

National Textile University Faisalabad

Proforma for Submission of Medical Claims

Name of Employee	Designation	BPS. #	SPS. #	TTS. #	Office ID:

⇒ For all types of Treatment, Referred by M.O. (Must Attach Referral Slip), /Emergency Case.

Outdoor-Treatment by Dr. -----

Indoor-Treatment Hospital Name: ----- Hospital is Govt. /Private.

Date of Admission. ----- & Discharge. ----- Attach Discharge Slip. , & Medical Chart.

Detail of Medical Bills for the Month of: [-----]

Sr. No.	Name of Patient(s)	Self / Relationship	Receipt No.	Date	Name of Medical-Store, Labs, Clinic, Hospital, etc.	Amount Rs.
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
G. Total						

It is certified that, (i) The member of my family for whose treatment reimbursement has been claimed is residing with me and wholly dependent upon me. (ii) The claim was not drawn before. (iii) Total amount of claims was paid by me.

Dated: Signature of Employee of NTU. /Claimant: -----

It is verified that the Medicines/Hospitalization/Clinical-Test/Examination listed above were essential for the recovery /restoration of the patient. Patients were Treated in Indoor , /Treated in outdoor for chronic disease Fall in Sr. No. ---,---,---, according to Govt. Letter No. F.6(1)R-10/2010-171-2011, and as per medical attendance NTU statutes, 2014. Acute and restricted items are omitted.

Authorized Medical Attendant of NTU. Dr. Mehmood Ismail: -----

(Medical Officer)

⇒ میڈیکل کلیم فارم کے تمام متعلقہ کالم پُر کرنا ضروری ہیں۔ کسی بھی بل کی ری امبر سمٹ کیلئے یونیورسٹی میڈیکل آفیسر کی ریفر سلپ ضروری ہے۔ نامکمل اور مقررہ وقت سے پہلے یا بعد میں فارم وصول نہیں کئے جائینگے۔ میڈیکل کلیم فارم ہر مہینہ کی 1 تا 5 تاریخ تک میڈیکل ڈیپارٹمنٹ میں وصول کئے جاتے ہیں۔