



Union Insurance Company PSC

SUMMERY SHEET FOR REIMBURSEMENT CLAIMS

Company Name	
Patient Name	
Employee Name	
Employee ID	
Card Number	
Date Of Birth	
Category	
Contact Number	

Documents Submitted:

Yes

No

Filled reimbursement claim form:

Results of laboratory investigation:

Results of radiology investigation:

Original prescription:

Original invoices with itemizations:

Medical reports and surgical reports
(if needed):

Total Claimed Amount

Claims Status:

Documents complete

yes/no

Check By:

Date:

Note:

Kindly Keep the copy of the claim with all related Documents and invoices for your reference.