



Trust us for Life

প্রগতি লাইফ  
ইন্স্যুরেন্স  
লিমিটেড

# Pragati Life Insurance Limited

Head Office : Pragati Insurance Bhaban, (Level-3), 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:	
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 :
<b>10 Breakup of Hospitalizations Treatment Expenses :-</b>	
<b>Cost, Charges and Fees in respect of</b>	<b>Amounts (Taka)</b>
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)