

भारतीय प्रौद्योगिकी संस्थान भिलाई
INDIAN INSTITUTE OF TECHNOLOGY BHILAI

मेडिकल क्लेम फॉर्म (अंतः रोग विभाग) (MEDICAL CLAIM FORM (IPD))

आईआईटी भिलाई के कर्मचारियों और उनके परिवारों के सदस्यों के लिए चिकित्सा उपस्थिति/उपचार के संबंध में किए गए चिकित्सा व्यय की प्रतिपूर्ति का दावा करने के लिए आवेदन।
Application for claiming reimbursement of medical expenses incurred in connection with medical attendance/treatment for members of employees of the IIT Bhilai and their families.

[नोट: 1) सभी मूल बिल रसीदें, आईआईटी अस्पताल संदर्भ और डिस्चार्ज सारांश की प्रतिलिपि संलग्न करें।
Attach all original bill receipt/s, IIT Hospital reference & copy of discharge summary.
2) प्रत्येक मरीज के लिए अलग फॉर्म का उपयोग किया जाना चाहिए।]
Separate form should be used for each patient.]

I. दावेदार की स्थिति की जानकारी (Status Information of the Claimant)

Claimant's Name		Employee Code.	
Designation		Tel. No.	
Department		Email ID	
Entitlement of ward		Pay in Pay Band & Grade Pay (Rs.)	

II. मरीज के संबंध में जानकारी (Information regarding the patient)

Patient's Name		Relationship	
Nature of illness & its period		Name of Referring AMA/Date	
Referred Hospital Name			

III. अस्पताल व्यय की जानकारी (Hospital Expenses Information)

S. No.	Particulars	Claim submitted (Rs)	Total Amount Recommended (in Rs) (Office Use Only)
1.	Accommodation/ Bed Charges		
2.	Registration Fee		
3.	Consultation/ Doctor		
4.	Surgeon Charges		
5.	Nursing Charges		
6.	Operation Theater Charges		
7.	X-ray		
8.	Hospital Charges		
9.	Physiotherapy Charges		
10.	Blood Charges		
11.	Test & Procedure		
12.	Angioplasty Charges		
13.	Medicine Charges		
14.	Medicine Purchased from market		
15.	Imaging Service Charges		
16.	Diagnostic Charges		
17.	ECG		
18.	Consumable Charges		

19	Any other Charges paid to Hospital		
20	Miscellaneous Charges		
Total Claim submitted (Rs):			
Total no of Enclosures:			
केवल कार्यालय उपयोग के लिए /Office Use Only			
Advance Taken:			
Total Amount recommended (Rs):			

Note:

- यदि कर्मचारी के किसी सदस्य को उसके निवास स्थान पर उपचार प्राप्त हुआ है, तो ऐसे उपचार का विवरण दें तथा नियमों के अनुसार प्राधिकृत चिकित्सा परिचर्या से प्रमाण-पत्र संलग्न करें।
If the treatment was received by a member of the employee at his residence, give particulars of such treatment and attach certificate from the Authorized Medical Attendant, as required by rules.
- यदि उपचार सरकारी/मान्यता प्राप्त अस्पताल के अलावा किसी अन्य अस्पताल में प्राप्त किया गया हो, तो आवश्यक विवरण तथा प्राधिकृत चिकित्सा परिचर्या का प्रमाण पत्र प्रस्तुत किया जाना चाहिए कि अपेक्षित चिकित्सा उपचार किसी निकटतम सरकारी अस्पताल में उपलब्ध नहीं था।
- If treatment was received at a hospital other than a Government/Recognized Hospital, necessary details and the certificate of the Authorized Medical Attendant to the effect that the requisite medical treatment was not available in any nearest Government Hospital should be furnished.

कर्मचारी द्वारा हस्ताक्षरित किया जाने वाला घोषणापत्र (DECLARATION TO BE SIGNED BY THE EMPLOYEE)

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

III. Below Attachments are mandatory to process the reimbursement (Self Attested)

- Referral letter by Medical officer of IIT Bhilai Health Centre.
- Copy of prescriptions.
- Original cash bills, memos/receipts (bills should clearly indicate the break-up of charges).
- Copy of Dependent's Medical Booklet (if applicable)

Total amount to be paid:

Register No.	
Serial No.	

Staff Nurse
Health Centre, IIT Bhilai

Medical Officer
Health Centre, IIT Bhilai

Faculty In-Charge
Health Centre, IIT Bhilai

