

## VIGYAN PRASAR

### FORM FOR REIMBURSEMENT OF MEDICAL CLAIMS

(To be filled by the claimant)

1. Full name of employee (Block Letters) :
2. Full address :
3. Entitlement : Pvt. / Semi Pvt. / General
4. Telephone No. (O) ..... (R) .....
5. E-mail address if, any :
6. Name of the patient & relationship  
with the employee :
7. Basic Pay :
8. Name of the Hospital with Address :  
(a) OPD treatment and investigations.  
(b) Indoor Treatment
9. Date of admission ..... Date of discharge ..... (In case of  
Indoor Treatment only)
10. Total amount Claimed  
(a) OPD Treatment :  
(b) Indoor Treatment :
11. Details of Referral :
12. Details of Medical advance if, any :

#### DECLARATION

I hereby declare that the statements made in the application are true to the best of my knowledge and belief and the person for whom medical expenses were incurred is wholly dependant on me. I agree for the reimbursement as is admissible under the rules.

Dated:

Signature of Claimant

Note: Misuse of medical facilities is a criminal offence. Suitable action including cancellation of facility shall be taken in case of willful suppression of facts or submission of false statements, suitable disciplinary action may also be taken.