



Dhaka University Health Insurance

CLAIMFORM

(Applicable for Reimbursement Facility)

Type of Claim :
Hospitalization (IPD) O
General OPD O

1. Name of University :	Student ID :
2. Name of Student :	Cell No.
3. Department /Institute Name :	
4. Name & Address of Admitted/ Non admitted Hospital/Clinic :	
5. Date of Admission/ Treatment :	
6. Date of Discharge :	
7. 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 Students Claimant
Date :

Signature of the Div./Dept. Head
Date :

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

Ref.No.

Date:

Forward to Jamuna Life with the necessary Sub
porting documents marked over leaf for processing of the claim as per Contract.

Signature of Health Dept. with Seal

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

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, Assistant 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 Jamuna Life

Date of Receipt :

Prior Intimation No. :

Date :

Signature of Receipt :

Chief of
