

To  
Director  
National Institute of Tuberculosis and Respiratory Diseases  
Sri Aurobindo Marg, New Delhi-110030

**Medical Reimbursement Claim Form**

(To be filled up by the principal card holder in Block Letters)

1. (a) Name of the Principal CGHS :  
(b) CGHS Beneficiary ID No. :  
(c) Employee Code No. :  
(d) Ward Entitlement-PVT/Semi- :  
(e) Full Address :  
  
(f) Mobile No. :
2. (a) Patient's Name :  
(b) Patient's CGHS Beneficiary ID :  
(c) Relationship with the CGHS :
3. Name & Address of the :  
Hospital/Diagnostic Centre/  
Imaging Centre where treatment is
4. Whether the hospital/Diagnostic Centre/  
Imaging Centre is empanelled under CGHS : Yes/NO
5. Treatment for which reimbursement claimed :  
(a) OPD Treatment/Test & Investigation :  
(b) Indoor Treatment :
6. Whether Treatment was taken in Emergency : YES/NO
7. Whether Prior permission was taken for the treatment: Yes/NO
8. Whether subscribing to any health/medical insurance: YES/NO
9. The Details Advance taken if any :
10. Total amount claimed :  
(a) OPD Treatment (in :  
(b) Indoor Treatment :  
(c) Tests/ Investigation :  
**Grand Total (in ) :**

11. Name of Bank : .....Sb.A/c.....

Branch MICR Code:..... IFSC Code:.....

**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 dependent on me. I am a CGHS/EHS beneficiary and the CGHS/EHS card was valid at the time of treatment. I agree for the reimbursement as is admissible under the rules.

Date: .....

Place: .....

Signature of the  
Principal CGHS/EHS card holder



## Documents to be attached

1. Photo copy of the CGHS/EHS card of the employee along with the Patients CGHS/EHS card.
2. Original permission letter (AMA Referral/ Copy of Govt. Prescription), if any.
3. Emergency Certificate (Original), in case of Emergency.
4. Copy of the Discharges Summary.
5. Ambulance Certificate (Original), if any.
6. Original Bills/ Cash Memo/Vouchers etc. for the reimbursement amount claimed.
7. Salary Slip (Photocopy) in case of indoor treatment.

### IMPORTANT

Kindly ensure to provide the following information/ documents, wherever applicable:

1. Obtain break up of investigations from the hospital/ diagnostic center/imaging center (details and rates of individual tests and the exact number of Test, X-Rays Films, etc.) as the reimbursable amount is calculated as per approved CGHS rates per test.
2. In case of loss of original papers, affidavits as per Annexure-I to be submitted. All photocopies of the bills to be attested by the treating doctor/ Specialist.
3. In case of death of the card, affidavits as per Annexure-II to be filled and attached to claim reimbursement.
4. In case of Implants, Invoice No, along with sticker with serial No. of the implants to be attached.
5. In case of Coronary Stents, Outer pouch of stents is to be enclosed.