

# FORMULIR PENGANTAR KLAIM REIMBURSEMENT

## SUBMISSION FORM OF REIMBURSEMENT CLAIM

**Kepada / To :**

PT BNI LIFE INSURANCE  
 Centennial Tower, 9th Floor  
 Jl. Gatot Subroto, Kav 24-25 Jakarta 12930

Bersama ini kami sampaikan berkas klaim reimbursement total sebesar Rp..... terbilang .....  
*We submit the document of reimbursement claim in the amount of Rp. .... amount of words.....*

Dengan perincian sebagai berikut / with details as follows :

Nama Pegawai : .....	NPP Pegawai : .....
Name of Employee	Number of Employee
Unit Organisasi : .....	Jenjang Jabatan : .....
Organization Unit	Level of Job Position
Nama Pasien : .....	Status Pasien : Pegawai/Pasangan/Anak/Trainee
Name of Patient	Status of Patient : Employee / Spouse / Child / Trainee

**Berilah tanda (✓) sesuai dengan jenis klaim fasilitas kesehatan yang diajukan serta berkas yang disampaikan**  
*Give a sign (✓) according to the type of health claim's facilities that you submit*

**Program Asuransi Kesehatan / Health Insurance Program:**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Rawat Inap<br>Inpatient                     | <input type="checkbox"/> Pra dan paska rawat Inap<br>Pre/Post Hospitalization           | <input type="checkbox"/> Operasi Kecil Rawat Jalan<br>Outpatient Minor Surgery |
| <input type="checkbox"/> Haemodialisa Kronis<br>Chronic Hemodialysis | <input type="checkbox"/> Rawat darurat karena kecelakaan<br>Emergency Care for Accident | <input type="checkbox"/> Medical check Up<br>Medical Check Up                  |
| <input type="checkbox"/> Kacamata<br>Glasses                         | <input type="checkbox"/> Melahirkan<br>Maternity  | <input type="checkbox"/> Alat Bantu Protesa/Alat Bantu<br>Prosthetic Aids      |
| <input type="checkbox"/> Keluarga Berencana<br>Contraception         |   |  |

**Program Administrasi Kesehatan Rawat Jalan / Outpatient Health Administration Program**

**Kelengkapan berkas klaim yang disampaikan / Completeness of Documents submitted :**

- Kuitansi pembayaran asli / Original Payment Receipt
- Resume medis / Medical Resume
- Rincian biaya / Detail Cost
- Rincian biaya dan salinan hasil medical check up / Detail cost and copy of medical check up results
- Salinan resep / Copy of prescription
- Salinan tes diagnostik (laboratorium, hasil radiologi, dll) / Copy of the Diagnostic Test (Laboratory Result, Radiology, etc)
- Salinan kartu akseptor KB atau keterangan alat KB yang digunakan / Copy of contraception card
- Ukuran lensa dari optik / Receipt of glasses
- Formulir rawat jalan (hanya diperlukan apabila diagnosa penyakit belum dicantumkan di kuitansi asli / Outpatient form (Only be necessary if the diagnosis of disease not included in the original receipts)
- Tax invoice atau Official Receipt (untuk perawatan diluar negeri) / Tax Invoice or Original Receipt (for overseas treatment)
- Surat keterangan dokter mengenai penggunaan alat bantu / Affidavits doctor for the use of aids
- Lainnya / others .....

Demikianlah agar dimaklumi, atas kerjasama Saudara kami ucapan terima kasih.  
*Thus we submit, thank you for your cooperation.*

\_\_\_\_\_, \_\_\_/\_\_\_/\_\_\_ (**Tempat/tanggal**)  
*(Place/Date)*

(\_\_\_\_\_  
*(Nama Jelas & tandatangan Pegawai atau Pasien*

*(Name & Signature of Employee or Patient)*

**Keterangan / Note :**

Berkas telah dikirim pada tanggal / The document has been sent on..... melalui ekspedisi / by expedition.....\*)

\*) Disediakan saat dan waktu pengiriman / Filled at the time and delivery time