



Acuity Knowledge Partners Lanka (Private) Limited

MEDICAL EXPENSES INSURANCE [OUT-DOOR CLAIM FORM]

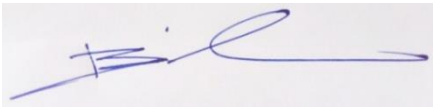
(1) Name of Employee (in full): Bastiyankoralage Sasika Rodrigo

(2) Designation: Delivery Manager

(3) Employee No: 754

NAME OF PATIENT	RELATIONSHIP	AILMENT/ DIAGNOSIS	RECEIPT NO.	AMOUNT
Saviour Rodrigo	Son	Wheezing and Phlegm	0039870485	3974.00
Saviour Rodrigo	Son	Wheezing and Phlegm	IN00751959	2138.81
Saviour Rodrigo	Son	Eye Infection	RCP02708486	3000.00
Saviour Rodrigo	Son	Eye Infection	OP00909681-HM	2356.68
Saviour Rodrigo	Son	Wheezing and Phlegm	0040054087	3974.00
Saviour Rodrigo	Son	Wheezing and Phlegm	29122730	1350.00
Saviour Rodrigo	Son	Wheezing and Phlegm	29122727	3237.24
Saviour Rodrigo	Son	Wheezing and Phlegm	0074328607	4524.00
Saviour Rodrigo	Son	Wheezing and Phlegm	OP04779454	562.40
Saviour Rodrigo	Son	Eye Infection	RCP02819135	3000.00
Saviour Rodrigo	Son	Eye Infection	8577898	2356.68
Sasika Rodrigo		Gastritis	RCP02745869	750.00
Sasika Rodrigo		Gastritis	7005113	1,163.84
Saviour Rodrigo	Son	Wheezing. Phlegm and Cough	OP04757037	12592.70
Surani Fernando	Wife	Cough and Phlegm	RCP02796014	750.00
Surani Fernando	Wife	Cough and Phlegm	8576928	764.75
TOT AL				46495.10

I declare that the particulars that I have given above are true and correct and that these expenses are not recoverable from any other source.



22-03-2024
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Date

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Signature of Employee

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Date

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Signature of Insured
(Over the rubber stamp)