INDIAN INSTITUTE OF PETROLEUM & ENERGY
भारतीय पेट्रोलियम और ऊर्जा संस्थान

MEDICAL CLAIM FROM – INDOOR/OUTDOOR TREATMENT

I. Status Information of the Claimant			
Claimant's Name	Employee Code	Designation	Department

II. Information regarding the patient				
Patient's Name	Relationship	Nature of illness & its period	Name of Referring M.O/ Date	Referred Hospital Name

III. Hospital Expenses Information					
Sl	**Particulars**	**Total Amount (₹)**	**Sl**	**Particulars**	**Total Amount (₹)**
1	Accommodation Bed Charges		7	Hospital Charges	
2	Registration Fee		8	Physiotherapy Charges	
3	Consultation / Doctor Visit Charges		9	Imaging Service Charges	
4	Surgeon Charges		10	Blood Charges	
5	Operation Theatre Charges		11	Miscellaneous Charges	
6	X-Ray		12	Any other Charges Paid to Hospital	
13	Diagnostic Charges		17	Medicine Provided by Hospital	
14	ECG		18	Angioplasty Package Charges	
15	Consumable Charges		19	Medicine Charges refund to Hospital	
16	Test & Procedures		20	Cost of Medicine Purchased from market	
Total Amount Claimed					
No. of Enclosures					

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Application for claiming reimbursement of medical expenses incurred in connection with medical attendance/ treatment for members of staff of the Indian Institute of Petroleum and Energy and their families.

Notice

- Attach all original bill receipts, Hospital reference & Xerox copy of discharge summary.
- Separate form should be used for each patient.

Note:

1.If the treatment was received by a member of the staff at his residence, give particulars of such treatment and attach certificate from the Authorised Medical Attendant, as required by rules.

2.If treatment was received at a Hospital other than a Government / Recognized Hospital, necessary details and the certificate of the Authorised Medical Attendant to effect that the requisite medical treatment was not available in any nearest Government Hospital should be furnished.

DECALARATION TO BE SIGNED BY THE MEMBER OF THE STAFF

I hereby declare that the statement made in this application are true to the best of my knowledge and belief/ and that the person for whom medical expenses were incurred is wholly dependent upon me and is not an earning member of the family.

Date Claimant Signature

Consultant Comments (@ CGHS norms)

Medical Consultant

Countersigned and certified that the claim:

(1) is genuine. (2) is covered by rules and orders on the subject. (3) is supported by bills, receipts and other certificates etc. (4) was not drawn before, and (5) has been sanctioned by competent authority.

Competent Authority
Indian Institute of Petroleum & Energy