



# Prime Islami Life Insurance Limited

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## Hospitalization Scheme for Employees (Claim Form)

1. Name of the Employee:..... 2. Employee ID no.....  
 3. Designation:..... 4. Department:.....  
 5. Full Address (Office):..... Tel/Mo.....  
 6. Basic Salary:..... 7. Name of the treated member:..... 8. Age.....  
 9. Relationship with employee( If the treated member is not employee :.....  
 10. Date of Inclusion in Hospitalization Scheme..... 11. Claim Amount:.....  
 12. Employees Bank address with A/C No.:.....  
 13. Name of Hospital with Address:.....  
 14. Cabin/Bed No.....  
 15. Date & Time of Admision:..... at..... a.m/p.m  
 16. Date & Time of Discharge:..... at..... a.m/p.m  
 17. Brief Description of illness for Hospitalization:

### Complains

### Duration

- i.  
ii.  
iii.

18. Name of the doctor you consulted first with above complains:

19. Date of first consultation:

Surgical

Non Surgical

20. Name of consultant advising hospitalization:

21. Nature of treatment at Hospital:

22. Name of the consultant at hospital/clinic:

3. Condition of patient during discharge:

### DECLARATION

I declare that the statements given above are true & complete to my knowledge & I didn't conceal or deviate any information. I am obliged to provide further information, if needed, for claim settlement. I authorize the company to investigate any & every information given by me for the said claim & will Co-operate during the procedure. I agree that if any information is proved untrue, the company shall have the right to decline the claim & I shall be liable for any consequence.

I also declare that I am ready to accept any amount assessed by the company for this claim, according to the rules & regulations of hospitalization coverage.

Signature of the employee:..... Date:.....

Attested by Respective H. R.D Chief

Signature:.....

Name:.....

Date:.....

Attested by Concerned Line Manager/ Head of Department

Signature:.....

Name & Designation:.....

Date:.....

NB. This form must be accompanied by documents mentioned overleaf for reimbursement. Absence of any document as is specified, will invalidate the whole or that part of the claim.

Documents require during submission of claim for reimbursement:-

- (i) " **Authorization for hospitalization**" issued by Group & Health Insurance Department (not required in case of emergency)
- (ii) Attested copy of the consultant's recommendation for hospitalization (not required in case of emergency)
- (iii) Claim Forms duly filled in by the employee
- (iv) Physician's Declaration Form dully filled in by the treating doctor.
- (v) Photocopy of patients' investigation reports attested by a Physician of Hospital/Clinic (Confined). Physician's Advice for investigations must be accompanied with investigation reports while confined at Hospital/Clinic.
- (vi) Photocopy of patient's treatment record attested by a doctor of hospital / clinic while confined at Hospital/Clinic
- (vi) Copy of discharge certificate from hospital/ clinic (Duly attested)
- (viii) Original bills from hospital/clinic specifying:-
  - a) Fees for consultant (Name of the consultants have to be mentioned alongwith the number of visits with fees per visit per consultant)
  - b) Accommodation charges: Room rent/bed charge (Mention daily charge with number of days in hospital)
  - c) Charges for investigations: Name of All investigations breakdown of cost of all investigation's price have to be mentioned separately
  - d) Charge for medicine & accessories supplied form hospital/clinic (mention name, quantity & price of each medicine) Advice of Physician for purchasing medicine must be accompanied with voucher of medicine purchase)
  - e) Charges for surgical operation (mention fees for Surgeon, Anesthetist, Assistant of Surgeon, O.T charge etc)
  - f) Charges for ancillary / auxiliary services-such as Oxygen, Nebulization, ambulance, dressing etc.
  - g) Charges for other admissible services
  - ix) Any other bill (original) relating to medicine bought or investigation done from outside, while confined in Hospital/ Clinic these must be accompanied by advice note from treating doctor.
  - x) In all Advice/documents of Hospital/Clinic there must be doctor's signature with date & the official seal have to be fixed.