



SHAHEEN INSURANCE COMPANY LIMITED

Joint Venture Of Shaheen Foundation-PAF and First Capital Securities Corporation Ltd

H.No.46, Khayaban-e-Suharwardy, Islamabad P.O Box No: 44000

UAN: (051) 111-765-111 Fax.No: (051) 2829515



Sample of filling
Shaheen Insurance Company Limited

OPD FORM

Note: *All character names used are fictitious and have no relation to any individual living or dead. Furthermore, company, hospital, chemist reference used is only for explanation purposes and does not in any way provide replacement or is a substitute to the original documentation provided by the above*

Designed by: Dr. Shaan Khan(CMO) SICL-Islamabad



SHAHEEN INSURANCE COMPANY LIMITED

Joint Venture Of Shaheen Foundation-PAF, Hollard Insurance and FCSC

H.No.46, Khayaban-e-Suharwardy, Islamabad P.O Box No: 44000

UAN: (92-51)111-765-111 Fax.No: 92-51-2829515



OUT PATIENT EXPENSE CLAIM FORM

Date: 04-07-08
 Name of Patient: NASIA KHAN ZAFAR Shaheen ID No: I01/00124/06/000006/A01
 Name of Employee (if Patient is dependent): ZAFAR KHAN MOHAMMAD Shaheen ID No: I01/00124/06/000006/A
 Relation with Employee (if Patient is dependent): SPOUSE Sex (Tick One): 1. Male 2. Female
 Designation of Employee: DIRECTOR FINANCE Date of Birth: 02-12-1970
 Name of Company/Organization (For Group Insured): SHAHEEN FOUNDATION PAF
 Address of Employee (For Individual/Family Insured): _____
 Claim Type (Tick whichever is applicable): 1. Out-Patient Department 2. Dental 3. Eye

S.No	Receipt No	Date	Type of Charges (Tick as required)			Treating Doctor with Tel No	Amount (In Rs)
1.	606	02-07-08	C-Fee	<input checked="" type="checkbox"/> Medicine	Investigation	DR. SHAAN KHAN TEL-4446801	500/-
2.	46	02-07-08	C-Fee	Medicine	Investigation	DR. SHAAN KHAN TEL-4446801	600/-
3.	728	02-07-08	C-Fee	Medicine	Investigation	DR. SHAAN KHAN TEL-4446801	275/-
4.			C-Fee	Medicine	Investigation		
5.			C-Fee	Medicine	Investigation		
6.			C-Fee	Medicine	Investigation		
7.			C-Fee	Medicine	Investigation		
8.			C-Fee	Medicine	Investigation		
9.			C-Fee	Medicine	Investigation		
10.			C-Fee	Medicine	Investigation		
11.			C-Fee	Medicine	Investigation		
12.			C-Fee	Medicine	Investigation		
13.			C-Fee	Medicine	Investigation		
14.			C-Fee	Medicine	Investigation		
15.			C-Fee	Medicine	Investigation		
16.			C-Fee	Medicine	Investigation		
17.			C-Fee	Medicine	Investigation		
18.			C-Fee	Medicine	Investigation		
19.			C-Fee	Medicine	Investigation		
20.			C-Fee	Medicine	Investigation		
21.			C-Fee	Medicine	Investigation		
22.			C-Fee	Medicine	Investigation		
23.			C-Fee	Medicine	Investigation		
24.			C-Fee	Medicine	Investigation		
25.			C-Fee	Medicine	Investigation		
26.			C-Fee	Medicine	Investigation		
27.			C-Fee	Medicine	Investigation		
28.			C-Fee	Medicine	Investigation		
29.			C-Fee	Medicine	Investigation		
30.			C-Fee	Medicine	Investigation		

Grand Total

Rs. 1375/-

Amount in words: ONE THOUSAND THREE HUNDRED AND SEVENTY FIVE ONLY

I hereby declare that the amount stated is correct and was incurred by me for medical expenses. Furthermore, I agree that if there is lack of documents attached as per defined criteria, the said amount will be deducted W/O any notice or in case of discrepancy in documents is found then the company has right to refuse the said claim.

Signature of Employee/Individual
(As on National ID Card)



Verification of Employer with Seal
(For Group Insured Only)

NOTE:- Instructions Overleaf

INSTRUCTIONS FOR FILLING THE FORM (To be observed strictly)

DOCUMENTS REQUIRED:-

1. **OPD Claim Form *Original* (Completely Filled)**
2. **Consultancy Payment Receipts *Original* (For Homeopathic Cases Only** -- In case of consultation payment being mentioned on the doctor's homeopathic prescription, then the prescription should be signed by prescribing homeopathic doctor with stamp, his name, contact number clearly mentioned with the signature and the fee charged mentioned on the slip in his own hand writing and homeopathic store receipt for medicine bought)
3. **Doctor's Prescription *Original* (Chief Complaints, Diagnosis, Investigations (If any), Treatment must be mentioned in the prescription. In case of long term medication, the doctor's prescription advising use for a specific period or advising use of medicine till next consultation should be attached with the claim and photocopy of this prescription should be attached with every medicine purchase claim related to this prescription)**
4. **Medicine Receipts *Original* (Also submit Doctor's Prescription supporting purchase of medicines. No consultation fee charges are allowed on medicine receipts)**
5. **Investigation Reports if any *Original* (Also submit Doctor Prescription having advice for investigations)**
6. **Investigation Payment Receipts if any *Original***
7. **Shaheen Health Card & National Identity Card *Copy* (They should be valid at time of presentation)**

NOTE:-

- Kindly photocopy all claims being sent to our office and maintain them in your record for future reference.
- **No Overwriting or Additional Changes to already prescribed prescriptions/receipts is allowed.**
- **No Prescriptions/Receipts are allowed to be claimed on blank papers having no title of the chemist/doctor/hospital.**
- **For pediatric vaccination cases, attach photocopy of `Immunization Schedule/Chart` attested by gazette officer.**
- **For continuous medication, attach photocopies of doctor prescription showing brief history, diagnosis, medicine advised mentioning long term use with every medicine claim related to this prescription (this doctor prescription is valid for 3 months after which follow-up (new prescription) is required).**
- **All medicine cost/bills incurred will be checked with rate lists provided to us via hospital/clinics and chemists (Rate lists updated every 15 days)**
- **Claims presented after 15 days of expiry of policy period will not be re-imbursed.**
- **OPD claim expenses incurred should be claimed within 3 months**
- **Sample of filling OPD health claim form is available on our website for client facilitation purpose.**
- **In case of lack of documents submitted for claim re-imburement, they should be submitted within 1 month after receiving letter for their submission or the claim will stand refused/rejected after expiry of period of 1 month.**

Dr. Shaan Khan
CMO
SICL-ISB

RECEIPT

DR. SHAAN KHAN

GENERAL PHYSICIAN

SHIFA INTERNATIONAL HOSPITAL

H-8/4, ISLAMABAD

S.No : 014

Patient Name: NASIA KHAN ZAFAR

Father/Husband Name: ZAFAR KHAN MOHAMMAD

Address: SHAFIQ FOUNDATION PAF, E-9/1, ISLAMABAD

On Account Of: CONSULTATION

Amount: Rs. 500/- , In Words FIVE HUNDRED ONLY

Date: 02-07-08

Signature/Stamp



CONSULTATION FEE RECEIPT

DR. SHAAN KHAN

General Physician
Shifa International Hospital
H-8/4, Islamabad
Tel No: 4446801

S.No: 606

Patient Name: NASIA KHAN ZAFAR

Date: 02-07-08

Vitals: Blood Pressure: 120/80 mmHg

Pulse: 84 /Min

Temperature: 101 °C or °F

Chief Complaints:

- fever with Chills - 3 days
- weakness - 1 day
- nausea - 1 day

P-Diagnosis: Ac Tonsillitis

Brief Clinical History:

- Patient was fine until she developed slight pain in throat 3 days ago which worsened over the time. She took Tab. Paracetamol CF twice daily for 1 day but no relief was achieved until finally she developed present signs & symptoms.

Past History:

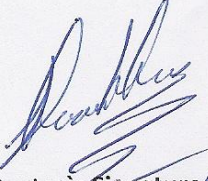
- The Patient has no prior history of any RTA, Diabetes Mellitus, Hypertension or any other related disease.

Investigations Advised:

- Blood C/P
- Typhi dot test

Treatment Advised For Home:

- Tab. Leflox 250mg 1+1 X 5 days.
- Tab. Telfast-D 1+1 X 5 days.
- Avoid oily, fried, Spicy Eatables.


Doctor's Signature
2/7/08

NOT VALID FOR COURT

INVOICE

DR.SHAAN`S DIAGNOSTIC LABORATORY
OPPOSITE SHIFA INTERNATIONAL HOSPITAL
H-8/4, ISLAMABAD

Receipt No: 09874

Order Date: 02-07-08


Reporting Date: 03-07-08

Patient Name: Nasia Khan Zafar

Father/Husband Name: Zafar Khan Mohmand

Contact No: 0333-513-9876 051-2826643

S.No	Description	Qty	Amount(in Rs)
1.	Blood C/P	1	200
2.	Widal Test	1	400
Grand Total			600


Signature/Stamp

LABORATORY FEE RECEIPT

DR.SHAAN`s DIAGNOSTIC LABORATORY

OPPOSITE SHIFA INTERNATIONAL HOSPITAL

H-8/4, ISLAMABAD

Receipt No: 09874

Date: 02-07-08

Patient Name: Nasia Khan Zafar

Age: 25yrs Referred By: Dr.Shaan Khan

BLOOD C/P REPORT

Hemoglobin -- 11.0gm (Ref—M:13-18gm F:11-16gm)

Red Cell -- 3.6 /cu,mm (Ref—M:4-6gm F:3-5gm)

WBC -- 9,600/cu,mm (Ref 4000-10000/cu,mm)

Platelets -- 178000/cu,mm (Ref—150000-400000/cu,mm)

LEUKOCYTES:

Neutrophil 68% (Ref—40-75%)

Lymphocytes 28% (Ref—20-50%)

Eosinophil 03% (Ref—1-6%)

Monocyte 01% (Ref—1-6%)



Pathologist

BLOOD C/P REPORT

DR.SHAAN`s DIAGNOSTIC LABORATORY

OPPOSITE SHIFA INTERNATIONAL HOSPITAL

H-8/4, ISLAMABAD

Receipt No: 09874

Date: 01-07-08

Patient Name: Nasia Khan Zafar

Age: 25yrs Referred By: Dr.Shaan Khan

TYPHIDOT TEST

TYPHIDOT TEST -- NEGATIVE



Pathologist

TYPHIDOT TEST REPORT

