

MEDICAL CLAIM REIMBURSEMENT
FOR IPD / HOSPITALIZATION TREATMENT ONLY



राष्ट्रीय डिज़ाइन संस्थान असम
National Institute of Design Assam

FORM - 18

[Separate form should be used for each patient - to be submitted to Admin.]

Name of the employee : _____ Emp ID : _____
Designation : _____ Dept. / Section : _____
Pay Level : _____ Basic : _____
Name of the Patient : _____ Age : _____
Relation with employee : _____ Since when ill : _____
Residential Address : _____
Primary illness : _____
Secondary illness : _____
Co-morbidities : _____

Details of Medical Officer(s) / Doctor(s)

Reference of Institute Medical Officer taken : Yes / No If yes, date of reference : _____
Name of Specialist Medical Officer consulted : _____
Name of the Hospital : _____

A. Consultation Charges

Name of the Doctor Consulted	Nos of Consultation	Period from	Period To	Amount in Rs.
Sub Total				

B. Accommodation Charges

Accommodation Room Type	Period From	Period To	Amount in Rs.
ICU Charges			
Special Care Charges			
Sub Total			

C. Charges for Hospital treatment

Charges Type	Period From	Period To	Amount in Rs.
Diet Charges			
Nursing Charges			
Special Nursing Charges			
Any other			
Sub Total			

D. Surgical / Treatment Charges

Surgical / Operation name	Date	Amount in Rs.
Other treatment on hospitalization	Period From	Period To
Sub Total		

E. Pathological, Bacteriological, Radiological or other (s) test (s) undertaken

Name of the Test (s)	Name of Laboratory where tests undertaken	Date	Amount in Rs.
Sub Total			

F. Cost of Medicines purchased from market (use separate sheet if required)

Name of the medicine	Invoice no.	Date	Amount in Rs.
Sub Total			

Total Amount (A+B+C+D+E+F) in Rs.	
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Whether any amount claimed from Insurance Co., for the above treatment	Yes / No
If Yes above, amount received from Insurance Co, in Rs.	

Whether Original Invoices are submitted to the Insurance Co.	Yes / No
<p>NB: In case of Medical Insurance, the beneficiary will make the first claim to the insurance company and the second claim to the Institute. The medical claim against the original vouchers/bills would be raised by the beneficiary first on the insurance company. A certificate from the insurance company indicating the amount reimbursed together with copies of all invoices and testimonials certified and stamped by the insurance company needs to be submitted to the Institute to raise the second claim. The total reimbursement in both the claims shall not exceeds to actual expenditure in any case.</p>	

Total numbers of Money receipts / invoices enclosed (All money receipt needs to be signed and certified by the employee)	
Total numbers of other enclosures (Please certify)	
Hospital Discharge Certificate, enclosed	Yes / No
Essential Certificate B, enclosed	Yes / No

The information furnished above are complete and correct and that the person for whom medical expenses were incurred is wholly dependent upon me and registered under institute medical rules. Further, I certify that for the above claims has not been / will not be made from the employer of my spouse, if applicable. I am aware that if at any stage the information / documents furnished above is / are found to be false, I shall be liable for disciplinary action. I also authorize institute to make the payment directly to my account.

Place: _____

Date : _____

Signature of the employee

FOR OFFICE USE ONLY (ADMN.)

The dependency has been verified from the office record and found to be correct.

Dealing Official

Signature of CAO

FOR OFFICE USE ONLY (ACCOUNTS)

The admissible amount of reimbursement as per Institute rules is as follows:

Details	Amount Claimed in Rs.	Admissible Amount in Rs.	Admissible Amount as per institute rules in Rs.
A. Consultation (s) fee(s)			
B. Accommodation			
C. Hospital Charges			
D. Surgery charges			
E. Test (s) charges			
F. Medicine Charges			
G. Other Charges			
H. Other Charges			
Total Admissible Amount (in Rs.)			
Reimbursed / Paid by Insurance Co.			
Net Payable Amount (in Rs.)			

In Word (Rupees.....only)

Claim checked and found to be in order. May be passed for payment of Rs./-

Scrutinized by

Accounts Officer

CFA

Vetted by

Institute Medical Officer

For approval please

Director / Registrar