TRUST Islami Life Insurance PLC

Claim Form - OPD (Out-Patient)

(Please use BLOCK letters all through)

Name of the Organization:

Contract No:

Employee Name:	
Employee ID No.:	
Patient Name:	
Relationship of Employee (if the patient is dependent):	
Date of Prior Intimation: (DD/MM/YYYY)	Date of Visit: (DD/MM/YYYY)
Membership No:	Nature of Illness:
Bank/bKash Account Name:	
Bank/bKash Account No.:	
Bank Name:	
Bank Branch:	Routing No.:
Breakup of OPD Expenses	
Cost, Charge & Fees in respect of	**Amount (Taka)**
Consultation Fee	
Routine Investigations	
Medical & Drugs	
Total	
Signature of Employee Date:	Signature of the Div./Dept. Head Date:

To be filled in by Head Office – HRD, ...) Forwarded for necessary action to

Signature of Plan Secretary with Seal

CORPORATE INSURNACE DEPT.

N.B: Please note that reimbursement of the claim can only be made when all original documents and bills are submitted together with this form as mentioned on leaf.

ALL CLAIMS SHOULD BE SUBMITTED THROUGH THIS FORM.

Head Office : Paltan China Town, (17th floor, West Tower) 67/1 Naya Paltan (VIP Road), Dhaka-1000. Bangladesh.
Tel : +88 024-8313370, 9349639
Head Office (Extn.) : Kashfia Plaza (6th floor) 35/C, Naya Paltan (VIP Road), Dhaka-1000.Tel : +88 024-8313229, 9349507
E-mail : info@trustislamilife.com

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Required during submission of claim for reimbursement:-

1. Copy of Claim Form.
2. Claim Form duly filled in by the employee
3. Photocopy of Prescription
4. Photocopy of patient`s Investigation Report.
5. Original Bills specifying:-
   a. Consultant's Fee.
   b. Investigation Charge.
   c. Medicine & Drugs (original bills mentioning name, quantity & price of each)

For Official Use of Trust Islami Life Insurance PLC.

Date of Receipt: **Prior Intimation Date:**

Signature of Recipient:

Head of Corporate

Date of Receipt of Complete Papers: **Date of Reimbursement:**

Reimbursed Amount: TK

Authorized Signature
Date:

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