**Head Office**: 5-Saint Mary Park, Gulberg III, Lahore-Pakistan
Alfalah Customer Care: +92 042-111-234-222 Fax: +92 042-35774329, 35774330
Email: approvals@alfalahinsurance.com

# OPD CLAIM FORM (TO BE FILLED BY EMPLOYEE)

| | | | | | | |
|---|---|---|---|---|---|---|
| 1 | NAME OF THE POLICY HOLDER | | | | | |
| 2 | BRANCH & CITY | | | | | |
| 3 | NAME OF EMPLOYEE | | | | | |
| 4 | EMPLOYEE# | | PLAN | | | |
| 5 | EMAIL ID | | CONTACT NO. | | | |
| 6 | NAME OF PATIENT | | AGE (In Years) | | | |
| 7 | RELATION WITH EMPLOYEE (encircle the right choice) | | SELF | SPOUSE | DAUGHTER | SON |
| 8 | DIAGNOSIS | | | | | |
| 9 | TREATMENT DATES / MONTH | | | | | |
| | **DETAILS OF AMOUNT CLAIMED** | | | | | |
| | **DATE / TREATMENT DETAIL / INVOICE #** | | | | **AMOUNT IN RS.** | |
| (i) | | | | | | |
| (ii) | | | | | | |
| (iii) | | | | | | |
| | **TOTAL AMOUNT CLAIMED** | | | | | |

**CHECKLIST:**

- Please submitt monthly OPD bills with a single Claim Form for a single patient.
- Use separate Claim Forms if bills are for more than one patients / persons.
- Please ensure to attach the following documents along with this claim form. **(***Please indicate by tick mark* ***yourself)***

| Sr# | DOCUMENTS | YES | NO | If "NO" Then Describe the Reason |
|---|---|---|---|---|
| (i) | Copy of the Prescription of the doctor | | | |
| (ii) | Original Invoices of the doctor & lab etc | | | |
| (iii) | Original Pharmacy Invoices | | | |
| (iv) | Copy of Reports of the investigations claimed | | | |
| (v) | Copy of CNIC and Health Card | | | |

I declare that all the details given on this claim form are true and accurate and that I have not missed out any details important to this claim.

_____
Employee's Signature with date

_____
HRD – Bank Alfalah Limited

**FOR COMPANY'S USE ONLY:**

| CLAIM DUE TO | CONSULTATION | PHARMACY | INVESTIGATIONS | DENTAL | OTHER (SPECIFY) |
|---|---|---|---|---|---|
| | Rs. | Rs. | Rs. | Rs. | Rs. |
| Any Deduction | Rs. | | **Amount Approved** | | **Rs.** |
| Remarks / Reason of Deduction | | | Final Diagnosis | | |
| Claim Processed By: | | | Claim Approved By: | | |