A++ /AM2

PAK-QATAR FAMILY TAKAFUL

Reimbursement Claim Form

IMPORTANT: In order to avoid any delay, Please ensure that:

- ☑ Attach **COPIES** of all relevant medical document(s)/report(s).
- ☑ Attach **ORIGINAL** bills and receipt of payment(s). **PHOTOCOPIES** of bills are not acceptable for processing of claim.
- ☑ For OPD Claim, please fill only part A. For other Claims, please fill both part A and B

Claimant Name:	Employee ID:	Employee CNIC: ☐☐☐☐☐ ☐☐☐☐☐☐☐ ☐
Participant (Employer) Name:		Plan Number:

Patient's Name:		Patient's Gender: ☐ Male ☐ Female
Patient's Takaful Certificate Number:		Patient's Date of Birth: ☐☐ - ☐☐ - ☐☐☐☐
CNIC: ☐☐☐☐☐ ☐☐☐☐☐☐☐ ☐	Patient's Relationship:	Mobile:

Claim Type:

☐ OPD ☐ Hospitalization ☐ Pre/Post Hospitalization ☐ Maternity ☐ Pre/Post Natal

Part A

☑ To be completed by the covered employee

State the nature of the medical condition, accident, illness:		
On what date did the symptoms first occur?		
Name of Hospital/Clinic, where treatment availed:		
Date of Admission (N/A for OPD):	Date of Discharge (N/A for OPD):	Total No. of days (N/A for OPD):
Total Claim Amount (PKR):	Title of Cheque:	☐ Employee ☐ Employer

Part B

☑ To be completed by the Treating Physician **(not required for OPD)**

On what date were you first consulted for the injury, illness or medical condition concerned or for any related condition?	☐☐ - ☐☐ - ☐☐☐☐
Please give your diagnosis of the injury/illness/condition?	
Do you have any reason to believe that the same or any related condition has been diagnosed or treated previously by any other doctor or hospital?	
Please give details of the treatment given or procedure performed (if any)?	

Physician Name _____ **Signature, Stamp & Date** _____

DECLARATION & AUTHORIZATION

I hereby certify that all answers to questions appearing on this form and documents submitted with this form are true and complete to the best of my knowledge and belief.

I, the above claimant, hereby authorize any doctor, hospital, clinic or medical service provider, Takaful/insurance company, or any other institution, or any person, who has any information or record about me and/or any of my dependents to provide Pak-Qatar Family Takaful Limited with the complete information including copies of their records with reference to any sickness, accident, disability, any treatments, examination, medical investigation, advice of healthcare provider.

Signature of Employee/Individual	Signature of Employer	Date of Statement

Version: PQFTL-HRC-Form-120525