ISO 9001:2008
CERTIFIED

ASKARI GENERAL INSURANCE COMPANY LIMITED

HEALTH

3rd floor AWT Plaza , The Mall , Rawalpindi.

Phone - 051-9028101-2
Fax- 051-9272424.
www.agico.com.pk

CLAIM FORM

(For Medical Reimbursement Claims)

Organization Name _____

Employee Name_____ _____**Folio No.**_____

Designation _____**Patient`s Name&CNIC**_____

Patient`s Age _____**Relation with Employee** _____ **Sex (M / F)** _____ _____

EMPLOYEE CONTACT No. ---------- (for CLAIM PROCESSING UPDATES)

CLAIM DETAILS

Name of Clinic / Hospital and Doctor _____

Date of Visit_____**Consultation Fee (Rs.)** _____**Cost of Medicine (Rs.)** __

Name & Cost of Investigation / Lab. Test (Rs.)_____**Total Cost (Rs.)** _____

Doctor sign/stamp and valid PMDC Number: _____ **(TO BE FILLED BY TREATING DOCTOR)**

NATURE OF CLAIM: (Tick relevant) OPD/ HOSPITALIZATION/ MATERNITY/DREAD DISEASE/SPECIALIZED INVESTIGATION

DOCUMENTS CHECKLIST: PLEASE ATTACH THE FOLLOWING AND TICK TO REMEMBER. PHOTOCOPIES ARE NOT ACCEPTABLE FOR PAYMENT.

- ☐ **ORIGINAL PRESCRIPTION ON DOCTOR'S LETTERHEAD.**
- ☐ **FRESH PRESCRIPTION EVERY 3-6 MONTHS IN CASE OF DIABETES, HYRERTENSION, HEPATITIS TREATMENT. PHOTOCOPY ACCEPTABLE FOR INBETWEEN REFILLS.**
- ☐ **ORIGINAL CONSULTATION FEE RECEIPT.**
- ☐ **ORIGINAL MEDICAL STORE CASH MEMO WITH LICENCE NUMBER.**
- ☐ **VALID DR. PMDC NUMBER IS MANDATORY IN CASE OF NON-PANEL.**
- ☐ **ORIGINAL DISCHARGE CARD.**
- ☐ **BIRTH CERTIFICATE ISSUED BY NADRA OR UNION COUNCIL.**
- ☐ **DR. ADVICE FOR MEDICINES, TESTS/ INVESTIGATIONS AND THEIR REPORTS.**
- ☐ **IN CASE OF MISSING DOCUMENTS OR WRONG TOTALLING, THE CLAIM WILL BE RETURNED BACK.**
- ☐ **CLAIMS OLDER THAN 90 DAYS ARE TIME BARRED AND MAY NEED SPECIAL APPROVAL.**
- ☐ **CERTIFIED THAT ABOVE ENTERED INFORMATION IS TRUE AND ACCURATE. IF FOUND FRAUDULENT, INCOMPLETE OR INFLATED, I WILL BE RESPONSIBLE.**

EMPLOYEE'S SIGNATURE_____**BANK & ACCOUNT NO. (ONLY FOR EFT CLIENTS)** _____

FORWARDED BY (HR): _____ **Date:** ___