

Name of the Patient:.....Relationship to the Pensioner/retiree.....

Name of the Pensioner:.....Pension Code.....

Nature of illness:

SI No	Description	Amount Claimed	Amount admissible	Remarks
1	Visiting Charges:			
	1			
	2			
2	Medicines:			
	1			
	2			
	3			
	4			
	5			
	6			
	7			
	8			
	9			
3	Tests:			
	1			
	2			
4	Hospitalisation Charges(operations etc):			
	1			
5	TA Claims:			
	1			
6	Others			
	1			
	2			
	Total			

SI No 1. Date of visit and the visiting charges to be given separately for each visit.

SI No.2. Names of the medicines, quantity, rate and total amount claimed to be clearly mentioned for each medicines.

SI No.3. Name of the tests conducted and charges to be indicated separately and clearly.

SI No.4. Expenditure during hospitalization excluding medicines.

SI No.5. Details of TA, date wise, from place to place, reason of journey, recommendation of the doctor.

SI No.6. Others not covered by the above.

**** Additional papers may be used for additional information.

All claims are to be supported with appropriate bills in original.

Claims should be accompanied with Xerox copies of the doctor's prescription.

Date:
Phone / mobile Number

Signature of the Pensioner/family pensioner/retiree

Note: Efforts will be made to reimburse the claim within twenty one days.