

**KHAWAJA FAREED UNIVERSITY OF ENGINEERING&INFORMATION  
TECHNOLOGY, RAHIM YAR KHAN**



**APPLICATION FORM  
FOR REIMBURSEMENT OF MEDICAL CHARGES**

**Section-1: KFUEIT EMPLOYEE INFORMATION**

KFUEIT Employee

Name \_\_\_\_\_

Designation \_\_\_\_\_ Department \_\_\_\_\_

Basic Scale \_\_\_\_\_ Permanent Home Address :

Sr. No	Name of Patient	Relation with Employee	Nature of Claim	Detail of Disease	Claim Amount
1.					
2.					
3.					
<b>Total Amount</b>					

**DECLARATION TO BE SIGNED BY THE KFUEIT**

I solemnly declare under oath that expenses mentioned in this bill are original. If any bill/receipt is found bogus, I will be responsible for refund of the money & liable for penalty decided by the competent authority.

Date . \_\_\_\_\_ KFUEIT Employee (Applicant) . . . . . (Signature)

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**TO BE SIGNED BY THE HEAD OF DEPARTMENT**

Verified & Forwarded by the Head of Department

Date . . . . . Head of Department/Chairperson . . . . .  
(Signature & Stamp)

## MEDICAL CHARGES VERIFICATION CERTIFICATE

Certified that I carefully checked and verified all the Bill(s)/Cash Memo(s)/Hospital Receipt(s)/Medical Charges as given in the medical charges summary statement , found correct in all aspects.

We further confirm that the rates of claim bill(s)/Cash Memo(s)/Hospital Receipts are according to the Government rates.

\_\_\_\_\_  
Signature & Stamp: Medical Officer (Male)

\_\_\_\_\_  
Date

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**"CERTIFICATE" to be signed by the Treasurer's office**

Certified that the Reimbursement claim of Mr./Ms. \_\_\_\_\_  
for Rs. \_\_\_\_\_ in order, and he/she opted for the KFUEIT Medical Officer Rule

1. Also certified that he joined KFUEIT Service at \_\_\_\_\_ as Regular/whole time employee.

Date .....

Treasurer .....  
(Signature & Stamp)

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**MEDICAL CHARGES SUMMARY STATEMENT**

Medical Bill(s)/Cash Memo(s)/Hospital Receipt(s)/Medical Charges (for Reimbursement/Claim)

Bill No.	Bill Date	Name of the Chemist/Shop/Hospital/Clinic	Any other Detail of Medical Charges	Amount (Rs.)
(Total Medical Expenditures/Charges incurred on the treatment of the Patient)				
Total				

I hereby declared that all above mentioned Bill(s)/Cash Memo(s)/Hospital Receipt(s)/Medical charges for reimbursement are genuine (i.e. not forge/fake).

KFUEIT Employee (Applicant): Signature..... Date.....

KFUEIT Employee Name .....

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**FORM-B**

**PART-B**

**AFFIDAVIT**

I, \_\_\_\_\_ S/D/W of \_\_\_\_\_  
NIC No \_\_\_\_\_ serving in KFUEIT, Rahim Yar Khan  
as \_\_\_\_\_ do hereby affirm:

1. That the statements made in the application Form-A are true to the best of my knowledge.
2. That the patient for whom medical expenses were incurred is my family member and he/she is residing with me and wholly dependent upon me.
3. That neither the applicant nor his/her family has entitlement with Government, Semi-Government or any other organization/institution.
4. That neither the applicant nor his/her family has received any medical reimbursement claim from Government/Semi-Government or any other organization/institution and shall not claim in future.
5. I further confirm that all the documents provided in support for re-imbusement of medical expense are genuine (i.e. not forge/fake). If I am found guilty of misstating or concealing the facts about my application at any stage, the university is authorized to take disciplinary action against me.

Date .....

KFUEIT Employee (Applicant) Signature .....

KFUEIT Employee Name \_\_\_\_\_

**PART-C**

**MEDICAL CHARGES VERIFICATION CERTIFICATE**

Certified that I carefully checked and verified all the Bill(s)/Cash Memo(s)/Hospital Receipt(s)/Medical Charges as given in the medical charges summary statement (Part-A of Form-B), found correct in all aspects.

We further confirm that the rates of claim bill(s)/Cash Memo(s)/Hospital Receipts are according to the Government rates.

\_\_\_\_\_  
Signature & Stamp: Medical Officer (Male)

Date .....

\_\_\_\_\_

## **PART-D**

To be filled by the Applicant

### **APPLICATION PROCEDURE:**

1. An application for reimbursement of medical charges with all relevant documents duly forwarded by the concerned Head of Department shall be submitted to the office of the Medical Officer for certification/authentication and afterwards application shall be submitted in the office of the Treasurer for reimbursement processing.
2. In case of protracted (chronic)/prolonged disease, Applications along with the requisite documents shall be submitted to office of the Medical officer/Secretary Protracted disease verification committee for verification and necessary recommendations. Protracted Disease Verification Committee shall examine and verify all the applications and forward its recommendations to the Vice Chancellor for approval.
3. Incomplete application for reimbursement of Medical charges shall not be entertained.
4. Reimbursement will, however, be made as per Government Rates.

### **CHCEK LIST**

Write "Yes" or "No" against the documents attached with this application:

<b>LIST OF ENCLOSURES (Mandatory)</b>		<b>Attached "Yes/No"</b>
Form-A	(Application for Reimbursement of Medical Charges)	
Form-B	(Part-A Medical Charges Summary Statement, Part-B Affidavit)	
Medical Prescription(s)	Original	
Discharge Summary	Original	
Bill(s)/Hospital Receipts	Original	
National Identity Card	Photocopy (KFUEIT Employee)	
National Identity Card	Photocopy (in case, Patient is family member of Employee)	
Employee Medical Card	Photocopy	
<b>DOCUMENTS REQUIRED (Provisional):</b>		
Referral Letter	in case of patient is referred to some other hospital by the Medical Officer	
Emergency Certificate	In any patient is got treatment from unauthorized/Private hospital in emergency due to serious nature case.	