



প্রগতি লাইফ  
ইন্স্যুরেন্স  
লিমিটেড

# Pragati Life Insurance Limited

Head Office : Pragati Insurance Bhaban, (Level-3-6 & 9), 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: Shahjalal University of Science and Technology, Sylhet                  |   |
| 2. Name of Employee:   | Date of Birth:                            |
| Teacher <input type="checkbox"/> Officer <input type="checkbox"/> Staff <input type="checkbox"/> | Mobile No.:                               |
| 3. Name of Patient:  | Claim Ref. No.:<br>(Filled by the Office) |
| 4. Relation with Employee: Self  |   |
| 5. Date of Prior Intimation:   | 6. Membership No.                         |
| 7. Name of Hospital /Clinic:   |   |
|  |   |
| 8. Date of Admission:  | 9. Date of Discharge:                     |
| 10. Breakup of Treatment Expenses:   |   |
| <b>Cost, Charges and Fees</b>  | <b>Total Amounts (Taka)</b>               |
| Hospital Accommodation   |   |
| Consultant's Fee   |   |
| Routine Investigation  |   |
| Medicines/Drugs  |   |
| Surgical Charges   |   |
| Ancillary Services   |   |
| Others   |   |
| <b>Total</b>   |   |

Claimed by

Recommended & forwarded by

Signature of the Employee

Submission Date:

Signature of the Office/Dept. Head

(with seal & date)

(To be filled in by the Plan Secretary of the Organization)

Signature of Plan Secretary  
(with seal & date)

*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 Doctors prescription)
  - d) **Surgical Charges** (A break-up of professional fees for Surgeon, O.T., Anesthetist, Assistants etc.)  
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.)
  - e) Charges for Ancillary Services (Labor Room Services, Post-Operative Care facilities, Oxygen therapy, Intensive care facility, Blood transfusions, Equipment charges, Dressing, Test other than routine investigations, Ambulance service 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:

Group Claim Executive