



Siddhartha Insurance Limited

Head Office : Siddhartha Insurance Bhawan (4th. Floor), Babarmahal, P. O. Box 24876, Kathmandu, Nepal.
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MEDICAL CLAIM FORM UNDER GROUP MEDICAL INSURANCE

This form is issued without admission of liability and should be completed and return to **Siddhartha Insurance Ltd.**, Kathmandu as soon as possible and in any event within 30 days of the commencement of the illness.

POLICY NO:

OFFICE NAME:

BRANCH:

DESIGNATION:

PHONE NO:

STAFF CODE NO:

EMPLOYEES NAME:

DATE OF BIRTH:

RELATIONSHIP:

NAME OF PATIENT:

CAUSE OF ILLNESS:

EXPENSES DETAILS

S.N	Particulars	Amount	
		Domiciliary	Hospitalization
1	Doctor's/Consulation fees		
2	Medicine Bills		
3	Pathology Charge		
4	Diagnostics Materials		
5	Others charges		
a			
b			
c			
d			
	TOTAL		

Amount in words:

Official Stamp:

Claimant's Signature: _____

Name: _____

Verified By:

Note:

Discharge Summary should be submitted.

Original medical bills with doctor's prescription should be submitted.

Pathology test is payable if such tests are prescribed by the doctor.

Consultation fees in local bills not allowed.