



# ASKARI GENERAL INSURANCE COMPANY LIMITED

HEALTH

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[www.agico.com.pk](http://www.agico.com.pk)

## CLAIM FORM

(For Medical Reimbursement of Claims)

Organization Name _____	Branch _____
Employee Name _____	Mobile No _____ Folio No. _____
Designation _____	Patient`s Name & CNIC _____
Patient`s Age _____	Relation with Employee _____ Sex (M / F) _____

### CLAIM DETAILS

Name of the Doctor _____	Hospital/Clinic _____
Address _____	
Doctor`s Contact Number _____	Doctor sign/stamp and valid PMDC Number _____
Date of Visit _____	Consultation Fee (Rs.) _____ Cost of Medicine (Rs.) _____
Name & Cost of Investigation / Lab. Test (Rs.) _____	Total Cost (Rs.) _____
NATURE OF CLAIM: (Tick relevant) OPD/ HOSPITALIZATION/ MATERNITY/DREAD DISEASE/SPECIALIZED INVESTIGATION	

DOCUMENTS CHECKLIST: PLEASE ATTACH THE FOLLOWING AND TICK TO REMEMBER. PHOTOCOPIES OF BILLS 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.
- BREAK UP BILL IN CASE OF HOSPITALIZATION OR PROCEDURES.
- SEPARATE PHARMACY BILL IN CASE OF HOSPITALIZATION IS ATTACHED.
- VALID DR. PMDC NUMBER IS MANDATORY IN CASE OF NON-PANEL.
- ORIGINAL DISCHARGE CARD.
- BIRTH CERTIFICATE OF NEW BORN 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 ARE SUBMITTED NOT LATER THAN 15 DAYS AFTER POLICY EXPIRY.

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: \_\_\_\_\_