (other than prescription):

Doctor's Signature & Official Stamp Date

Physician's Mailing Address & Telephone No.

PMDC No. Speciality Fees / Charges

PART C - POLICY HOLDER'S VERIFICATION SECTION

Authorized person's signature Date

Encl.:

- Official receipt (original) showing the attending physician's detailed charges along with his stamp and signature.
- Itemized pharmacy bill showing the date of purchase, name of patient, quantity and name of drugs along with the physician's prescription.
- Official receipt (s) showing charges for each of the Lab Test, X-rays films, and other examinations done and supported by the respective physician's request to undergo examinations and copies of the results of examinations undertaken.

Jubilee Health Insurance
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