CLAIM FORM FOR PAYMENT OF MEDICAL EXPENSES INCURRED BY RETIRED

Post-retirement Medical Card Details -		
1	Name of beneficiary & EIS/ PIS No.	
2	Registration No of Medical Card	
3	Present address	
Patient Details -		
1	Name of the patient	
2	Relationship with the retired executive	
3	Place at which patient fell ill	
4	If treatment taken at place other than place of residence, give reason	
5	Name of the Doctor & Hospital from where treatment taken	
6	Qualification of the Doctor	

Details of the amount claimed -								
1. Consultation Fees			**2. Injection/Admn. Fees**			**3. Medicines purchased from market**		
	Date	Amount		Date	Amount		Date	Amount
i			i			i		
ii			ii			ii		
iii			iii			iii		
iv			iv			iv		
	TOTAL (1)			**TOTAL (2)**			**TOTAL (3)**	
A. TOTAL (1+2+3):								
4. Pathological/Other Tests:								
	Name of the test				Date	Amount		
i								
ii								
iii								
iv								
B. TOTAL:								

Hospitalization Case	**Amount**
5. Accommodation Charges (From_____To_____) @ Rs. _____per day	
6. Surgical operation/Confinement charges	
7. Cost of medicines	
C. TOTAL (5+6+7)	
TOTAL AMOUNT CLAIMED (A+B+C)	

Signature: Date:

(Signature of retired executive/living spouse (in case of death of retired executive)

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Amount Disallowed:	Rs.
Claim scrutinized & recommended for payment of:	Rs.

Note: Doctor's prescription and cash memos in original should be attached; Receipts of amounts should be enclosed; separate claims should be prepared for each patient and each spell of treatment.

Signature of scrutinizing authority	Date: