**BU EMPLOYEES HEALTHCARE SCHEME**

**JGI OPD CLAIM REIMBURSEMENT FORM – POLICY YEAR 2019**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Company Name: | Bahria University | | Policy No: 05932 | | | **FOR JGI USE ONLY** | |
| Employee Name |  | | | | Designation: | Entry No. |  |
| Company ID No: |  | | JGI ID# | | | Claimed: |  |
| Campus/ CU/ BUHO Directorate: | |  | | Mobile No: | | Approved: |  |
| OPD Claim No: (mention claim no 1st, 2nd, 3rd, etc applied during the policy year) | | | | | | Deduction: |  |
| Total OPD reimbursed before this claim is Rs \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |  |  |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | | |  | |  | ***Claimed Amount*** | | ***Approved Amount*** |
| ***S. No*** | ***Bill No.*** | | | ***Date*** | | ***Name of Consultant OR Medical Store*** | ***Family*** | ***Self*** | ***Per receipt*** |
| 1. | |  |  | |  | |  |  |  |
| 2. | |  |  | |  | |  |  |  |
| 3. | |  |  | |  | |  |  |  |
| 4. | |  |  | |  | |  |  |  |
| 5. | |  |  | |  | |  |  |  |
| 6. | |  |  | |  | |  |  |  |
| 7. | |  |  | |  | |  |  |  |
| 8. | |  |  | |  | |  |  |  |
| 9. | |  |  | |  | |  |  |  |
| 10. | |  |  | |  | |  |  |  |
| ***Sub Total***===================================== | | | | | | |  |  |  |
| ***Grand Total***=================================== | | | | | | |  | |  |
| *Amount in words* | | | | | | | | | |

*I hereby declare that the information given in the claim form is correct and the amount mentioned was incurred by the employee for medical expenses.*

Signature with Seal \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee’s Signature OIC Healthcare (BU Campus) /CU/

Director /DD/ AD (BUHO)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DD (Admin) BUHO

|  |  |  |
| --- | --- | --- |
| **Documents to be attached for OPD Medical Claim reimbursement** | | **Tick** |
| i. | Doctor / consultant / prescription on letter head |  |
| ii. | Consultation charges receipt (original) by Doctor/ physician |  |
| iii. | Medicine receipt/ charges (original) of pharmacy/ medical store, etc (showing name of drug & quantity) |  |
| iv. | Original receipts/ bills of diagnostic centers, laboratories, medical centres for lab test and x-rays, etc |  |
| v. | Copy of diagnosis reports with supporting prescriptions |  |
| **Please note that no medical claim (OPD/IPD) will be entertain pending more than 2 months** | | |

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| JGI Doctor’s Remarks |
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