

V.O.CHIDAMBARANAR PORT TRUST

**THE DULY FILLED IN PROFORMA FOR SUBMITTING MEDICAL REIMBURSEMENT BILLS FOR
REIMBURSEMENT OF CHARGES FOR HEARING AID WORKING/ RETIRED EMPLOYEES**

Sl.No.	Details	Remarks
1.	Name of the pensioner	
2.	Designation	
3.	Pensioner No.	
4.	Medical ID No.	
5.	Name of the patient	
6.	Relationship with pensioner a) Self b) Spouse	
7.	Whether Hearing Aid referral by ENT & Referral letter date	
8.	Bill amount of the Hearing Aid claimed with invoice, date and number	
9.	Whether MoU exists with the port Hospital and if so with date	If yes, the details of the same to be furnished
11.	Sl. No. of Delegation of Powers	
12.	Enclosures: 1. No. of Original Bills 2. Referral letter by ENT specialist 3. Copy of Medical ID card (If the patient is dependent) 4. Proof of payment by RTGS/NEFT	

Date:

DEPUTY CHIEF MEDICAL OFFICER

For use in Finance Department for passing the bills.

Approved by:

SAP File No. with reference to page

ACCOUNTS OFFICER (Medical Bills)

Checklist for reimbursement charges for Hearing Aid dated : 30.06.2018