



Medical Reimbursement Monitoring System



For Employee For Approval

Medical Reimbursement Form

Note: *(File upload size should not exceed 25mb. Only pdf/jpg/jpeg/png/gif/tif/doc/docx formats are valid formats.)

Employee Details

Salutation * First Name * Middle Name * Last Name *

Employee Name *

Employee Identity ID * Gender *

Circle * District * Taluka *

Office * Department *

Employee Pay Scale (Band) * Basic + Grade Pay *

File No. *

Attach Department Secretary Note * No files select

Claimant Details

Claim Submitted For * Relation with the Dependent * Name of the Dependent *

Dependent Certificate from * Head of the Office enclosed? No files selected.

Patient is Alive or Dead? * Alive No files selected.
(Copy of Death Certificate or Hereditary Certificate enclosed?)

History of Reimbursement

Patient Refer Details for Treatment

Whether Patient was referred * Name & Designation of Referring Doctor *

(By Authorised Medical attendant)

Name & Type of Hospital Referred from * Hospital Name *

Name of the Institution Referred to * Hospital Name * Reason for going to the Pvt. Hospital *

Details for Treatment

Diagnosis of the case * Type of treatment *

Type & name of operation * No. of days patient gets admitted *

Duration of treatment as : From Date * To Date *

Has the treatment disease duly certified by * Medical Attendant enclosed? No files selected.

Is the disease included in the recognized * disease list? Reason *

Total expenditure claimed for medical reimbursement

Sent for evaluation to Medical Expert? Amount approved by the Medical Expert

Out of the calculated admissible amount; Is the amount reasonable for reimbursement? Percent of calculated amount To be approved for reimbursement
(By the Govt. is certified by the Authorised Medical attendant of the employee)

Certificate regarding the need of emergency * treatment enclosed? No files selected.

Annexure (A and B), If Treatment is taken in * Govt. Hospital enclosed? No files selected.

Annexure (C and D), If Treatment is taken in * Private Hospital enclosed? No files selected.

Reason for the Consideration as a Special * Case by the Secretary Committee

Uploaded Files :

Save Data



Medical Reimbursement Form



Note: *File upload size should not exceed 25mb. Only pdf/jpg/jpeg/png/gif/tif/word formats are valid format

- Certificates & Authorization

Certified medicine bill receipts enclosed? * No files selected.

Medicine bills are apart from the treatment period in the hospital? Reason

Revenue stamp present on bill receipts? Reason

Hospital certificate enclosed? No files selected.
(For Consumables & Disposable in Operation/ Medical Treatment are not used again)

Certificate is enclosed for emergency illness? No files selected.

Reimbursement amount calculated as per GR? (By the DY Director or Authorised Medical Attendant as per the G.R. dated as on 19th march, 2005)

Hospital certificate for nursing services charges enclosed? No files selected.

Certificate of hospital for hospitalization enclosed? No files selected.

Certificate of family limitation (2+2) enclosed? No files selected.
(By the office incharge)

Dependency option along with Xerox copy from the original Service Book enclosed? No files selected.
(In case of reimbursement case for dependent (mother / father / mother in law / father in law))

Treasury Certificate for retired employee enclosed? No files selected.
(For pension not above 3500/-)

Hospital Certificate for Police Complaint, FIR, Medico Legal case No. enclosed? No files selected.
(For cases of accident, poisoning & Burn etc.)

Document of tribunal claim & interim order regarding accidental claim enclosed? No files selected.

Certificate of no financial assistance received enclosed? No files selected.
(If no financial assistance is received from PM fund, CM fund, NGO or medical claim policy etc)

Attested Certificate for amount received enclosed? No files selected. Detail of amount received
(If financial assistance is received from PM fund, CM fund, NGO or medical claim policy etc)

Attested Certificate showing the received amount has been deducted while submitting the reimbursement enclosed? No files selected.
(If financial assistance is received from PM fund, CM fund, NGO or medical claim policy etc)

Certificate for not taking treatment in Govt. Hosp/Govt. Recognized Hospital enclosed? No files selected.

Certificate from office incharge enclosed for reimbursement not taken by applicant spouse? No files selected.

Document for leave sanctioned enclosed? No files selected.
(If the reimbursement his for self and for the in-patient period)

Advanced amount taken? Advanced Amount

Number of pages including the proposal *

- Reimbursement Details

Treatment Date

Claim Submission Date *

Claim Submission Status Reason
(Claim should be submitted with in 1 year the discharge date)

Total amount spent on Medicines as per GR *
(Medicines and all types of tests, X-Ray, Blood Test etc.)

Total amount charged based on the *
number of days spent (General Ward, ICU, etc.)

Total Charges

Discharge card enclosed? No files selected.

Uploaded Files :

Has this case been presented in committee * earlier?

Presented Date

Reason