

Follow-up Treatment Claim Form (For Reimbursement only)

Health Division
Alfalah Insurance Company
Head Office Lahore.

Date: _____

Dear Sir/Madam,

Follow-up Treatment

I am submitting following documents in original for reimbursement of Rs. _____ being follow-up treatment for the month of _____. The patient name is Mr./Mrs./Miss _____ having relation with me

Myself **Mother** **Father** **Spouse** **Son** **Daughter** & who is suffering from

<input type="checkbox"/> Cardiovascular Disorders	<input type="checkbox"/> Strokes	<input type="checkbox"/> Cancer	<input type="checkbox"/> Aids	<input type="checkbox"/> Organs Transplants
<input type="checkbox"/> CKD	<input type="checkbox"/> Hepatitis B&C	<input type="checkbox"/> Tuberculosis	<input type="checkbox"/> SLE	<input type="checkbox"/> Thalassemia Major

Breakup of Follow-up treatment charges is as under:

Sr.	Particulars	Date of Invoice	Invoice No.	Claim Amount
1	<input type="checkbox"/> Bill for medicines			Rs.
2	<input type="checkbox"/> Lab Test/X-Rays etc.			Rs.
3	<input type="checkbox"/> Consultancy Charges			Rs.
Grand Total				Rs.

In Case of Parents' claim only:

I confirm that my parents have no sources of income, are dependent on me and I am responsible for their day to day expenses.

Employee ID & Plan _____

Location/ Posting: _____

Employee Name: _____

Email ID: _____

Contact / Mobile #: _____

Employee's Signature: _____

Mandatory Documents to be submitted by all staff, to claim Follow-up: (As per policy)

1. Photocopy of Consultant's letter, clearly stating about the ailment and its treatment in detail.
2. Doctor prescriptions for taking the medicines due to particular ailment. **(Not older than three months)**
3. Photocopies of lab reports.
4. Original computerized payment receipts.
5. Any other related document

Please Note

1. Employee are required to send their Follow up bills on monthly basis, on the prescribed format.
2. Doctor's prescription older than 3 months will not be accepted.
3. Only computerized pharmacy bills will be accepted for re-imbursement for the bills being claimed from all major cities of Pakistan including Karachi, Lahore, Rawalpindi, Islamabad, Multan, Faisalabad, Peshawar and Quetta.
4. Cumulative bills will not be entertained. Please attach one month's medical bills against one follow up form.

To be filled in by Alfalah Insurance & Bank Alfalah HR

We hereby authorize to finance division of **Alfalah Insurance Company** Head Office Lahore to reimburse Rs. _____ to Mr. /Ms. _____ being follow-up treatment for the month of _____ 2019 under the terms & plan of health insurance policy for the employees of Bank Alfalah Limited.

BAL – In-house Consultant/ Dr

HR Officer – BAL

AGM HR – BAL

AIC Approval



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