

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 & copy of discharge summary.

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

I. Status Information of the Claimant

Claimant's Name		Employee Code.	
Designation		Tel. No.	
Department		Email ID	
Entitlement of ward		Pay in Pay Band & Grade Pay (Rs.)	

II. Information regarding the patient

Patient's Name		Relationship	
Nature of illness & its period		Name of Referring AMA/Date	
Referred Hospital Name			

III. Hospital Expenses Information

S. No.	Particulars	Claim submitted (Rs)	Total Amount Recommended (in Rs) (Office Use Only)
1.	Accommodation/ Bed Charges		
2.	Registration Fee		
3.	Consultation/ Doctor		
4.	Surgeon Charges		
5.	Nursing Charges		
6.	Operation Theater Charges		
7.	X-ray		
8.	Hospital Charges		
9.	Physiotherapy Charges		
10	Blood Charges		
11	Test & Procedure		
12	Angioplasty Charges		
13	Medicine Charges		
14	Medicine Purchased from market		
15	Imaging Service Charges		
16	Diagnostic Charges		
17	ECG		
18	Consumable Charges		
19	Any other Charges paid to Hospital		
20	Miscellaneous Charges		

Total Claim submitted (Rs):

Total no of Enclosures:

Office Use Only

Advance Taken:

Total Amount recommended (Rs):

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

IV. 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. Original cash bills, memos/receipts (bills should clearly indicate the break-up of charges).
4. Copy of Dependent's Medical Booklet (if applicable)

Total amount to be paid:

Register No.	
Serial No.	

Staff Nurse
IIT Bhilai

Signature of Medical Officer
Health Centre
IIT Bhilai

Faculty In-Charge
Health Centre