



প্রগতি লাইফ
ইন্স্যুরেন্স
লিমিটেড

Pragati Life Insurance Limited

Head Office: Pragati Insurance Bhaban, 20-21 Kawran Bazar, Dhaka-1215.
PABX : 8189184-7, Fax : 88-02-9124024 E-mail: health@pragatilife.com

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): ☐ Husband ☐ Wife ☐ Son ☐ Daughter	
5. Date of Prior Intimaion :	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	
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 proeessing 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) ☐ Chrges 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