



প্রগতি লাইফ  
ইন্স্যুরেন্স  
লিমিটেড

# Pragati Life Insurance Limited

Head Office: Pragati Insurance Bhaban, 20-21 Kawran Bazar, Dhaka-1215.  
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## HEALTH INSURANCE DEPARTMENT

### CLAIM FORM

(Please use block letters all through)

1. Name of Organization :			
2. Name of Employee :			
3. Name of Patient :			
4. Relationship with Employee ( if the patient is spouse/dependent): <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Son <input type="checkbox"/> Daughter			
5. Date of Prior Intimaiton :	6. Membership No. :		
7. Name and Address of Hospital/Clinic :			
8. Date of Admission :		9. Date of Discharge :	
10. Breakup of Hospitalization Treatment Expenses :-			
Cost, Charges and Fees in respect of		Amount (Taka)	
Hospital Accommodation			
Consultant's Fee			
Routine Investigations			
Medicines/Drugs			
Surgical Charges			
Ancillary Services			
Others			
<b>Total</b>			

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 proecessing 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 cases, 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 Service, 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 L&H