

## Group Health Insurance Department

**Claim Form for Grameenphone Limited**

**Claim Type:** IPD

**Employee Name:** Mst. Ismot Ara Chowdhury

**GP ID:** 6157

**Patient Name:** HAMIDA KHATUN HAMIDA

**Mobile No:** +8801711083308

**Relationship:** Mother

**Email:** iachowdhury@grameenphone.com

**Claim Submit Date:** 5/1/25, 1:16 PM

**Name of Doctor:** Dr. Sarwar J. Muktafi and Dr. Omar Faroque

**Hospital/Clinic Name:** Bang;adesh Eye Hospital and Vision Hospital

**Visit/Admission Date:** 4/19/25, 12:00 AM

**Last Visit/Discharge Date:** 4/19/25, 12:00 AM

**Treatment / Diagnostics:** Eye

### Breakup of Treatment Expenses

Charges and Fees Details	Amount(Tk)	Remarks
Consultant's Fee	2400	
Investigation	3045	
Medicine/ Drugs	8115	
<b>Total</b>	<b>13560</b>	

**Signature of GPHR Date:** 2025 May 05 11:47 AM

- Photocopy of doctor's advice for hospitalization (if diagnosed before admission)/ Photocopy of doctor's prescription for OPD
- Original Final bill & Original itemized bill / Details bill / Bill break-down (Any medicine bill must also be itemized format, otherwise expense may be deducted.)
- Photocopy of discharge certificate/summary for Hospitalization
- Photocopy of reports/investigations if any for IPD & OPD
- Photocopy of parent's national ID card (for parent's claim only)