



# CLAIM FORM FOR MEDICAL/HOSPITALIZATION EXPENSES

Health  Life Perfect Plan

1. DETAIL OF MEDICAL TREATMENT

Subscriber: \_\_\_\_\_ Policy No.: \_\_\_\_\_  
 Name of Patient: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Contact person: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Place of Treatment: \_\_\_\_\_

2. ATTENDING DOCTOR'S CERTIFICATION  
 Out Patient Department (OPD = no hospitalized)  In-patient Department (IPD = hospitalized)  
 Doctor's diagnosis: \_\_\_\_\_

3. STATEMENT OF EXPENDITURE

3.1 OPD Claim:

	Amount	Currency
a. Medical fee Date: ____/____/____	_____	_____
	_____	_____
	_____	_____
Total:	<input type="text"/>	<input type="text"/>

3.2 IPD Claim:  
 (Hospitalized from: \_\_\_\_/\_\_\_\_/\_\_\_\_ to: \_\_\_\_/\_\_\_\_/\_\_\_\_)

	Amount	Currency
	_____	_____
	_____	_____
Total:	<input type="text"/>	<input type="text"/>

Grand Total (OPD + IPD)

4. PAYMENT

(AZLaos will pay in LAK unless customer notify AZLoas for paying in different currency or unless it's mentioned in the policy)

Cash  
 Name and Surname: \_\_\_\_\_ Relationship: \_\_\_\_\_ Mobile: \_\_\_\_\_

Bank Transfer  
 Account Name: \_\_\_\_\_ Account No.: \_\_\_\_\_  
 Bank name: \_\_\_\_\_ Currency:  KIP /  THB /  USD

Note: - Please copy us the bank account book & we prefer the same currency as actual payment  
 - In case other representative receive claim reimbursement is requires assigned from the insured

5. SUPPORTING DOCUMENTS (please make sure you attached below documents for claim processing)

Original Receipt/Invoice.  Medical Prescription.  Medical Certificate/Doctor Diagnosis Report.  Other medical treatments if any

Remark: All claims (except Travel Insurance) will receive payment within 14 working days from date that all required documents received by AGL Head Office. Based on regulations of Health Authorities, Hospitals and Clinics in Laos must provide medical documents in Lao language. For medical terminology English or French languages is acceptable if such Hospitals and Clinics are international entities. For other medical terminology languages AGL Claims examination process and approval might take sometime and period might excess Claims approval mentioned in clause 4 above and/or AGL might request more additional information (if needed).

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Full Name: \_\_\_\_\_ Signature: \_\_\_\_\_