

Claims Reimbursement Form

Data Privacy Notice:

You authorize Lacson & Lacson Insurance Brokers, Inc. (LLIBI) to receive your claim documents that may contain sensitive personal information in order to process your reimbursement from your insurance coverage. In the course of this claim, 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.

Signature

Your Personal Information

Date of Submission:	
Patient Name:	
Employee Name:	
Employer:	

Your Contact Information

Email Address:	
Mobile Number:	

Your Bank Account Information

Account Name:	
Account Holder Address:	
Bank Name:	
Account Number:	

*Gcash, PayMaya and the like is not applicable for transfers.

For LLIBI Use Only

Received By:	
Received On:	

INPATIENT			OUTPATIENT		
Total Amount (PHP)			Total Amount (PHP)		
<u>Official Receipts Submitted</u>			<u>Official Receipts Submitted</u>		
	OR No.	Total		OR No.	Total
Hospital			Professional Fees		
Professional Fees			Laboratory		
Pharmacy			Pharmacy		
Laboratory					
<u>Documents Submitted</u>			<u>Documents Submitted</u>		
<input type="checkbox"/> Statement of Account <input type="checkbox"/> Charge Slips <input type="checkbox"/> Prescription for Medicines <input type="checkbox"/> Medical Certificate (with diagnosis)			<input type="checkbox"/> Lab Request <input type="checkbox"/> Prescription for Medicines <input type="checkbox"/> Medical Certificate (with diagnosis)		

Remarks: