

New Jubilee Life Insurance Company Limited

74/1-A, Lalazar, M.T. Khan Road, 4895

Karachi – 74000, Pakistan

Phones: 5611071-75 Ext: 2235, 2236, 2237; Direct 021-5611709

FAX NO: 021-5611349; 021-5610959

24 HOURS HOT LINES: 03008220634 – 03002483461 - 03333030553

IN-PATIENT MEDICAL CLAIM FORM

Section A - To be filled in by the Claimant/Patient

1. Name of Company / Policy Holder																
2. Name of the Claimant																
3. Full address of Claimant																
4. Full name of the patient																
5. Date of birth of patient									Male		Female					
6. CNIC No																
7. Policy Number						Certificate #										
8. Patient's relationship to Claimant						Telephone # of Claimant										
9. State the nature of illness/injury/medical condition																
10. State the date at which symptoms first occur																
11. The patient's last working day						Total amount claimed in Rs.										
12. Name and address of the hospital from where the treatment has been taken for present condition																
13. Name of the doctor																
14. If we require an independent medical examination, at which address the patient would be located?																
15. Is the patient entitled for any other insurance or medical benefit? If yes, please provide brief details:																
16. Is this a continuation of a previous treatment? If yes please give brief details:																

DECLARATION

I, the above claimant, certify that all answers and all documents submitted with the form are complete and true to the best of my knowledge and belief. I understand that any omission or misstatement of material facts may affect the payment of benefits under the policy and could result in forfeiture of New Jubilee Life Insurance Company Ltd of all premiums paid. I, hereby authorize any doctor, hospital clinic, medical provider, company, institution or any other person who has any record/information about me or my family members to provide New Jubilee Life Insurance Company Limited complete information including copies of records with reference to any sickness, accident, disability, treatment, examination, medical investigation, advice or hospitalization underwent, for settlement of this claim. Any Photocopy of this declaration/authorization shall be taken as original copy.

حلف نامہ اور اختیار نامہ

[illegible]

Signature of the patient
(if the patient is under 18 (minor) the claimant should sign)

Signature of the Employer

Date _____

Section B- To be filled in by the treating Doctor

1. Name of the patient			
2. How long you have been patient's doctor?			
3. On what date you were first consulted for the present medical condition?			
4. What is your diagnosis regarding injury/illness/medical condition?			
5. Please provide brief detail of Surgical, Gynaecological or Obstetrical procedure performed (if any)			
6. Please provide brief detail of treatment given or prescribed:			
7. Has the patient ever suffered from or been treated for the same or related medical condition? If yes please brief details with dates:			
8. In case of Maternity claim please state expected date of delivery:			
9. Is there a medical necessity for the Cesarean Section?	YES	NO	
10. if YES, please give specific reason:			
I, hereby certify that my answers for the above questions are correct and true to the best of my knowledge and belief:			
Name of the doctor:			
Address of the doctor:			
Phone number:			
Date			
Signature			Physician's Stamp

HOW TO GO ABOUT MAKING A CLAIM

EMERGENCY CASES:

In event of an Emergency the Patient can rush to any hospital whether it is on NJI-LIFE's PPN List or not. In case of NON-PPN I-hospital, the charges incurred by the insured will be reimbursed provided that the total expenses falls within the limit provided to him/her. All Original Documents related to hospitalization, (Hospital Bill, Discharge Summary etc) along with duly filled In-Patient Claim Form should be sent to NJI-LIFE for reimbursement.

If the Hospital is on the PPN list of NJI-LIFE then the Insured can utilize his/her credit facility by producing HEALTH IDENTIFICATION CARD PROVIDED BY NJI-LIFE to its every client along with CNIC. or any other document for identification such as Driving License etc. Copy of the same will be retained by the hospital. All bills for hospitalization will be settled directly by NJI-LIFE as per terms and conditions of the policy. No cash payment would be required by the hospital except for the non-medical items such as Water

NON-EMERGENCY CASES:

While going for NON-EMERGENCY treatment e.g. Planned Surgeries or Hospitalization where treatment is to avail from PPN Hospital, the insured has to take prior approval from NJI-LIFE by filling PART A of the Claim Form and PART B duly filled by the treating doctor. The Claim Form along with supporting documents for hospitalization should be sent to NJI-LIFE for approval. The Credit Letter valid for 30 days, will be issued to the concern Hospital and the same will be sent to the Claimant. The claimant will present the Credit Letter at the time of hospitalization. All bills for Hospitalization will be settled directly by NJI-LIFE. No cash Payment would be required from the Patient except for non-medical items as water bottles, pampers etc. If the treatment is availed from NON-PPN Hospital, the charges incurred by the insured will be reimbursed, as per the policy terms and conditions. All Original Documents related to hospitalization (Hospital Bill, Discharge Summary etc) along with duly filled In-Patient Claim Form should be sent to NJI-LIFE for reimbursement.

PLEASE NOTE:

Incomplete Claim Forms would not be accepted for processing of claims.

All original documents (Hospital Bill, Hospital Discharge Summary, Payment receipts etc) should be attached with the claims. Photocopies are not acceptable.

Following NJI-LIFE Offices will be available on working days to assist you

KARACHI (HEADOFFICE)
74/1-A, LALAZAR, M.T.KHAN
ROAD, PO BOX 4895
KARACHI-74000, PAKISTAN
TEL: 021-5611071-75
FAX: 021-5611349, 021-5610959

LAHORE
16/2SIR AGAKHAN ROAD,
2nd Floor, KSB Building,
Lahore
TEL.: 042-6308956-61, 042-6308964
FAX: 042-6308963

ISLAMABAD
B- DD-83 1st Floor,
Minhas Plaza, Shamsabad,
Murree Road, Rawalpindi,
Phones: 051-4575201-03
Fax: 051-4575209