

IIUM 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. :.....
 K/C/D/I/O :..... H/P No. :.....

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) :

	<u>Hospital Charged</u>	<u>Eligibility</u>
Ward :	_____	_____
Remaining 30% :	_____	_____
TOTAL :	_____	_____