

Reimbursement Claim Form

1. Name of the Railway/Retd. Employee (in BLOCK letters).....
2. Designation of the Railway/Retd. Employee (in BLOCK letters).....
3. Office and Station of employment.....
4. Pay/Last Pay of the Railway/Retd. Employee including grade pay.....
5. Residential address.....
6. MIC/RELHS no. and issuing Authority.....
7. MIC/RELHS registered at H. Unit/Hospital.....

II (A) Name and age of the patient.....

II (B) Patient's relationship to the Rly/Retd. Employee.....

III Details of Indoor Treatment at Non Railway Institute

- A. Name of Hospital
- B. Date of Admission
- C. Date of Discharge
- D. Diagnosis
- E. Amount of Total Hospital Bill (Attach detailed bill)
- F. Whether Treatment was taken in Emergency

IV. Whether subscribing to any Health Insurance Policy or covered under any other health scheme :

If yes, have you received any amount from insurance company for the treatment in question. Give details if any on separate sheet of paper.

V. Total Amount Claimed :

VI. Details of Bank account where Reimbursement amount is to be paid:

- | | |
|---------------------|----------------|
| a. Name of Bank | b. Account No. |
| c. Branch MICR Code | d. IFSC Code. |

VII. List of enclosures (Please Tick the documents attached and write additional documents)

- A. Photocopy of MIC/RELHS card
- B. Essentiality cum Emergency Certificate by the Non Rly. Hospital
- C. Discharge Summary
- D. Original Bills of Hospital
- E. Original Cash vouchers of Drugs/consumables/implants etc if relevant

- F. Outer pouch of Stent, pacemaker, Implants etc.
- G. Any other enclosure.....
(In case of many enclosures, write number of additional enclosures here and attach a separate sheet with details)

DECLARATION TO BE SIGNED BY THE RAILWAY EMPLOYEE

I hereby declare that the statements 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. I am aware that misuse of medical facilities or misrepresentation of any kind can attract penal action including cancellation of MIC/RELHS Card. I hereby declare that this is my final claim and I shall not make any claim in future to Rly or any other health scheme in respect to this treatment episode.

Date.....

Place.....

Signature of the Railway employee

1. In case the beneficiary has medical insurance policy and intend to make claim for the treatment in question then he/she may make claim to insurance company first and then submit claim to Rly with documents, bill etc. attested by insurance company.

EAST CENTRAL RAILWAY

MEDICAL DEPARTMENT

ESSENTIALITY cum EMERGENCY CERTIFICATE

I certify that Shri/Shrimati/Kumar/Kumari.....
..... Wife/ son / daughter /
dependent relative of Shri /Shrimati
..... employed in Indian Railway as
....., has been under my
treatment for disease
from..... To at the
..... hospital
and that the treatment as described in the attached Discharge
Card. No. And attached bill thereon
were provided due to an emergency situation, treatment for
which could not have been delayed. I further certify that the
treatment provided was essentially required.

Signature of the Medical Officer
In charge of the case at the non-
Railway hospital.

