

ADAMJEE INSURANCE COMPANY LIMITED

HEALTH INSURANCE DEPARTMENT

3rd Floor, Tanveer Building, 27-C-III, M.M. Alam Road, Gulberg-III, Lahore - 54000

Telephone: (042) 35772960 - 79; Fax : (042) 35772871

Assured Name: _____

Policy #: _____

Employee's Name: _____

Employee # (if any): _____

Authority Letter #: _____

Category: _____

For the month of: _____

Policy Period : _____

Amounts claimed

			NATURE OF EXPENSES IN RUPEES			AMOUNT CLAIMED IN RUPEES		TOTAL IN RUPEES
S. NO.	CASH MEMO/ RECEIPT NO.	DATE	MEDICINES	CONSULTANCY	TESTS	PATIENT'S NAME	RELATIONSHIP WITH THE EMPLOYEE	
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
TOTAL								

I hereby declare that the amounts stated above are correct and were incurred by me for medical expenses.

Date

Signature of Employee

Verification by Employer
with company rubber stamp

Note : Please attach all original bills.

Also please attach copies of doctors' prescriptions in support of medicines purchased.

FOR THE USE OF HEALTH INSURANCE DEPARTMENT

Entitlement for the year Rs. _____

Already reimbursed Rs. _____

Balance entitlement for the year Rs. _____

Amount of claim Rs. _____

Balance amount available Rs. _____

Approved for reimbursement of Rs. _____

PREPARED BY

APPROVED BY

Date