

Guidelines for Claim Forms submission for Medical reimbursement

NB: Reimbursement will be done as per CGHS rates.

Outpatient Form (For persons who get treatment without getting admitted to the Hospital)

1. Filled-out form with signature

2. Attachments required:

(i) Self-certified Prescription copy for the following categories, as applicable:

- (a) Fees for consultation (self-attested** original receipt)
- (b) Charges for pathological, bacteriological, radiological or other similar tests undertaken during diagnosis
- (c) Cost of medicines purchased from the market.

(ii) Self-Certified Original Cash Memo/ Receipt towards the above a, b, c categories, as applicable.

NB: The form is to be printed preferably on a single page back to back.

*** Please write "Paid by me", and sign.*

Inpatient Form (For persons who get admitted to the Hospital for treatment including Day care)

Application for claiming refund of medical expenses incurred in connection with medical attendance and /or treatment of institute employees and their dependant family members.

1. Filled-out form with signature

2. Attachments required:

(i) Self-certified Prescription copy for the following categories, as applicable:

- (a) Accommodation Charges
- (b) Fees for Operation/Consultation
- (c) Charges for pathological, bacteriological, radiological or other similar tests undertaken as per the advice of the treating doctor
- (d) Cost of medicines

(e) Any other charges

P.T.O.

(ii) Self-Certified Original Cash Memo/ Receipt towards the above a, b, c, d, e categories, as applicable

(iii) Discharge Certificate

(iv) Essential Certificate from treating doctor (as per attached format)

NB: The form is to be printed preferably on a single page back to back.