

FORMULIR PENGAJUAN KLAIM REIMBURSEMENT

SUBMISSION FORM OF REIMBURSEMENT CLAIM

1. Nama Peserta :
Name of Member
2. Nomor Peserta :
Number of Member
3. Nama Pasien :
Name of Patient
4. Status Pasien : Sendiri / Suami / Istri / Anak
Status of Patient Self / Husband / Wife / Child
5. Nomor Polis :
Number of Policy
6. Nama Perusahaan :
Name of Company
7. Nama Produk Yang Diambil :
Name of product
8. Kelengkapan dokumen yang disampaikan / *Completeness of documents submitted* :
 - Formulir klaim yang diisi lengkap / *Claim Form which is already fill in completely*
 - Resume medis / *Medical Resume*
 - Kuitansi pembayaran asli / *Original Payment Receipt*
 - Rincian biaya / *Detail Cost*
 - Salinan resep / *Copy of prescription*
 - Salinan tes diagnostik (laboratorium, hasil radiologi, dll) / *Copy of the Diagnostic Test (Laboratory Result, Radiology, etc)*
 - Tax invoice atau Official Receipt (untuk perawatan diluar negeri) / *Tax Invoice or Original Receipt (for overseas treatment)*
 - Lainnya / *others*
9. Jumlah Klaim Diajukan / *Amount of Submitted* :
10. Terbilang / *Amount of Words* :
11. No. Telepon Kantor/HP/Rumah :/...../.....
Phone No. of Office/ Handphone/Home
12. Alamat Email (*Email Address*) :
13. Informasi Nomor Rekening (apabila ada perubahan) / *Information of Account No. (if there any change)*
 - Bank / Cabang / *Bank/Branch* :
 - No. Rekening / *Account No.* :
 - Atas Nama / *On Behalf of* :

_____, ____ / ____ / ____ (Tempat/tanggal)
(Place/Date)

(_____)
(Nama Jelas & tandatangan Peserta atau Pasien)
(Name & Signature of Member or Patient)