




Protective Islami Life Insurance Limited
GROUP LIFE & HEALTH INSURANCE DEPARTMENT
CLAIM FORM

Please use block letters all through

Name of the Organization:

Contract No.

1. Name of Employee:	
2. Employee ID:	
3. Name of Patient:	
4. Relationship of Employee (if the patient is a spouse/dependent):	
5. Date of Prior Intimation:	6. Membership No:
7. Name of Address Hospital/Clinic:	
8. Date of Admission:	9. Date of Discharge:
10. Breakup of Hospitalization Expenses:-	
Cost, Charge and Fees in respect of	Amount (Taka)
Hospital Accommodation	
Consultant's Fee	
Routine Investigations:	
Medical & Drugs:	
Surgical Charges	
Ancillary Services	
Others	
Total	
_____ Signature of Employee with Date:	_____ Signature of the Div./Dept. Head Date:
(To be filled in by Head Office-HRD,)	
<i>Forwarded for necessary action to</i>	
Signature of Plan Secretary with Seal	 GROUP LIFE & HEALTH INSURANCE DEPARTMENT Protective Islami Life Insurance Ltd. Head Office: H.R Complex (5 th Floor), 100, Bir Uttam A.K Khandaker Road Mohakhali C/A, Dhaka-1212

N.B.: Please note that reimbursement of claim can only be made when all original documents and bills are submitted together with this form as mentioned over leaf. **ALL CLAIMS SHOULD BE SUBMITTED THROUGH THIS FORM.**

Required during submission of claim for reimbursement:-

1. Copy of **Claim Intimation Record**
2. Consultant/Attending **Physician's recommendation for hospitalization**
3. **Claim Form** duly filled in by the employee
4. Copy of **Discharge Certificate** from the hospital/clinic
5. Photocopy of patient's **Treatment Records** while confined in hospital/clinic
6. Photocopy of patient's **Investigation Report** while confined in hospital/clinic
7. Original **Bills** specifying:-
 - a. **Accommodation Charges** (mentioning daily charge with number of days in hospital)
 - b. **Consultant's Fee** (receipts with date)
 - c. **Routine Investigation** (mention charge for each investigation separately)
 - d. **Medicine & Drugs** (original bills mentioning name, quantity & price of each)
 - e. **Surgical Charges** (mention fees for surgeon, O.T., Anesthetist, Assistant etc)
 - f. Charges for **Ancillary Services** (Labor Room Service, Post Operative Care Facilities, Oxygen Therapy, Intensive Care Facility, Blood Transfusion, Ambulance Service, Dressing, Tests Other Than Routine Investigation, Ambulance Services etc.)
 - g. Service charge, telephone, food & beverage
 - h. VAT etc.

For Official Use of Protective Islami Life Insurance Ltd

Date of Receipt:

Prior Intimation Date:

Signature of Recipient:

Head of Group L&H

Date of Receipt of Complete Papers:

Reimbursed Amount: TK

Date of Reimbursement:

Authorized Signature

Date: