

**KPC GROUP MEDICAL EXPENSES REIMBURSEMENT POLICY
MEDICAL TREATMENT CLAIM FORM**

(for Employees travelling abroad on Official Duty Trips, attending Conferences / Seminars / Training Courses.)

PART 1 To be completed by the Employee

Employee's Name: _____ Emp. No.: _____

Employee's Signature: _____ Date: ____/____/____

PART 2 To be completed by the treating Doctor / Specialist

Signs / Complaints: _____

Date of Treatment: _____

Diagnosis: _____

Treatment given / prescribed: _____

Investigations required: _____

Doctor / Specialist's Signature & Stamp: _____ Date: ____/____/____

Notes:

- 1 A copy of the approved Travel Authorization Form to be submitted together with this claim form.
- 2 Only **original** invoices, receipts and prescriptions to be attached.
- 3 Claims have to be submitted no later than **150 days** from the Date of Treatment.