

INDIA TRADE PROMOTION ORGANISATION

CLAIM FORM FOR REIMBURSEMENT OF MEDICAL EXPENSES

1. Name (in block Letter: _____
2. Employee number : _____
3. Designation : _____
4. Basic pay as on 01.04.2012: _____
5. Residential Address : _____

6. Name of Patient Relationship with employee Age (in case of children)

- a)-.....
- b)-.....
- c)-.....
- d)-.....

7. Place at which the patient fell : _____
ill (if 5 & 7 are different, please explain the reasons) _____

8. Name & address of the doctor : _____
consulted with regd. no. _____

9. Details of amount spent (kindly fill properly)	Self	Spouse	Children	Depd.	Total
	Amt(Rs.)	Amt.(Rs.)	Amt.(Rs.)	Amt(Rs.)	Amt(Rs.)
A. Preliminary/ordinary treatment Without prescription					
With Prescription					
B. Charges for plastering, rabic treatment etc.					
C. Tests/Investigations (with reports)					
D. Expenses on hospitalisation					
Total claim Rs.					
Total claim (a+b+c+d)					
Rs. _____ Rupees _____					

Amount of advance, if any Rs. _____ Dated _____

1. I hereby declare that the statements made in this claim form are true to the best of my knowledge and belief. The person(s) whose medical expenses was/were incurred is/are member(s) of my family as defined under rule 3.2.
 2. Certified that my son(s) daughter(s) is/are not gainfully employed in public/private sector/Govt. Service
 3. My spouse is not employed in Govt./Public/Private service OR my spouse is employed in Govt./Public/Private sector and is not claiming/entitled for reimbursement of medical expenses from his/her employer. A certificate to this effect is being submitted every year from his/her employer.
 4. My father and/or mother is/are wholly dependent on me and his/her/their income from all sources does not exceed Rs 3,500/-per month.
- Please strike out the declaration not applicable.

Division: _____
Phone No. _____
Room No. _____

Date: _____ (Signature of Claimant)

Note: 1. Each cash memo, doctor's prescription etc. must be signed by claimant on back-side.
2. Claims for General Limit & tests etc. submitted in first 10 days will be reimbursed on 15th, claims submitted in next ten days will be reimbursed on 25th and claims submitted in remaining days will be reimbursed on 5th of next month.
3. In case of hospitalization claims Income Tax exemption certificate and certificate of prescribed disease (if applicable) must be attached with claim form itself otherwise no relaxation for Income Tax purposes will be considered later on.

