



PARC - National Agricultural Research Center

(Directorate of Admin & General Services)

(Medical Section)

Park Road, Islamabad

Date: _____

INDOOR REIMBURSEMENT CLAIM PROFORMA

A. EMPLOYEE/PENSIONER

Employee Code	PPO NO. (If retired)
Employee Name	Designation and scale
Posting	Contact
Residential Address	

B. PATIENT AND TREATMENT

Patient Name	Relationship
Age/Gender	Treatment availed / Disease
Hospital	
Prior permission obtained	Yes No Date of Admission
Date of Discharge	
If Non-Panel, mention justification of not availing from panel hospital	

C. CLAIM

PARTICULAR	HOSPITAL/LAB/DOCTOR/PHARMACY	AMOUNT CLAIMED (Rs.)	BILL NO. AND DATE
Hospitalization			
Consultation			
Medical Tests			
Medicines			
Other _____			
Total			

Documents to be attached:

- All bills/invoices duly signed/stamped by the Hospital/doctor and verified by the employee/pensioner (ORIGINAL)
- Prescription(s) of the doctor concerned (PHOTOCOPY)

- iii. Admission and Discharge Certificate (ORIGINAL)
- iv. Computerized Employee Medical Card (PHOTOCOPY)
- v. Permission/Referral Letter (PHOTOCOPY)

Disclaimer

Medical claims are subject to PARC Employees Medical (Attendance and Treatment), Regulations, 1990 and any instructions/Policy issued by the Competent Authority from time to time. The amount claimed may not be reimbursed in full.

Undertaking by the employee:

The above amount has not been claimed previously. In case of fake/fraudulent claims, I may be proceeded against in accordance with the relevant rules.

(_____)
EMPLOYEE NAME SIGNATURE WITH DATE