



OPERASI PERKHIDMATAN SOKONGAN SUPPORT SERVICE OPERATION

PEJABAT PENDAFTAR REGISTRAR OFFICE

Kod Dokumen Document Code: OPR/PEND/BR02/PERUBATAN 05

**BORANG TUNTUTAN PERBELANJAAN RAWATAN PERUBATAN
MEDICAL TREATMENT EXPENSES CLAIM FORM**

Nama (Name) : _____ No. Staf (Staff No.): _____
Alamat PTJ (PTJ Address) : _____ Jawatan (Position): _____
_____ No. Telefon (Telephone Number): _____

Maklumat Tanggungan (Jika tuntutan untuk tanggungan) (Dependants' Details (If the claim is for dependants))

Nama (Name): _____ Pertalian (Relationship): _____ Tarikh Lahir (Date of birth): _____

Maklumat Tuntutan (Tandakan pada petak yang berkenaan) (Claim Information - Please tick at the appropriate box)

Rawatan pesakit luar di klinik swasta Rawatan / Ubat (Hospital Kerajaan)
(Outpatient treatment at private clinic) (Treatment / Medicine (Government Hospital))
Pemeriksaan Kesihatan (Medical Check-up) Lain-lain (Others) _____

* Sila lampirkan dokumen sokongan mengikut panduan am di bahagian belakang (Please attach supporting documents follow the general guideline on the back page)

Butiran Rawatan (Details of Treatment) :

Nama Hospital / Klinik (Name of Hospital/Clinic): _____
Jenis Rawatan (Type of Treatment): _____
Sebab Membuat Tuntutan (Purpose of claim): _____
Jumlah (Total) (RM): _____

* Sila lampirkan resit asal (Please attach original receipt)

Tarikh (Date): _____ Tandatangan (Signature): _____

UNTUK KEGUNAAN PEJABAT PENDAFTAR (FOR REGISTRAR OFFICE USE)

Ruj. Kami (Our Ref.): UPM/PEND/500-7/3/1 (Klinik / Pemeriksaan Kesihatan)
(Clinic/ (Medical Check-up) Bhg _____ (_____)
Permohonan (Application): **Diluluskan / Tidak Diluluskan (Approved / Not Approved)**

Jumlah diluluskan (Amount Approved) : RM _____

Sila kemukakan tuntutan yang diluluskan kepada Jabatan tuan/puan berserta dengan resit asal untuk urusan pembayaran (Please submit the approved claim to your respective Department along with original receipt for settlement).

Ulasan(Comment):

b/p Pendaftar (Registrar)

Universiti Putra Malaysia

Cop dan Tarikh (Official stamp and Date) : _____

**PANDUAN AM (GENERAL GUIDELINE)
BORANG TUNTUTAN PERBELANJAAN RAWATAN PERUBATAN
(MEDICAL TREATMENT EXPENSES CLAIM FORM)**

1. KEGUNAAN BORANG (USE OF FORM)

Borang ini adalah untuk kegunaan staf/tanggungan (yang layak) dan pesara Universiti bagi tujuan permohonan tuntutan perbelanjaan rawatan perubatan yang didahulukan. Jenis tuntutan dan dokumen sokongan yang diperlukan:

(This form is for the use of staff/dependants (eligible) and University pensioners for the purpose of advanced medical treatment claim. Type of claims and supporting documents required):

	TUNTUTAN (Claims)	DOKUMEN SOKONGAN (Supporting Documents)
1.1	Pemeriksaan kesihatan (lantikan baru / cuti belajar / diarahkan oleh Universiti) <i>(Medical check-up for new appointment/ study leave/ directed by the University)</i>	Surat tawaran pelantikan / cuti belajar yang diluluskan oleh J/K Cuti Belajar UPM / surat arahan Universiti <i>(Letter of Appointment/ Approved study Leave by the UPM Study Leave Committee / University Directive Letter)</i>
1.2	Rawatan / ubat di hospital kerajaan <i>(Treatment/ medication at the government hospital)</i>	Bil terperinci / Preskripsi dari Pegawai Perubatan Hospital Kerajaan / Hospital Universiti <i>(Details of bills / Prescription from a Government Hospital's Medical Officer)</i>
1.3	Lain-lain (Others): Kecemasan (Emergency)	Bil terperinci berserta pengesahan doktor yang merawat <i>(Details of bills with endorsement by the attending physician)</i>
	Rawatan pakar swasta <i>(Treatment by private speacialist)</i>	Surat rujukan dari Pegawai Perubatan Hospital Kerajaan dan bil terperinci <i>(Referral letter from Government Hospital's Medical Officer and detailed bills)</i>

2. PEMOHON YANG LAYAK (Eligible Applicants)

2.1 Pegawai yang memegang sesuatu jawatan dalam perjawatan Universiti yang dilantik secara tetap, sementara, kontrak atau pinjaman masuk termasuk pegawai yang masih dalam percubaan.

(Employees holding a position in University, appointed on a permanent, temporary, contract or secondment including staff on probation period)

- 2.2 Tanggungan (yang layak dan berdaftar):
(Dependants – eligible and registered)
- i. Suami / Isteri *(Husband / Wife)*
 - ii. Anak- anak *(Children)*:
 - Tidak melebihi 18 tahun (Tidak layak apabila umur genap 18 tahun berdasarkan tarikh lahir)
(Not more than 18 years old – not eligible when the age is at 18 years old according to the date of birth)
 - Tidak melebihi 21 tahun - jika masih belajar (Dokumen sokongan perlu dihantar ke Seksyen Perubatan)
(Not more than 21 years old – if still studying (needs to submit the supporting document to Medical and Employee Relations Section)
 - Tiada had umur – daif (Dokumen sokongan perlu dihantar ke Seksyen Perubatan)
(No age limit for the destitute – needs to submit the supporting document to Medical and Employee Relations Section)
 - iii. Ibu bapa yang sah (terhad kepada rawatan di hospital kerajaan sahaja)
(Legitimate parent – limited for treatment at government hospital only)
 - iv. Pesara (terhad kepada rawatan di hospital kerajaan sahaja)
(Pensioners – (limited for treatment at government hospital only))

3. TUNTUTAN PEMBAYARAN *(Claim Disbursement)*

- 3.1 Tuntutan perlu dikemukakan ke Pejabat Pendaftar selewat-lewatnya enam (6) bulan daripada tarikh resit
(Claim must be sent to Registrar's Office no later than six (6) months from the date of receipt)
- 3.2 Tuntutan perlu dikemukakan di jabatan masing-masing setelah borang diluluskan oleh Pejabat Pendaftar.
(Claim must be submitted through respective department after the claim form is approved by the Registrar's Office)
- 3.3 Had setiap tuntutan rawatan perubatan pesakit luar yang diluluskan dari klinik swasta adalah tidak melebihi RM45/resit.
(The limit of each approved outpatient medical treatment claim from private clinic shall not exceed RM45/receipt).
- 3.4 Tuntutan akan ditolak sekiranya borang tidak lengkap, tiada dokumen sokongan serta tidak menyatakan sebab tuntutan yang munasabah.
(Claims will be rejected if the forms are incomplete, without supporting documents or reasonable purpose of claim are not specified)