

PART III - DRUGS AND MEDICINES

Generic name	Brand	Preparation (cap/sy/inj/tab with ml/mg/gm content)	Qty.	Unit Price	Actual Charges	Benefit Claim	
						Hospital	Patient
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
13.							
14.							
15.							
TOTAL							

NOTE: Official Receipts for drugs and medicines purchased by patient must be attached to this claim.

PART IV - X-RAY, LABORATORIES AND OTHERS

Particulars	Qty.	Unit Price	Actual Charges	Benefit Claim	
				Hospital	Patient
A. X-ray/Lab.					
1.					
2.					
3.					
4.					
5.					
B. Supplies					
1.					
2.					
3.					
4.					
5.					
C. Others					
1.					
2.					
3.					
4.					
5.					
TOTAL					

NOTE: Official Receipts for laboratory procedures performed outside the hospital during this confinement period must be attached to this claim.

PART V - CERTIFICATION of PATIENT/MEMBER

I hereby certify that:

- The amount of P _____ was deducted from the hospital charges.
- The amount of P _____ was deducted from the professional fee charges.
- The amount of P _____ was paid for medicines/lab. acquired outside the hospital during this confinement
(Official Receipts attached).
- No deduction was made from the hospital charges.
- No deduction was made from the professional fee charges.

_____ Date

_____ Signature Over Printed Name of Patient/Member