

MEDICAL CHARGES REIMBURSEMENT FORM

- | | |
|--|-------|
| 1. Name and Designation | |
| 2. Office in which Employed | |
| 3. Basic Pay | |
| 4. Name of Patient & relation with
the Claimant | |
| 5. Period of Illness | |
| 6. PARTICULARS OF TREATMENT: | |

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CERTIFICATION CERTIFICATE

(Signature of Consignee)	(Signature of Consignor)
(Signature of Manufacturer)	(Signature of Consignee)
(Signature of Manufacturer)	(Signature of Consignor)
(Signature of Manufacturer)	(Signature of Consignee)
(Signature of Manufacturer)	(Signature of Consignor)

amortization

INSTRUCTIONS	I let all other medications, except those I'm taking, go.
I let all other medications, except those I'm taking, go.	Afgeschreven Cesar-Maemzus gelaan gevallen.
I let all other medications, except those I'm taking, go.	S.S.

P.T.O.

(ii) Laboratory Tests/Ambulance/Consultancy/Indoor Room/Others (Specify)

		Name and Designation
		Date of Birth
		Age
		Gender
		Address & Name of Hospital with Pin No.
		Phone No.
		Particulars of Treatment
		Medicines (Prescribed)
		Details of Cash Memos etc.

6. Total Claim Rs.....

7. Less—Advance Drawn *vide* T/V

No..... Dt..... Rs.....

8. Net Amount Payable Rs.....

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

Date.....

(Signature of the Claimant)

VERIFICATION CERTIFICATE

I, Dr..... hereby certify that.....

suffering from..... and is/was under my treatment from.....

to..... and that the above mentioned medicines/tests were prescribed by me in this connection.

The claim is verified for Rs.....

Date.....

(Signature of Medical Officer)
Designation & Seal

Passed for Rs..... (Rupees.....)

and included in Bill No..... Dated.....

(Signature of Controlling Officer)

(Signature of the DDO)

INSTRUCTIONS

1. List all the medicines, tests etc. individually.
2. Attach Cash-Memos duly verified.
3. Mention dates of admission to the Hospital, Stay etc.

राजकीय मुद्रणालय, हिं0 प्र0, शिमला-18-सी0 पी0 एण्ड एस0/2011-5-4-2011—3,00,000.