

**HEALTH INSURANCE CLAIM FORM  
FOR  
CITY ALO AMERICAN EXPRESS CREDIT CARD  
PLEASE USE BLOCK LETTERS ALL THROUGH**

1. Name of Client/Patient:																	
2. City Alo Card No.:										*	*	*	*				
3. Mobile No.:										4. Client ID:							
5. Services availed:				<input type="checkbox"/> In-patient				<input type="checkbox"/> Out-patient				<input type="checkbox"/> Both					
6. Name of Hospital/Clinic:																	
7. Address:																	
<b>IN-PATIENT DETAILS</b>																	
8. Duration of Hospital Stay (days):																	
9. Date of Admission:							10. Date of Discharge:										
<b>Total for Inpatient</b>							<b>Total for Outpatient</b>										

**DECLARATION**

The forgoing statements and answers are full, complete and true & I have not concealed any information's .I agree that they shall be the basis of insurance for me and the Protective Islami Life Insurance Limited shall not be liable for any claim of Hospitalization & Outpatient the cause of which was known prior to approval of my request for assurance and withheld or concealed in the above statements.

I hereby authorize any physician, nurse, hospital official or employee to disclose to the Protective Islami Life Insurance Limited any information it requests about me with reference to any treatments, examinations, advice or hospitalization.

\_\_\_\_\_  
**Signature of Client with Date**

**Terms and Conditions:**

1. ALL CLAIMS SHOULD BE SUBMITTED THROUGH THIS FORM.
2. Reimbursement of claim can only be made when **required documents** and **original bills** are submitted together with this form.
3. Yearly Coverage of Health Insurance:

<b>HEALTH INSURANCE</b>	<b>COVERAGE</b>
<b>IN-PATIENT</b>	
Room Rent /Year	BDT 8,000
Hospital Stay/Night	BDT 800/night (maximum)
Any other related services/Year	BDT 12,000
<b>OUT-PATIENT (MEDICAL TESTS ONLY)/Year</b>	<b>BDT 5,000</b>

4. Documents required during submission of claim for reimbursement:-
  - a. Claim Form duly filled in by the Client (Cardmember)
  - b. **Original Final Bills** specifying:-
    - i. Accommodation Charges (mentioning daily charge with number of days in hospital)
    - ii. Surgical Charges (mention fees for surgeon, O.T., Anesthetist, Assistant etc.)
    - iii. Charges for Ancillary Services (Labor Room Service, Post-Operative Care Facilities, Oxygen Therapy, Intensive Care Facility, Blood Transfusion, Ambulance Service, Dressing, Tests Other Than Routine Investigation, Ambulance Services etc.)
    - iv. Investigation (mention charge for each investigation separately)
    - v. VAT etc.
  - c. Photocopy of **Discharge certificate** (In case of Hospital Stay)
  - d. Photocopy of **Investigation/Test Report** (In case of Out-patient medical tests)
5. The Claim amount will be disbursed within directly to the Card member's Card account.
6. **Exclusion:** Infertility, Psychiatric & Beautification related treatment
7. The Cardmember will be sending all the relevant documentations in **PERSON** or via **COURIER** to Protective Islami Life Insurance as below:

**Subject:** Claim for City Alo American Express Card  
**From:** Name and Client ID of Cardmember

**To:** GROUP LIFE & HEALTH INSURANCE DEPARTMENT  
Protective Islami Life Insurance Ltd. HR Complex, 5th floor, Bir Uttam A. K. Kondhokar Road, 100 Mohakhali C/A, Dhaka