CLAIM FORM FOR PAYMENT OF MEDICAL EXPENSES INCURRED BY RETIRED EXEUTIVES

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:

i. Name of the test: Date: Amount:
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:

(Signature of retired executive/living spouse (in case of death of retired executive)

FOR OFFICIAL USE ONLY:

Amount Disallowed:	Rs.
Claim scrutinized & recommended for payment of:	Rs.
Signature of scrutinizing authority:	Date:

Note: Doctor's prescription and cash memos in original should be attached; Receipts of amounts should be enclosed; separate claims should be prepared for each patient and each spell of treatment.