



Shikhar Insurance Company Ltd.

Head Office: Shikhar Biz Center, Thapathali, Kathamandu, Nepal

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GROUP MEDICAL INSURANCE CLAIM FORM

POLICY NO :

TABLE OF BENEFIT NO:

OFFICE NAME:

BRANCH :

ADDRESS:

PHONE NO :

EMPLOYEE'S NAME:

DESIGNATION :

STAFF ID NO :

NAME OF PATIENT :

RELATIONSHIP :

DATE OF BIRTH:

CAUSE OF ILLNESS :

(Patient)

EXPENSES DETAILS

S.N	Particulars	Amount (Rs)	
1	Doctor's Fee		
2	Medicine Bills		
3	Pathology Charges		
4	X-Ray Charges		
5	Bed Charge		
6	Surgical Charges		
7	Other Charges		
Total (Figure) NRs:			

Amount in Words: _____

Official Stamp: _____

Claimant's Signature _____

Name: _____

Verified by:

Note:

Discharge Summary Should be submitted

Original copy of payment bills should be submitted.

Pathological tests is payable if such tests are prescribed by the doctor and the report of test is submitted

Prescription from medically authorized doctor is to be submitted

The cost of medicines are payable only if such medicines are prescribed by the doctor so as in the case of extension.

Consultation fees in local bills not allowed.