প্রোটেক্টিভ ইসলামী লাইফ ইনস্যুরেন্স লিমিটেড
Protective Islami Life Insurance Limited
*Protect Your Future*

# Claim Form - OPD (Out-Patient)

(Please use BLOCK letters all through)

**Name of the Organization:**

**Contract No:**

| | |
|---|---|
| Employee Name: | |
| Employee ID No.: | |
| Patient Name: | |
| Relationship of Employee (if the patient is a dependent): | |
| Date of Prior Intimation: (DD/MM/YYYY) | Date of Visit: (DD/MM/YYYY) |
| Membership No: | Nature of Illness: |
| Bank/bKash Account Name: | |
| Bank/bKash Account No.: | |
| Bank Name: | |
| Bank Branch: | Routing No.: |
| **Breakup of OPD Expenses** | |
| **Cost, Charge & Fees in respect of** | **Amount (Taka)** |
| Consultation Fee | |
| Routine Investigations | |
| Medical & Drugs | |
| **Total** | |
| _____<br>Signature of Employee<br>Date: | _____<br>Signature of the Div./Dept. Head<br>Date: |

To be filled in by Head Office – HRD, .....)

Forwarded for necessary action to

GROUP LIFE & HEALTH INSURNACE DEPT.
Protective Islami Life Insurance Ltd.
H/O: H.R Complex (5th Floor), 100,
Bir Uttam A.K Khandakar Road,
Mohakhali C/A, Dhaka-1212

_____
Signature of Plan Secretary with Seal

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

## ***Required during submission of claim for reimbursement:-***

1. Copy of Claim Form.
2. Claim Form duly filled in by the employee
3. Photocopy of Prescription
4. Photocopy of patient`s Investigation Report.
5. Original Bills specifying:-
    a. Consultant's Fee.
    b. Investigation Charge.
    c. Medicine & Drugs (original bills mentioning name, quantity & price of each)

## 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: