

## CLAIM REIMBURSEMENT FORM

### Data Privacy Notice:

You authorize Lacson & Lacson Insurance Brokers, Inc. (LLIBI) to receive your claim documents, which may contain sensitive personal information, in order to process your reimbursement from your insurance coverage. In the course of this, LLIBI may share/forward your claim documents to your employer upon accomplishment of the request. Any concerns on the privacy of your data may be directed to your respective Corporate Accounts Executive or to [privacy@llibi.com](mailto:privacy@llibi.com).

You also consent to LLIBI and its representatives to verify the veracity and integrity, through you or independently, of your declared information and submitted documents, and take necessary measures to safeguard the interests of all parties involved. For more information, you may access our Privacy Policy in our website.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Employee Signature

### Personal Information

|   |  |
|---|--|
| Patient Full Name:                          |  |
| Employee Full Name:                         |  |
| Company Name:<br>(Do not use abbreviations) |  |

### Contact Information

|                         |  |
|-------------------------|--|
| Employee Email Address: |  |
| Mobile Number:          |  |

### Preferred Mode of Payment (tick one only)

- ☐ Check Payment  
☐ Electronic Bank Transfer

*I/We certify that the declared bank information belongs to above-named EMPLOYEE.*

|                         |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|-------------------------|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Account Name:           |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Account Holder Address: |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Bank Name:              |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Account Number:         | <table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table> |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                         |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

|                                       |  |
|---------------------------------------|--|
| Date of Submission:                   |  |
| Date of Availment/ Date of Discharge: |  |

### BASIC REQUIREMENTS

| <input type="checkbox"/> IN-PATIENT   | <input type="checkbox"/> OUT-PATIENT  | <input type="checkbox"/> OPD MEDICINES  |
|---|---|---|
| <ul style="list-style-type: none"> <li>Accomplished Reimbursement Form</li> <li>Valid Government ID</li> <li>Statement of Account</li> <li>Itemized Statement of Account</li> <li>Medical Certificate with Diagnosis</li> <li>Official Receipts of Hospital Charges and/or Professional Fees</li> </ul> | <ul style="list-style-type: none"> <li>Accomplished Reimbursement Form</li> <li>Valid Government ID</li> <li>Doctor's Laboratory Request</li> <li>Medical Certificate with Diagnosis</li> <li>Official Receipts of Hospital Charges and/or Professional Fees</li> </ul> | <ul style="list-style-type: none"> <li>Accomplished Reimbursement Form</li> <li>Valid Government ID</li> <li>Medical Certificate with Diagnosis</li> <li>Medicine Prescription</li> <li>Official Receipts of Medicines</li> </ul> |

### DISCLAIMER:

Submission of claim documents does not guarantee approval of your claim. Your claim will be reviewed and evaluated based on documents submitted and subject to the limits and conditions of your policy. LLIBI reserves the right to deny a claim or a portion thereof even with submission of complete requirements. Likewise, LLIBI reserves the right to require additional documents to complete the review and evaluation of claims.

### NOTE:

- The approved claim amount shall be payable to the **employee** only, consistent with the above elected mode of payment.
- Gcash, PayMaya and other e-wallets are not allowed for crediting payment.
- Please sign using **wet/manual/physical signature**. Claims with digital signature/e-signature will not be processed.
- For softcopy submission, official receipts must be **scanned or photo only**. We will not accept photocopies of official receipt.