



Atlas Insurance Ltd.

Address: 63/A, Block-XX, Khayaban-e-Iqbal, Phase-III, DHA, Lahore.
Phone No.: 0305-4449090, 0309-4449090 Email I.D: atlascare@ail.atlas.pk



OUT DOOR TREATMENT (OPD) CLAIM FORM

Please attach Itemized bill, Original Prescriptions, Lab reports and receipts.

Full name of Insured (Employer)

Full name of the Insured (Employee)

Full name of the Claimant

Full name of the Patient

Patient relationship to Employee / Claimant

Employee

Dependent child

Spouse

Other-Please describe

Health Card / Credit letter No.

Name of Clinic / Hospital / Doctor

Consultation fee Rs.

Cost of medicines Rs.

Cost of Investigation / Lab Test Rs.

Total Cost Rs.

SPECIALIZED INVESTIGATION

Name of the Hospital / Institution

Name of Referring specialist / consultant

Name of Investigation / Procedure Rs.

Please Tick which ever is applicable

1. CAT SCAN (Computerized Axial Tomography)
2. MRI (Magnetic Resonance Imaging)
3. NUCLEAR SCAN
4. ANGIOGRAPHY
5. ERCP (Endoscopic Retrograde Cholangio-Pancreatography)

SIGNATURE (Employee)

SIGNATURE (Insured / Employer)

Name, Signature, Seal
of Doctor / Hospital