



HEALTH & WELLNESS CENTRE
APPLICATION FOR MEDICAL REIMBURSEMENT
(Please fill ALL fields)

I would like to apply for medical reimbursement according to my eligibility as allowed by the University. The details are as follows:-

Name of staff :..... Staff No. :.....
Office Extension :..... H/P No. :.....
K/C/D/I/O :.....

Name of Patients:

No	Name	Relationship	Diagnosis / Treatment	Hospital/ Clinic	Amount (RM)
1					
2					
3					
4					
5					
Total Claim					

(Please use another form whenever necessary)

Thank you, Wassalam

.....
(Signature of applicant)

Date:

To avoid delay in payment, please ensure that the particulars are filled completely. Please attach receipt for every claim. Please make your own copy before submit (if necessary)

Office use (calculation) :

	Hospital Charged	Eligibility
Ward :	_____	_____
Remaining 30% :	_____	_____
TOTAL :	_____	_____