

GUYANA AND TRINIDAD MUTUAL LIFE INSURANCE COMPANY LIMITED

GROUP & NON-GROUP MEDICAL INSURANCE SCHEME INDIVIDUAL WORKSHEET

NAME OF EMPLOYER: _____ LEVEL / TYPE OF PLAN: _____
 NAME OF EMPLOYEE / INSURED: _____ Cert. No.: _____
 NAME OF PATIENT: _____ Claim No.: _____
 AGE OF PATIENT: _____ Relationship: _____
 DIAGNOSIS: _____ Name of Provider: _____

| | BASIC PLAN | | MAJOR MEDICAL | |
|--|-------------------|-------------------|------------------------|--|
| | Amount Charged | Eligible Expenses | Eligible Exp. b/f | |
| OUT-PATIENT EXPENSES | | | LESS | |
| DOCTOR'S VISIT | | | Carry over Provision | |
| DRUGS | | | Deductible | |
| DIAGNOSTIC (80/20 | | | ADD | |
| (LAB / ECG / X-RAY) | | | Hospital Expenses | |
| SPECIALIST CONSULT. - 1 ST VISIT | | | Overseas | |
| SUBSEQUENT VISIT | | | Less: Co Insurance 20% | |
| EMERGENCY / HOSPITAL OUT- PATIENT EXPENSES | | | SUB-TOTAL | |
| PREVENTIVE CARE | | | Air Fare | |
| PHYSIOTHERAPY | | | Less: Co-Insurance 20% | |
| OPTICAL (80/20) | | | SUB TOTAL | |
| DENTAL (80/20) | | | TOTAL REFUND | |
| ACQUIRED IMMUNE DEFICIENCY SYNDROME | | | | |
| NORMAL DELIVERY | | | | |
| CAESAREAN/Extra Uterine Pregnancy | | | | |
| MISCARRIAGE | | | | |
| HOSPITALISATION | | | REMARKS | |
| From To | | | | |
| Days | | | | |
| Hospital Misc. Expense | | | | |
| PHYSICIAN FEE | | | | |
| SURGEON'S FEE | | | | |
| ANAESTHETIST FEE | | | | |
| AIR FARE | | | | |
| TRAVELLERS HEALTH | | | | |
| SUB-TOTAL | | | | |
| ELIGIBLE EXPENSES c/f to Major Medical Plan (ADD) | | | | |
| TOTAL REFUND | | | | |

Date Claim Received by GTM:

Prepared by:

Major Medical Rechecked by:

