





**9. Certificate of the Head of the Institute**

Insurance claim of the aforementioned Mr./ Mrs. .... is herewith recommended and forwarded for taking necessary measures. I further certify that the above information is true and correct as per his/ her personal file. I hereby certify that the monthly Agrahara Insurance premium of Rs ..... related to the month of ..... of the year 20... , the month preceding the month to which the insured was discharged from the hospital, has been credited to the Account No. 033-1002-3246-7951 of Queen's Branch of the People's Bank of the National Insurance Trust Fund by Cheques (Cheque No: ...../ SLIPS and included it to the total amount of Rs. ....

.....  
Date

Signature :- .....  
Name :- .....  
Designation :- .....  
(Official Seal is Compulsory)

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

**10.1** Name of the Patient :- .....

**10.2** Diagnosis of Disease :- .....

Signature of Medical Officer / Surgeon Period unable to attend to usual business/ works :-

From :- ..... To :- .....

**10.3** If admitted to the hospital,

Date of Admission :- ..... Date of Discharge :- .....

**10.4** Bed Head Ticket (BHT) :- .....

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

.....  
Date

.....  
Signature of Medical Officer / Consultant  
Medical Officer with the Official Seal

**Please note that it is mandatory to fill this section clearly stating the name of the Patient, the date of admission and the date of discharge in the diagnosis card issued by the hospital.**

**(Note : It is mandatory to fill all the required details in the application. The application should be submitted together with the check list by the subject officer)**

# Instructions to Fill the Application

**(This application is only for claims related to hospitalization, heart surgery, childbirth, cancer and kidney diseases)**

- 1. The claim application should be received to the National Insurance Trust Fund within 90 days of discharge from the hospital.**
- 2. Photocopies of the documents submitted to us should always be attested by the Head of Institute. (It is mandatory to mention the National Identity Card number when perfecting the deficiencies)**
- 3. If both husband and wife are Agraphara members**
  - 3.1** The claim should be submitted by the member the patient.
  - 3.2** Claims on behalf of children should be made by only one member.
- 4. Certified photocopies of the following documents should be submitted when claim application for dependents is submitted.**
  - 4.1** If the member is married,
    - 4.1.1** A photocopy of the Marriage Certificate of the spouse.
    - 4.1.2** A photocopy of the Birth Certificates of the children.  
(The child should be below 21 years of age and unmarried and unemployed)
    - 4.1.3** Photocopy of the National Identity Card certified by the Head of the Institute for the children older than 16 years of age.
  - 4.2** If the member is unmarried,  
For the parents of the member (The Mother/ Father should be below 70 years of age)
    - 4.2.1** Photocopies of the Birth Certificate and National Identity Card of the Member certified by the Head of the Institute
    - 4.2.2** Photocopies of the National Identity Cards of the Mother/Father of the member certified by the Head of the Institute
    - 4.2.3** A letter issued by the Head of the Institute confirming that the member is unmarried
- 5. Where insurance benefits have been obtained from another institution for the matter of claim, and if Agraphara benefits are also sought, certified photocopies of all bills/ receipts should be submitted along with a letter stating the amount paid by that institution.**
- 6. The following documents should be submitted together with the duly filled application.**
  - 6.1** For every claims,
    - 6.1.1** Original copy or a photocopy of the Diagnosis card  
(Name, Dates of admission and discharge from the hospital should be stated and the official seal should be compulsory)
    - 6.1.2** In case of a private hospital originals of Receipt of the Advance Payment, other cash Receipts, detailed Final Bill
    - 6.1.3** When receiving treatment from private hospitals, every expense should be specified in detail in the Final Bill and the patient's National Identification Number should be stated.
    - 6.1.4** When specifying doctor's expenses, the expenses incurred by the Consultant doctor and other doctors should be shown separately.
    - 6.1.5** Separate applications should be submitted for different cases of hospitalization and no more than one diagnosis card enclosed in a single application shall be considered for paying claims.
    - 6.1.6** In case of childbirth (claims are paid for two cases only)  
(If the diagnosis card is not provided by a government hospital, a certified copy of the birth certificate or pregnancy note/ the date of admission and the date of discharge from the hospital should be mentioned)
- 7. When claims are submitted in respect of private hospitals, all bills and receipts issued by those hospitals should be computer printed and claims are not paid for handwritten Final Bill or Receipts.**

**(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)**

**Please note that Agraphara insurance benefits can be obtained quickly by forwarding the required documents correctly along with the duly completed claim application.**