

V.O. CHIDAMBARANAR PORT TRUST
CLAIM FORM FOR MEDICAL REIMBURSEMENT BILLS IN RESPECT OF WORKING EMPLOYEES

Sl.No.	Details	Remarks
1	Name of the Employee	
2	Designation	
3	Employee No.	
4	Medical ID No.	
5	Name of the Patient	
6	Relationship with Employee	
	a) Self or Spouse	
	b) Dependent	
7	In case of dependent of the Employee	
	(i) Whether name has been enrolled in the Medical Identity Card	
	(ii) Date of Birth and Age of the Dependent (Copy of Medical ID card failing which details available in medisoft system to be enclosed)	
	(iii) Below 25 years/Above 25 years	
	(iv) Whether the monthly income is limited as per the CS (MA) rules i.e. Rs.3900/-+ amount of the Dearness relief on the basic Pension of Rs.3900/- as per pay revision orders for Port.	--
8	Name & place of the Hospital	
9	Period of Treatment	
10	Referral Hospital (or) Non referral Hospital	
11	In case the treatment was at referral Hospital, whether the treatment was recommended by the Medical Department	
12	In case the treatment was at Non referral Hospital, whether intimation was given by the Employee about the present treatment taken	YES / NO <i>If Yes, date of intimation & Copy of the Intimation to be enclosed</i>
13	Whether the Hospitalisation was due to Emergency situation or Normal	
14	Total Bill Amount claimed	Rs. /-
		<i>Rupees in words</i>

15	Enclosures 1.No of Original Bills 2.Medical reports 3.Certificates(A&B) 4.Copy of Medical ID card or details in medisoft system 5.Copy of the reference letter	
<p><i>I also declare that the information furnished above is true to the best of my Knowledge and belief.</i></p>		
Date:		SIGNATURE OF THE EMPLOYEE
	For the use of Medical Department	
16	Medical Department's recommendation-whether the case is recommended for Reimbursement or Not	<i>Yes / NO</i> <i>If Yes, admissibility of bill to be regulated under CGHS Rates/ CSMA Rates</i>
17	Admissible amount as per CGHS rates 2014/ CSMA Rates	Rs.
		<i>Rupees in words</i>
18	Prescribed format to show the admissibility is enclosed	<i>YES / NO</i>
19	For referral cases the Competent Authority as per Sl.No 50 of Annexure(Non-Statutory) of DOP Issued by Ministry vide letter No.17011/1/2005 PG, Dated:11.02.2015	<i>Dy.CPT</i>
20	<u>For Non referral cases, the Competent Authority as per Sl.No.2(b) of revised DOP issued by Finance Department vide letter No.A-2/3/2013-Regns/D.1429 Dt.30.04.2014</u> CMO - Rs. 5000/- per claim Dy.CPT - Rs.25,000/- per claim CPT - Full Powers	
21	Date of Receipt of Bill in Medical Dept	
22	Date of Receipt of Bill in Finance Dept	

Dy.CMO

A.O. Gr.II