

# UNIVERSITY OF ENGINEERING AND TECHNOLOGY, PESHAWAR



Medical Form No. 00/2021

Voucher No \_\_\_\_\_

Dated: \_\_\_\_\_

**Subject: RE-IMBURSEMENT OF MEDICAL BILLS FOR REGULAR MONTHLY/BIMONTHLY CLAIM**

Sir,

- 1) Type of disease \_\_\_\_\_ (Diabetes, Cancer, Renal diseases, Cardiac, Dental and Hypertension or any others)
- 2) When was last medical advice taken from practitioner? (in case of regular treatment): Dated \_\_\_/\_\_\_/20
- 3) Attached Form B (Family detail) in case bills are claimed of family dependent (to be provided only once for record only). (Yes/No)
- 4) Has the Sehat Insaf Card/any other Government Hospital facilities have been explored (Attach additional page if any) (Yes / No)
- 5) Please clarify that such treatment and labs diagnosis facilities are not available in the Government Hospital. (In case of treatment from other than the Government Hospital) (Yes / No)
- 6) Bank detail of the claimant for reimbursement of the claim:
  - a) Bank Accounts No: \_\_\_\_\_ Title of Account: \_\_\_\_\_
  - b) Name of the Bank: \_\_\_\_\_ Bank Branch Code: \_\_\_\_\_

I have spent a sum of Rs. \_\_\_\_\_ (Rupees \_\_\_\_\_ Only) on the treatment of \_\_\_\_\_ on account of \_\_\_\_\_ Consultation Fee, Laboratory Test, Ultra Sound fee, X-ray fee, regular medicine charges and dental treatment). Necessary prescriptions along with Cash Memo(s) No. \_\_\_\_\_ duly signed and attested by the \_\_\_\_\_ are enclosed herewith.

It is therefore requested that re-imburement of the said amount may kindly be sanctioned and payment arranged to me.

**Signature** \_\_\_\_\_

**Name** \_\_\_\_\_

**Designation** \_\_\_\_\_

**Section/Dept.** \_\_\_\_\_

Certified that the claimant is a permanent employee of this University and he/she has actually spent the above amount on his/her own treatment/on the treatment of his/her dependent family and is, therefore, recommended for re-imburement. The above information is correct to the best of my knowledge.

\_\_\_\_\_  
**Head of Section/Department**

## **FOR OFFICE USE**

The bills have been checked and corrected/found correct for Rs. \_\_\_\_\_/- and may kindly be allowed to reimbursed of the same amount to the above mention employee.

| S.No. | Particular              | Claimed Amount with date | Reimbursable Amount | Remarks |
|-------|-------------------------|--------------------------|---------------------|---------|
| 1.    | Bill Already reimbursed |                          |                     |         |
| 2.    | Current Bill (s)        |                          |                     |         |

**Medical Supdt:**

**Deputy Director Accounts**