

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 pensioner a) Self b) 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)

Check List dated : 14.06.2018