

CLAIM FORM FOR PAYMENT OF MEDICAL EXPENSES INCURRED BY RETIRED EXECUTIVES

Post-retirement Medical Card Details -							
1	Name of beneficiary & EIS/ PIS No.						
2	Registration No of Medical Card						
3	Present address						
Patient Details -							
1	Name of the patient						
2	Relationship with the retired executive						
3	Place at which patient fell ill						
4	If treatment taken at place other than place of residence, give reason						
5	Name of the Doctor & Hospital from where treatment taken						
6	Qualification of the Doctor						
Details of the amount claimed -							
1. Consultation Fees			2. Injection/Admn. Fees			3. Medicines purchased from market	
	Date	Amount		Date	Amount		Amount
i			i			i	
ii			ii			ii	
iii			iii			iii	
iv			iv			iv	
	TOTAL (1)			TOTAL (2)			TOTAL (3)
A. TOTAL (1+2+3):							
4. Pathological/Other Tests:							
	Name of the test				Date	Amount	
i							
ii							
iii							
iv							
B. TOTAL:							
Hospitalization Case						Amount	
5. Accommodation Charges (From _____ To _____) @ Rs. _____ per day							
6. Surgical operation/Confinement charges							
7. Cost of medicines							
C. TOTAL (5+6+7)							
TOTAL AMOUNT CLAIMED (A+B+C)							
Signature:				Date:			
<i>(Signature of retired executive/living spouse (in case of death of retired executive))</i>							

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Amount Disallowed:	Rs.
Claim scrutinized & recommended for payment of:	Rs.

Note: Self-attested photocopy of the CPRMSE card, self-attested photocopy of Doctor's prescription, and cash memos in original should be enclosed; Receipts of amounts should be enclosed; For each patient and each treatment phase, individual claims should be created.

Signature of scrutinizing authority	Date:
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