



HEALTH CARE INSURANCE

INPATIENT MEDICAL CLAIM FORM

SECTION A-TO BE FILLED IN BY THE CLAIMANT/PATIENT

1. Name of the Company / Policy Holder

2. Name of the Claimant
(State the full & correct name in which cheque has to be prepared in case of reimbursement, if the beneficiary is an employee)

3. Full Name of the Claimant's Father/ Spouse

4. Full Name of the Patient

5. Full Address of Claimant

6. Date of Birth of Patient / / M F

7. CNIC No. --

8. Policy Number Health Card No.

9. Patient's Relationship to Claimant Total Claimed Amount Rs.

10. State the Nature of illness / injury / medical condition

11. State the Date at which symptoms first occur

12. The Patient last working day

13. Name of the hospital from where the treatment has been taken for present condition

14. Address of the hospital

15. Name of the Doctor

16. If we require an independent medical examination at which address the patient would be located

I, the above claimant, certify that all answers and all documents submitted with the form are complete and true to the best of my knowledge and belief. I, hereby authorize any doctor, hospital clinic, medical provider, company, institution or any other person who has any record/information about me or my family members to provide Picic Insurance Limited for this claim. Any photocopy of this declaration/authorization shall be taken as original copy.

Signature of the patient
(If the patient under 18 (minor) the claimant should sign)

Signature & Stamp of the Employer

Date (dd/mm/yyyy)

SECTION B-TO BE FILLED IN BY THE TREATING DOCTOR

1. Name of the Patient
2. How long you have been patient's doctor?
- 2a. Source of Admission Emergency Elective/Planned Other
- 2b. Patient Registered as Inpatient Outpatient
3. Since how long the patient is suffering from the present medical condition? Please mention the date i.e. (dd/mm/yyyy)
4. What is the diagnoses regarding injury/illness/medical condition?
5. Please provide brief of surgical, gynecological of Obstetrical procedure performed (if any)
6. Please tick the appropriate regarding the disease
- CONGENITAL PSYCHIATRIC INFERTILITY COSMETIC SUCIDE CONTRACEPTIVE OTHERS
7. Please provide brief detail of treatment given or prescribed:
8. Has the patient ever suffered from or been treated for the same or related medical conditions?
If yes please brief details with dates
9. In case of Maternity claim please state expected date of delivery:
10. In case of caesarian section, please specify its medical necessity:
11. The date you were first consulted for this condition:

I hereby certify that my answers to the above questions are correct and true to the best of my knowledge and belief:

Name of the Doctor:

Address of the Doctor:

Phone Number: Date:

Note: Providing correct information is the responsibility of consultant & patient both, in case a material difference is found in inpatient Claim Form and Final Discharge Summary, then the payment of hospitalization expense would be the responsibility of consultant & patients.

Physician Signature

Physician's Stamp

Patient's Signature

HOW TO GO ABOUT MAKING A CLAIM

EMERGENCY CASES: In event of an emergency the patient could rush to any hospital whether it is part or not part of panel of Picic Insurance Limited. In case of non panel hospital, the charges incurred by the insured will be reimbursed in line with the rates of panel Hospitals. All Original Documents related to hospitalization which includes duly filled inpatient Claim Form part A&B, Original itemized bill/invoice, Discharge Card/Clinical Summary & diagnostic reports, copy of Picic Health Card, Doctors prescriptions, Original Payment Receipts, Copy of Birth Certificate in case of maternity claim and any other relevant documents should be sent to Picic Insurance Limited for reimbursement.

NON-EMERGENCY CASES: While going for NON-EMERGENCY treatment e.g. planned surgeries of hospitalization where treatment is to be availed from PANEL Hospital, the insured has to take prior approval from Picic Insurance by filling Part A of the Claim Form and B duly filled by the treating doctor, the claim form along with supporting documents for hospitalization should be sent to Picic Insurance for approval. The Credit Letter Valid for 30 Days will be issued to the concern hospital and the same will be sent to the claimant. The claimant will present the credit letter at the time of hospitalization. All bills for hospitalization will be settled directly by Picic Insurance Limited. No cash Payment would be required from the patient except for non-medical items such as water bottles, pampers etc. if the treatment is availed from NON-Panel Hospital, the charges incurred by the insured will be reimbursed as per the policy terms and conditions, All Original Documents related to hospitalization which includes duly filled inpatient Claim Form part A&B, Original itemized bill/invoice, Discharge Card/Clinical Summary & diagnostic reports, copy of Picic Health Card, Doctors prescriptions, Original Payment Receipts, Copy of Birth Certificate in case of maternity claim and any other relevant documents should be sent to Picic Insurance Limited for reimbursement.

PLEASE NOTE: Incomplete Claim Form would not be accepted for processing of payments & all original documents should be attached with the claims photo copies are not acceptable.

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