



Application form for claiming Medical and Hospital Charges Agrahara Insurance Scheme - Pension National Insurance Trust Fund



Form No. - 03 (E)

(It is mandatory to fill all the required information in the applicant)

National Identity Card Number of the Applicant :-

(It mandatory to attach the photocopy of the National Identity Card attested by Grama Niladhari)

Pension Number :-

Date of Retirement :-

Tick (✓) the claim you are entitled to	
Government Hospitalization	
Private Hospitalization	
Cancers	
Heart Surgery	
Kidney Diseases	

1. Details of the applicant

1.1 Name in Full : Rev./Mr. /Mrs. /Miss. :-

.....

Name with Initials : Rev. /Mr. /Mrs. /Miss. :-

.....

1.2 Private Address :-

.....

1.3 Date of Birth :-

1.4 Telephone Number : Fixed :- Mobile :-

2. Details about where you worked at the time of retirement (Should be completed compulsory)

2.1 Name of the Institute :-

2.2 Address :-

2.3 Designation :-

2.4 Telephone Number of the institute :-

3. Details of the Spouse

3.1 National Identity Card Number :-

3.2 Name :-

3.3 Name of the Institute :-

3.4 Address :-

3.5 Telephone Number :-

8. Should be filled by the Medical Officer/ Surgeon of the Patient.

(Please note that it is compulsory to fill this section clearly stating the name of the patient, the date of admission and the date of discharge as per the diagnosis card)

8.1 Name of the Patient :-

.....

8.2 Diagnosis of Disease :-

.....

8.3 Bed Head Ticket(B.H.T.) :-

8.4 If Admitted to the Hospital,

Date of Admission :-

Date of Discharge :-

I hereby certify that I am the Medical Officer/ Surgeon of the above named patient and certify that above service was given by me.

.....
Date

.....
Signature and Official Seal of the Medical Officer /
Consultant Medical Officer who treated the patient

Documents to be Submitted Together with the Application

(This application is only for requesting claims related to hospitalizations, cancer diseases, kidney and heart surgery etc.)

- 1. The claim application should be received to the National Insurance Trust Fund within 90 days after discharging from the hospital.**
- 2. Benefits are paid only for residential treatments in a hospital under Agrahara Insurance Scheme and benefits are paid to the member only under this insurance scheme.**
- 3. The following documents should be submitted along with the duly completed claim application.**
 - 3.1** Original or copy of Diagnosis Card certified by Grama Niladhari (The name of the patient, the date of admission to the hospital and the date of discharge from the hospital and the signature and official seal of the physician who treated should be mentioned)
 - 3.2** In the event that a diagnosis card is not issued in respect of hospitalization in a government hospital, copies of the page indicating the period of hospitalization and the page indicating the patient's name clinic book certified by the Grama Niladhari.
 - 3.3** Original copies of bills related to purchase of medicines or medical tests done as per doctor's prescriptions related to the period of hospitalization and doctor's prescriptions
 - 3.4** In case of a private hospital originals of Receipt of the Advance Payment, other cash Receipts, detailed Final Bill
 - 3.5** A copy of the Bank Account certified by the Grama Niladhari (Should not be a joint account)
 - 3.6** A copy of the Pension Card certified by the Grama Niladhari
 - 3.7** A copy of the National Identity Card certified by the Grama Niladhari

(Very important: Submission of original copies of bills and receipts is mandatory and claims are not paid for certified photocopies of other bills. This does not apply in the case of obtaining claim balance when the amount has been reimbursed from another institute)