



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 :	Employee ID :
2. Name of Employee :	Cell No :
3. Name of Patient:	Claim Ref. No. :
4. Relation with Employee <input type="radio"/> Father <input type="radio"/> Mother <input type="radio"/> Husband <input type="radio"/> Wife <input type="radio"/> Son <input type="radio"/> Daughter	
5. Date of Prior Intimation:	6. Membership No. :
7. Name of Hospital /Clinic	
8. Date of Admission :	9. Date of Discharge :
10. Breakup of Hospitalizations Treatment Expenses:-	
Cost, Charges and Fees in respect of	Amounts (Taka)
Hospital Accommodation	
Consultant's Fee	
Routine Investigation	
Medicines/Drugs	
Surgical Charges	
Ancillary Services	
Others	
Total	

Signature of the Employee/Claimant

Date:

Signature of the Div/Dept Head

Date :

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

Ref No.

Date:

Forwarded to Pragati Life with the necessary supporting documents marked over leaf for processing of the claim as per Contract.

Signature of Plan Secretary with Seal

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 Doctor's prescription)
 - d) **Surgical Charges** (A break-up of professional fees for Surgeon, O.T., Anesthetist, Assistants etc.)
 - e) **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.)
 - 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:

Head of Group (Life & Health)