

**University of Sri Jayewardenepura**  
**MEDICAL INSURANCE SCHEME**  
**Test Claim Form**

EMP No. ....

Scheme	I		II		III		IV	
	A	B	A	B	A	B	A	B

No	Details	√
1	No of bills	
2	Prescription	
3	Payment receipt	
4	Doctor's seal/ Date	

Name of Applicant: (Rev/Prof/Dr/Mr/Mrs/Ms).....

Designation: ..... Department: .....

Telephone No (Office/Mobile): .....

Age: ..... Whether married/single: .....

*[The application form should be submitted with all the bills pasted on the separate paper and ensure that all the bills contain the dates and the seal or seal with letter head of the Doctor. Duly completed application form should be put into the box after entering the register which keep at the Establishments (Information & Services) Division]*

**Details regarding Medical Test bills**

(While the Doctor's Prescription should be annexed to bills obtained laboratory test bill, all required documents to substantiate the information provided below should be submitted along with the application form.)

Bill No	Date of the Bill	Name / Names of patient/s who has received treatment	Relationship to Applicant	Illness	Amount Rs.
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

I hereby state that I have claimed Rs..... as Medical Tests expenses as aforesaid and that the information provided in the claim form are true and accurate.

Date: .....

.....  
Signature of Applicant

**Academic Staff member of the Medical Faculty**

The information given by the applicant and the document attached herewith have been checked and with respect to the diagnosis & medical test recommendation by medical officer was found to be accurate.

Date: .....

.....  
Signature & Seal of the  
Academic Staff member of the Medical Faculty

**Recommendation of the Assistant Registrar/  
Establishments (Information & Services)**

After considering the receipts and other information provided by the applicant in relation to the medical tests received. I recommend the reimbursement of total expenses / an amount of Rs. ....of total expenses incurred by him/her in the connection.

Date:.....

.....  
Signature of the Assistant Registrar  
Establishments (Information & Services)