

Medical Reimbursement Form

(Separate form should be filled for each patient)

Insurance status (yes/ no) If yes, Insurance policy number:

Date / duration of validity:

Employee Details

Contact phone Number:

Name of the Employee	Employee's Code No.	Deptt./ Centre/ Section/ Unit/ Cell	Residential postal address
Designation of the Employee	Pay Scale	Bank Account No.(SBI/Canara Bank)	

If Retiree employee: please submit following details also

Month & Year of retirement :Medical I.D. no.-

Adopted Post Retirement Medical Scheme (PRMS) (yes/ no)

Patient Details (Attach photocopy of valid medical booklet front page)

Name of the Patient	Medical Booklet Code No.	His/her Relationship to the employee	In the case of children, state age, date of birth and marital status	Nature of illness and its duration
	Place at which the patient fell ill			

DECLARATION TO BE SIGNED BY THE EMPLOYEE OF THE INSTITUTE

I hereby declare that the statements in this application are true to the best of my knowledge and that Mr./Mrs./Miss. _____ (Relation) _____ for Whose medical treatment expenses were incurred is wholly dependent upon me.

Total Amount Claimed:

(Employee Signature with date)

1. For Investigations

(Attach Original Bills along with photocopies of authorized doctor advice & arrange serially)

If space is insufficient, kindly attached similar format page.

Sl.No.	Date	Original Bills / Cash Memo Number	Name of Centre / Lab / Hospital	Name of Investigation	Amount (Rupees)
1					
2					
3					

Subtotal Amount Claimed for investigations:

2. For Medicines

(Attach Original Bills along with photocopies of authorized doctor advice & arrange serially)

If space is insufficient, kindly attached similar format page.

Sl.No.	Date	Original Bills / Cash Memo Number	Name of Chemist / Pharmacy shop	Name of Medicines (write in readable handwriting)	Quantity	Amount (in rupees)
1						
2						

Subtotal Amount Claimed for Medicines:

3. Amount claimed for other

(Attach Original Bills along with photocopies of authorized doctor advice& arrange serially)

If space is insufficient, kindly attached similar format page.

Sl.No.	Date					Amount (in rupees)	Amount claimed
a		Room rent					
b		Consultation					
c		Operation / Procedure expenditure					
d		Other (specify)					

Subtotal Amount Claimed for others:

Employee's Name

(Employee Signature with date)

FOR IIT HOSPITAL USE ONLY

Employee's Code No.

Scrutinized/ Checked & Entered by : Name & Stamp

Signature & date:

Sign & stamp of Ayurveda /
Homeopathy / Unani Doctor
(Cross non admissible)

Sign & stamp of Doctor In-
charge Reimbursement

Sign & stamp of Head Hospital
Services

For account section use only

नाम विभाग एवं कर्मचारी कोड/Name & Department & Employee Code: _____

क्रसं S.N.	मद/Items	मांगी गई राशि Amount Claimed	अनुमत राशि Amount allowed	टिप्पणी/कारण Remarks/Reason
1.	दवा/Medicine			
2. (i) (ii)	निरीक्षण/Tests			
3.	कमरा किराया/Room Rent			
4. (क) (ख) (ग) (घ) (ङ) (i)	आपरे क्रियाविधि प्रभार आदि Operation/procedure charges etc. आपरे न(भाल्य चिकित्सा)/ Operation क्रियाविधि/Procedure आई.सी.यू./सी.सी.यू./ ICU/CCU परामर्श/Consultation अन्य (ब्यौरा दें)/ Others (Specify)			
	योग/Total			

Checked & Passed for Rs. _____ (Rupees _____) And credited
to Account No. _____ of Shri / Smt. _____ in the State Bank of India,
IIT Branch / Canara Bank, IIT Extension Counter on _____

Dealing assistant

Accountant

Assistant Registrar (Accounts)

CERTIFICATE FROM THE TREATING HOSPITAL / DOCTOR

(For Indoor/Admitted Patients , Ayurveda , Unani & Homeopathy treatment)

Certified that Shri/Smt. son/daughter/wife of

Shri/Smt.of Indian Institute of Technology Delhi was under my

treatment (diagnosis) as an Indoor/outdoor patient at Hospital

Period of Hospitalization/ OPD : From _____ To _____

All the bills / cash memos have been signed by me

Signature & Name of Designation of treating Physician/Surgeon
Please put your Stamp in this space:

(Counter Signature
& Stamp of Medical Superintendent of the Treating Hospital)

For admitted Patients, attached photocopies of discharge sheet & other relevant
documents with original detail bills