

CHECK LIST

PARTICULARS	DETAILS		
TYPE OF BILL	OPD, Admission/Indoor, Emergency, Surgery, other (mention name)		
Category of Bill:	Board/Non-Board		
NAME OF APPLICANT & Signature		<u>Signature</u>	
DESIGNATION & BPS			
CNIC NO			
PERSONNEL NO			
CLAIMED AMOUNT			
APPROVED AMOUNT BY CIVIL SURGEON			

Sr.#	DOCUMENTS ATTACHED	TICK
1.	Covering Letter (Two Covering Letters incase Board Bill)	
2.	Non-Availability Certificate	
3.	Certificate of Medical Bill	
4.	Detail Bill Statement	
5.	Original Bills/ Cash Memos stamped	
6.	Original Discharge Card / Case Summary	
7.	Prescription with Doctor’s Stamp and contact No (original or in case of Photocopy duly attested and stamped by Concerned)	
8.	Medical Certificate (original or in case of Photocopy duly attested and stamped by Concerned)	
9.	Investigation / Diagnosis Reports / Lab Reports (original or in case of Photocopy duly attested and stamped by Concerned)	
10.	Copy of Patient CNIC/B-Form (Patient) / Birth Certificate / F.R.C	
11.	Copy of Applicant CNIC	
12.	Copy of Applicant Service Card	
13.	All Bills are visible / Cleared	
14.	Medical Bills not more than 6 months	
15.	Prescription, reports and receipts/memos/statements, other medical documents, cash memos are upto 6 months	
16.	Non-admissible items claim are prohibited	
17.	Final Bill Attached	
18.	One Medical Claim Bill would be admissible by each patient in one Month in order to reduce redundancy or repetition.	
19.	Quantity of Medicine matched with prescription	
20.	Names of Patients and dates are properly mentioned in prescriptions, reports, receipts and other medical documents	
21.	Emergency Prescription/Summary in case in emergency treatment	
22.	Death Certificate in Case Death	
23.	Birth Certificate in case Delivery / C-Section	
24.	Each Medical board bill should be claimed separately either by the Applicant or Dependents (in case of Medical Board Bill)	
25.	Duration of treatment is mentioned in prescription/medical certificate	
26.	Vaccination Card Attached incase Vaccination	
27.	All Deposit Slips Attached in case of admission	
28.	AFFIDAVIT BY APPLICANT	