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)

Postal Address: .............................................................................................................................................

<table>
<thead>
<tr>
<th>National Insurance Number of Insured Persons</th>
<th>Name of Insured Person (Surname First)</th>
<th>State Whether employment Injury or Sickness</th>
<th>Nature of Injury or Illness</th>
<th>Date</th>
<th>Date(s) of medical attention (including certification)</th>
<th>Particulars of Drugs used and treatment given</th>
<th>Quantity</th>
</tr>
</thead>
</table>

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.

Date: ..............................................................

Signature of Claimant or Authorised Representative.

FOR OFFICIAL USE ONLY

I hereby certify that the charges above are fair and reasonable

Date: ................................. Medical Advisor: .................................

BENEFITS DIVISION

Number - M.C. No.

1. Checked by: ..............................................................

Date: ..............................................................................

2. Authorised for payment subject to check

Amount claimed: .......................................................

Date: ........................................................ S.E.O: ............................................................

3. Checked by: ............................................

4. Payment Voucher No.............................