

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		Date	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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