



SYMBOL OF SECURITY

Pragati Insurance PLC

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HEALTH INSURANCE CLAIM FORM

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 below. ALL CLAIMS SHOULD BE SUBMITTED THROUGH THIS FORM.

1. Name of Organization:		10. Breakup of Hospitalization Treatment Expenses :	
2. Name of Employee:		Cost, Charges and Fees in respect of:	
3. Name of Patient:		Hospital Accommodation	
4. Relationship with Employee (if the patient is spouse/dependent): Husband Wife Son Daughter Self		Consultant's Fee	
5. Date of Prior Intimation :		Routine Investigations	
6. Membership No :		Medicines/Drugs	
7. Name and Address of Hospital/Clinic :		Surgical Charges	
		Ancillary Services	
8. Date of Admission:		Others	
9. Date of Discharge :		Total	
11. Signature of the Employee & Date:			

(To be filled in by the Plan Coordinator of the Organization)

Documents required during submission of claim for reimbursement:

Please tick the appropriate boxes for the submitted documents:

1. Copy of Prior Claim Intimation Record. **OR** date of telephonic intimation — — / — — / — — — —
2. Doctor's prescription(s) mentioning-duration of presenting complaints, diagnosis and hospitalization advice in original. In Maternity cases, the doctor's prescription must mention the LMP, EDD and the Gravida.
3. Discharge Certificate stating brief history of illness, diagnosis & treatment/operation note and also mentioning time & date of admission and discharge. 4. Certificate from Employer/Educational institution in regard to absence during illness. 5. Photocopy of patient's Treatment Records while confined in hospital/clinic
6. Hospital Bill should be supported by original Money Receipt issued by the hospital. 7. All copies of diagnostic reports pertaining to the hospitalization along with the receipts in original supported by Doctor's advice.
8. Original Bills specifying:
 - a) Accommodation Charges (mentioning daily charge with number of days in hospital).
 - b) Consultant's Fee (Doctor's bill & receipts with date).
 - c) Medicines/Drugs (Bill stating name of medicine, quantity & price supported by Doctor's prescription).
 - d) Surgical Charges (A break-up of professional fees for Surgeon, O.T., Anesthetist, Assistants etc.).
 - e) Charges for Ancillary Services (Labor Room Service, Post-Operative Care facilities, Oxygen therapy, Intensive Care facility, Blood transfusions, Equipment charges, dressing, tests other than routine investigations, Ambulance services etc.).
 - f) Service charge, telephone, food & beverage charges.
 - g) VAT/other Government charges.

Forwarded the above mentioned information to Pragati Insurance with the necessary supporting documents for processing of the claim as per Contract

Ref No. _____

Date: _____

Signature of Plan Coordinator with Seal