V.O.CHIDAMBARANAR PORT TRUST

PROFORMA FOR SUBMITTING MEDICAL REIMBURSEMENT BILLS RECEIVED FROM **OTHER MAJOR PORT TRUST HOSPITALS** FOR 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 pensioner1. Self
2. Spouse
 |  |
| 7. | Whether dependent  | Yes / No. |
| 8. | Name of the Port Hospital |  |
| 9. | Breakup of the amount claimed | Consultation / Pharmacy / Surgery / Room Rent / Lab Tests / etc. |
| 10. | Whether MOU exists with the Port Hospital and if so with date | Yes / No |
| 11. | Sl. No. of Delegation of Powers |  |
| 12. | Amount so far incurred with details |  |
| 13. | Enclosures:1. No. of Original Bills
2. Medical Reports O.P / I.P. etc.
 |  |

Date: SIGNATURE OF THE AUTHORISED OFFICER

Amount verified and found correct

A.O. (Medical)

For use in Finance Department for passing the bills.

Approved by:

SAP File No. with reference to page

**ACCOUNTS OFFICER (MEDICAL BILLS)**

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Check List dated : 14.06.2018