UIC PAKISTAN
Rated "AA" by PACRA

The UNITED INSURANCE Company of Pakistan Limited.
A Member Company of United International Group

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HEALTH GUARD CLAIM FORM

ORGANIZATION NAME _____ AUTHORITY LETTER NO_____

EMPLOYEE NAME_____

DESIGNATION_____ PATIENT NAME_____

PATIENT AGE_____ RELATION WITH EMPLOYEE_____ SEX.MALE/FEMALE_____

SPECIALIZED INVESTIGATION

NAME OF HOSPITAL / INSTITUTION_____

REFERRRING SPECIALIST / CONSULTANT_____

COST OF INVESTIGATION / PROCEDURE_____

PLEASE TICK WHICH EVER IS APPLICABLE

CAT SAN (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. VIST CHARGES _____

OTHERS (Name & Cost) _____

EMPLOYEE SIGNATURE

Name. Signature and Seal of Doctor / HOS-ADM

EMPLOYER SIGNATURE

FOR OFFICE USE ONLY

SANCTIONED AMOUNT _____
OUTSTANDING AMOUNT _____
NOTPAYABLE AMOUNT _____

SANCTIONED AUTHORITY _____