



**FACILITATION CELL FOR GROUP HEALTH  
UNIVERSITY OF SINDH, JAMSHORO**



**REIMBURSEMENT FORM**

CATEGORY	
HEALTHCARD NO	

**INFORMATION OF EMPLOYEE / PATIENT**

Employee's Name	Department / Section	Designation

Patient's Name	Date of Birth	Age	Sex
			Male Female

Relation with Employee	Bank A/C No.

Patient's Full Address	Phone / Cell No. of Employee
	Signature of Employee

**REPORT OF ATTENDING PHYSICIAN/SURGEON**

Name of Consultant

Address	Phone / Cell No.

Admission Date	Date of Discharge	Hospital Registration No.

<b>Admission due to</b>	<b>Nature of Admission</b>	<b>Maternity</b>
Emergency <input type="checkbox"/> Non-Emergency <input type="checkbox"/>	Surgical <input type="checkbox"/> Non-Surgical <input type="checkbox"/>	Normal <input type="checkbox"/> Caesarean <input type="checkbox"/>

Diagnosis / Operation	Doctor's Signature & Date / Stamp

**Verified from Hospital**

Hospital Name & Address

Surgeon's Fee Rs.	Anesthetist's Fee Rs.	Room/Ward Rent Rs.
Operation Theater/Labor Room Expenses Rs.	Medicine Cost Rs.	Consultant / Medical Officer Visit Fees Rs.
Lab. Test Cost Rs.	Examination Cost Rs.	Miscellaneous Expenses Rs.

Total Expenses Rs.	Hospital Official Stamp

Signature of Head of Department  
With Stamp

Signature of Doctor  
Facilitation Cell with Stamp

Signature of Consultant  
Reimbursement Committee

**COMMENTS BY CONSULTANT REIMBURSEMENT COMMITTEE**

**INSTRUCTIONS**

- Incomplete form is unacceptable and will be returned to the concerned employee
  - Please fill the form clearly so that the information is legible
  - Please do not overwrite or use correction fluid on this form
  - Please attach all the required documents and original receipts along with this form
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- Photocopy of Sindh University Health Card / Employee Card
  - Photocopy of employee's and patient's CNIC/B-Form (as applicable)
  - All original bills with dates. Bills without date will not be entertained
  - Consultant's recommendation for hospitalization
  - Medicines used during hospitalization / Original bills attested by consultant
  - Consultant's advice for laboratory investigations during hospitalization
  - Attested copies of laboratory tests and discharge card
  - Attested copy of Birth Certificate of the new born (in case of maternity)
  - Case summary of Hospital