

INDIAN INSTITUTE OF TECHNOLOGY, BHILAI

MEDICAL CLAIM FORM - INDOOR TREATMENT

Application for claiming reimbursement of medical expenses incurred in connection with medical attendance/treatment for members of employees of the IIT Bhilai and their families.

[N.B. 1) Attach all original bill receipt/s, IIT Hospital reference & Xerox copy of discharge summary.

2) Separate form should be used for each patient.]

I. Status Information of the Claimant				
Claimant's Name		Designation		Department
Employee code.	Pay in Pay Band & Grade Pay (Rs.)	Entitlement of ward	Tel. No.	E-Mail ID

II. Information regarding the patient				
Patient's Name	Relationship	Nature of illness & its period	Name of Referring M.O/Date	Referred Hospital Name

III. Hospital Expenses Information

S. No	Particulars	Claim submitted (Rs)	Amount Claimed (Office Use)	S. No	Particulars	Claim submitted	Amount Claimed (Office Use)
1	Accommodation Bed Charges			7	Hospital Charges		
2	Registration Fee			8	Physiotherapy Charges		
3	Consultation/ Doctor			9	Imaging Service Charges		
4	Surgeon Charges			10	Blood Charges		
5	Operation Theater Charges			11	Miscellaneous Charges		
6	X-ray			12	Any other Charges paid to Hospital		
13	Diagnostic Charges			17	Medicine provided by Hospital		

14	ECG			18	Angioplasty Charges		
15	Consumable Charges			20	Medicine Charges refund to Hospital		
16	Test & Procedure			21	Cost of Medicine Purchased from market		
Total Claim submitted (Rs)							
Office Use Only							
Total Amount Claimed							
Advance Taken							
No. Of Enclosures							

Note:

1. If the treatment was received by a member of the employee at his residence, give particulars of such treatment and attach certificate from the Authorized Medical Attendant, as required by rules.
2. If treatment was received at a Hospital other than a Government/Recognized Hospital, necessary details and the certificate of the Authorized Medical Attendant to the effect that the requisite medical treatment was not available in any nearest Government Hospital should be furnished.

DECLARATION TO BE SIGNED BY THE EMPLOYEE

I hereby declare that the statement made 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 upon me and is not an earning member of the family.

Date

Claimant Signature

D). Below Attachments are mandatory to process the reimbursement (Self Attested)

1. Referral letter by Medical officer of IIT Bhilai Health Centre.
2. Copy of prescriptions.
3. Copy of ID Card.
4. Original cash bills, memos and receipts (bills should clearly indicate the break-up of charges).
5. Copy of Dependent Medical Booklet.

Signature of Medical Officer
Seal
Health Center
IIT Bhilai

Faculty In-Charge
Health Center