UIC PAKISTAN

The United Insurance Company Of Pakistan Ltd.

A Member Company of United International Group

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HEALTH INSURANCE CLAIM FORM

ORGANIZATION NAME _____ AUTHORITY LETTER NO _____

EMPLOYEE NAME _____

DESIGNATION _____ PATIENT NAME _____

PATIENT AGE _____ RELATION WITH EMPLOYEE _____ SEX.MALE/FEMALE _____

OUT DOOR TREATMENT (OPD)

(Please attach itemized bill, original prescriptions, lab. reports and receipts)

NAME OF CLINIC / HOSPITAL AND DOCTOR _____

CONSULTANT FEE _____ COST OF MEDICINE _____

COST OF INVESTIGATIONS/LAB TESTS _____ TOTAL COST _____

SPECIALIZED INVESTIGATION

NAME OF HOSPITAL / INSTITUTION _____

REFERRING SPECIALIST / CONSULTANT _____

COST OF INVESTIGATION / PROCEDURE _____

PLEASE TICK WHICH EVER IS APPLICABLE

- CAT SCAN (Computerized Axial Tomography) ☐
- MRI (Magnetic Resonance Imaging) ☐
- NUCLEAR SCAN ☐
- ANGIOGRAPHY ☐
- ERCP (Endoscopic Retrograde Cholanglo - pancreatography) ☐

DATE OF INTIMATION _____ DATE OF APPROVAL _____

HOSPITALIZATION TREATMENT

NAME OF HOSPITAL

NAME OF TREATING PHYSICIAN / SURGEON

DATE OF ADMISSION DATE OF DISCHARGE

PLEASE TICK WHICH EVER IS APPLICABLE

DIAGNOSIS / PROCEDURE

1. MEDICAL
2. SURGICAL
3. MATERNITY — *Please mention if normal, C-Section, D&C, abortion etc.*
   - ANTENATAL
   - NATAL
   - POSTNATAL

TOTAL COST OF HOSPITALIZATION

ROOM CHARGES

O.T./LABOR ROOM CHARGES

COST OF SURGEON

COST OF ANESTHETIST

INVESTIGATION AND LAB. CHARGES

CONSULTANT/M.O. VISIT CHARGES

OTHERS (Name & Cost)

EMPLOYEE SIGNATURE

EMPLOYEE SIGNATURE

NAME. SIGNATURE AND SEAL OF DOCTOR/HOS-ADM

FOR OFFICE USE ONLY

SANCTIONED AMOUNT

OUTSTANDING AMOUNT

NOT PAYABLE AMOUNT

SANCTIONED AUTHORITY