

Form of Application for Claiming Reimbursement of Medical Expenses towards Inpatient treatment			
1.	Name & Designation		:
2.	Division		:
3.	Basic Pay & Grade pay Initial Pension (in case of pensioners)		:
4.	Status (Employee/Pensioner/ Family Pensioner)		:
5.	Full Address with phone No.		:
6.	Marital Status: If married where the wife/Husband is employed		:
7.	Name of the Bank, Branch & Account No. where reimbursement has to be credited		:
8.	Name of the patient and relationship with Employee/ Pensioner		:
9.	Place at which the patient fell ill		:
10.	Nature of disease		:
11.	Period of treatment		From : To : ( _____ days/ _____ months)
12.	Name and address of the Hospital where the patient was admitted		:
13.	Details of amount claimed and fees paid indicating :		
i.	<i>Name &amp; Designation of the Medical Officer and Hospital</i>	<i>No. and date of consultations</i>	<i>Fee paid for each consultation</i>
			Total = Rs.
ii	Accommodation charges :	From	To Rate per day : Total charges :
iii.	Charges for pathology/bacteriology/radiology/Physiotherapy or other similar tests undertaken during diagnosis :		
	<i>Name of the Hospital/Lab where tests were undertaken</i>	<i>Name of the test/s</i>	<i>Charges for the test/s</i>
			Total = Rs.

iv.	<b>Name of the medicine/s prescribed by the Doctor, No. of medicines purchased and cost of the medicine (cash memos to be enclosed)</b>			
	<i>Date</i>	<i>Name of the medicine/s prescribed</i>	<i>No. of medicine/s purchased</i>	<i>Cost of the medicines</i>
v.	<b>Nursing charges paid (Pl. indicate whether it is ordinary nursing or special nursing)</b>			
	<i>Date</i>		<i>Charges paid</i>	
vi.	<b>Charges paid towards operation/surgery</b>			
	<i>Date of surgery</i>	<i>Name of the surgery</i>	<i>Name of the Doctor/Specialist performed the surgery</i>	<i>Charges for the Surgery</i>
vii.	<b>Diet Charges</b>			
	<i>Date</i>	<i>Details</i>		<i>Charges</i>

viii.	Ambulance charges : Rs.		
ix.	Consultation with Specialists, fees paid to specialist or Medical Officer indicating :		
	<i>Name &amp; Designation of the Specialist / Medical officer consulted and Hospital to which he attached to :</i>	<i>No. and date of consultations &amp; fee paid for each consultation</i>	<i>Where the consultation was had i.e., at the Hospital, Consulting Room of the specialist/Medical Officer, at the residence</i>
x.	Any other charges	Date	Amount paid
14.	Total amount Claimed	:	Rs.
15.	Less advance taken	:	Rs.
16.	Net amount claimed	:	Rs.
17.	List of enclosures	:	a. Prescriptions    b. Cash Memos    c. Cartons d. Diagnostic Reports    e. Discharge Summary f.

**Declaration to be signed by the employee**

I hereby declare that the statements in this application are true to the best of my knowledge and belief and that the person to whom medical expenses were incurred is wholly dependent on me.

Date :

Signature of the Employee/Pensioner

**Office Use**

Bill checked and passed for payment of Rs. /-  
(Rupees

only)

Head of the Division