



UNITED INSURANCE CO. (NEPAL) LTD.

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Medical Claim Form

Medical Aid Scheme for the Employee of

This form is issued without admission of liability and should be completed and returned to United Insurance co. (Nepal) Ltd., Kathmandu as soon as possible and in any event within 30 days of the commencement of illness.

1.	Staff Name: Name of Patient: Home Address: Office Address: Designation/ Relationship of Employee: Sex:
2.	If an illness Details of Illness:
3.	Medical Attendants Name and Address of Doctor: Attending Member:
4.	Details of Claim Please fill up the items under which the benefits are claimed in respect of the above illness giving amount claimed and enclosing original receipt, bills, and prescriptions and have the certificate completed by doctor giving the attention in respect of which a claim is made.

HOSPITALIZATION/ DOMICILIARY

S.N	Subject	Cost
1.	Pathology Charge	
2.	Diagnostic Materials, X-ray, Dialysis, Chemotherapy, Radiotherapy	
3.	Medicine/ Drug, Injection, Surgical Appliances, Artificial Limbs	
4.	Room Charge and Consultant Fee	
5.	Anesthetist, Operation Theatre Charge, Surgeon's Charge for Operation, Blood, Oxygen.	
Total Amount		

Amount in word:

I Declare that I have/my dependent has suffered the above described injuries/ illness and that to my best of my knowledge and benefit the foregoing particulars are in every respect true, I also declare there is no other insurance or other source to cover the items claims.

Date: Signature of Claimant:

MEDICAL CERTIFICATE TO BE COMPLETED BY MEMBER'S DOCTOR

I.....
 That.....was ill/ injured.

Full Particulars of Injury/ illness,

Signature:
 Qualification of Doctor: