

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

S. NO.	CASH MEMO/ RECEIPT NO.	DATE	NATURE OF EXPENSES IN RUPEES			AMOUNT CLAIMED IN RUPEES		TOTAL IN RUPEES
			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 _____