

Para 23 of FE Manual 2018

Foreign exchange for Medical Treatment abroad

- i. Authorized Dealers may remit foreign exchange up to US\$ 50,000/- or equivalent in other foreign currencies on account of medical treatment of resident Pakistanis only after satisfying themselves about bona fides of the transaction. Remittances should be sent directly to the account of concerned reputable foreign Hospital via SWIFT, telegraphic transfer or demand draft after obtaining the following documents:
 - a. Appendix V-72 duly filled in by the patient/next of kin/sponsor.
 - b. Invoice/estimate of the foreign hospital.
 - c. A 'self-declaration' from the patient, his/her next of kin or from sponsor declaring amount of foreign exchange essentially required for treatment abroad.

- ii. In addition, Authorized Dealers may also release cash foreign exchange equivalent to US\$ 5,000/- each to the patient and one attendant which should be duly endorsed on his/her/their passport(s).

- iii. In case of foreign exchange requirements for medical treatment abroad in excess of the above limit, the concerned Authorized Dealer will forward the case to the Director, Foreign Exchange Operations Department, SBP-Banking Services Corporation, Head Office, Karachi along with justification and documentary evidence for consideration.

- iv. Authorized Dealers will retain all related record including the documents submitted by the applicant as mentioned in this paragraph for on-site inspection by the State Bank's Inspection Team.

APPLICATION FORM FOR MEDICAL TREATMENT ABROAD

- 1. Name and address of the applicant
 - 2. CNIC No.
 - 3. Passport No.
 - 4. Age
 - 5. Period of continuous residence in Pakistan
 - 6. Nature of Disease
 - 7. Names of Institutions/Doctors who have carried out treatment of above disease
 - 8. Treatment contemplated and in which country/countries
 - 9. Anticipated length of stay abroad under treatment
 - 10. Estimated cost of the treatment as per invoice/estimate of foreign hospital:
 - (i) Estimated expenses for operation
 - (ii) Estimated expenses for medicines
 - (iii) Estimated expenses for consultation/Medical Advice
 - (iv) Estimated expenses for boarding and lodging in hospital/outside
- Total:

I hereby declare that the information given above is correct to the best of my knowledge and belief and that in case any information furnished by me is found to be incorrect I will render myself liable to action under the Foreign Exchange Regulation Act, 1947.

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Signature of the applicant/Next of Kin/Sponsor
Name and Full Address:.....
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Date:

CERTIFICATE OF THE MEDICAL SPECIALIST/MEDICAL SUPERINTENDENT OF THE HOSPITAL

- 1. It is confirmed that Mr./Mrs./Miss has been examined on by the undersigned and he/she is suffering from
- 2. In my opinion the ailment from which he/she has been suffering is serious and it is essential for him/her to proceed to for treatment. For this purpose I recommend release of exchange amounting tofor treatment. The broad basis for the amount recommended is indicated below:-
- (i) Estimated expenses for Operation
- (ii) Estimated expenses for Medicines
- (iii) Estimated expenses for consultation /Medical Advice
- (iv) Estimated expenses for Boarding/Lodging in Hospital/Outside

Dated.....

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Signature of the Specialist/Medical Superintendent
Name of the Doctor.....
Name/Address of the Hospital with Rubber Stamp
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