



askari health - Askari Insurance House, 276-A, Peshawar Road, Rawalpindi. - Ph: 051-5125017-19, Fax: 051-5124918

askari health
The health insurance programme

CLAIM FORM

(For Medical Reimbursement Claims)

Organization Name: _____ Employee Name _____
 Designation _____ Folio #/Credit Letter # _____ Contact No. _____
 Office Address _____ Patient Name _____
 Patient Age _____ Relation with Employee _____ Sex(M / F) _____

OUT DOOR TREATMENT (OPD)

(Please attach itemized Bills, Original Prescriptions, Lab. Test Reports and Original Receipts)

Name of Clinic / Hospital and Doctor _____
 Date of Visit _____ Consultation Fee (Rs.) _____ Cost of Medicine (Rs.) _____
 Cost of Investigation / Lab. Test (Rs.) _____ Total Cost(Rs.) _____

SPECIALIZED INVESTIGATION

Name of Hospital / Institution _____
 Referring Specialist / Consultant _____
 Cost of Investigation / Procedure (Rs.) _____
 (Please tick which ever is applicable)
 MRI (Magnetic Resonance Imaging) ERCP (Endoscopic Retrograde Cholangio-Pancreatography)
 CAT SCAN (Computerized Axial Tomography) ANGIOGRAPHY NUCLEAR SCAN
 Date of Intimation _____ Date of Approval _____

HOSPITALIZATION / DREAD DISEASE / MATERNITY

Name of Hospital / Institution _____
 Name of Treating Physician / Surgeon _____
 Date of Admission _____ Date of Discharge _____
 (Please tick which ever is applicable)
 HOSPITALIZATION DREAD DISEASE MATERNITY Ante-Natal Natal Post-Natal
 MEDICAL (Please mention if Normal, C-Section, D&C, Abortion etc.)
 SURGICAL
 Diagnosis / Procedure _____
 Room Charges _____ O.T / Labor Room Charges _____ Cost of Surgeon _____
 Cost of Anesthetist _____ Investigation & Lab. Charges _____ Cost of Medicines _____
 Consultant / M.O Visit Charges _____ Other _____ Total Cost (Rs.) _____
 Name, Signature & Seal / Stamp of Doctor / Hospital / Institution _____

EMPLOYEE'S SIGNATURE _____

Date _____

EMPLOYER'S SIGNATURE _____

(For Office Use Only)

Sanctioned Amount _____
 Outstanding Amount _____
 Not Payable Amount _____
 Sanctioned Authority _____