

NATIONAL INSURANCE AND SOCIAL SECURITY ACT, 1969

CLAIM FOR FEES FOR MEDICAL CERTIFICATION AND TREATMENT FOR EMPLOYMENT INJURY AND/OR SICKNESS CASES

PERIOD: From: To:

Name of Person/Firm making claim:

(State whether Medical Practitioner, approved Para-medical Person, Pharmacist, Hospital in cases of employment injury only)

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Postal Address:

National Insurance Number of Insured Persons	Name of Insured Person (Surname First)	State Whether employment Injury or Sickness	Nature of Injury or Illness	Date	Date(s) of medical attention (including certification)	Particulars of Drugs used and treatment given	Quantity	Charges as per scale			
								Medical examination including certification	Treatment	Drugs and Dressings	Others (please specify)
								\$	\$	\$	\$

National Insurance Number of Insured Persons	Name of Insured Person (Surname First)	State Whether employment Injury or Sickness	Nature of Injury or Illness	Date	Date(s) of medical attention (including certification)	Particulars of Drugs used and treatment given	Quantity	Charges as per scale			
								Medical examination including certification	Treatment	Drugs and Dressings	Others (please specify)
								\$	\$	\$	\$

I hereby certify that this is a true account of the expenses incurred in the Medical Care and Treatment of employment injury and/or sickness cases for the period stated above.

Totals

Date:
Signature of Claimant or Authorised Representative.

Grand Total

FOR OFFICIAL USE ONLY

BENEFITS DIVISION

I hereby certify that the charges above are fair and reasonable

Number - M.C. No.

Date: Medical Advisor:

1. Checked by:

Date:

2. Authorised for payment subject to check

Amount claimed:

Date: S.E.O:

3. Checked by:

4. Payment Voucher No.....