Trust us for Life

প্রগতি লাইফ
ইন্স্যুরেন্স
লিমিটেড

Pragati Life Insurance Limited

Head Office : Pragati Insurance Bhaban, (Level-3-6 & 9), 20-21, Kawran Bazar Dhaka-1215.
PABX: 8189184-8, Fax : 880-2-9124024 E-mail : health@pragatilife.com

HEALTH INSURANCE DEPARTMENT

CLAIM FORM

(Please Use block letter all through)

1. Name of Organization: Shahjalal University of Science and Technology, Sylhet	
2. Name of Office/Department:	Mobile No.-
Teacher ☐ Officer ☐ Staff ☐	**Date of Birth:**
3. Name of Employee (English):	Designation:
4. Name of Employee (Bangla):	Claim Ref. No.- (Filled by the Office)
5. Date of Prior Intimation:	6. Membership No.-
7. Name of Hospital /Clinic:	
8. Date of Admission:	9. Date of Discharge:
10. Breakup of Treatment Expenses:	
Cost, Charges and Fees	**Total Amounts (Taka)**
Hospital Accommodation	
Consultant's Fee	
Routine Investigation	
Medicines/Drugs	
Surgical Charges	
Ancillary Services	
Others	
Total	

Claimed by

Signature of the Employee
Submission Date:

Recommended & forwarded by

Signature of the Office/Department Head
(**with seal & date**)

(To be filled in by the Plan Secretary of the Organization)

Signature of Plan Secretary
(with seal & date)

N.B. Please note that reimbursement of claim can only be made when all original documents and bills are submitted together with this form as mentioned over-leaf/ ALL CLAIMS SHOULD BE SUBMITTED THROUGH THIS FORM.

Documents requiring during submission of claim for reimbursement:

Please tick the appropriate boxes for the submitted documents:

1. Copy of Prior Claim Intimation Record.
2. **Doctor's prescription(s)** mentioning-duration of presenting complaints, diagnosis and hospitalization advice in original. In Maternity case, the doctor's prescription must mention the LMP, EDD and the Gravida.
3. **Discharge Certificate** stating brief history of illness, diagnosis & treatment/operation note and also mentioning time & date of admission and discharge.
4. Certificate from Employer/Educational institution in regard to absence during illness, if any.
5. Photocopy of patient's Treatment Records while confined in hospital/clinic.
6. **Hospital Bill** should be supported by original Money Receipt issued by the hospital
7. **All copies of diagnostic reports** pertaining to the hospitalization along with the receipts in original supported by Doctor's advice.
8. **Original Bills** specifying: -
   a) **Accommodation Charges** (mentioning daily charge with number of days in hospital)
   b) **Consultant's Fee** (Doctor's bill & receipts with date)
   c) **Medicines/ Drugs** (Bill stating name of medicine, quantity & price supported by Doctors prescription)
   d) **Surgical Charges** (A break-up of professional fees for Surgeon, O.T., Anesthetist, Assistants etc.)

      Charges for Ancillary Services (Labor Room Services, Post-Operative Care facilities, Oxygen therapy, Intensive Care facility, Blood transfusions, Equipment charges, Dressing, Tests other than routine investigations, Ambulance services etc.)
   e) Charges for Ancillary Services (Labor Room Services, Post-Operative Care facilities, Oxygen therapy, Intensive care facility, Blood transfusions, Equipment charges, Dressing, Test other than routine investigations, Ambulance service etc.)
   f) Service charge, Telephone, Food & Beverage
   g) VAT/other Govt. charges

For official use of Pragati Life

Date of Receipt: Prior Intimation No: Date:

Signature of Recipient:
Group Claim Executive