

NATIONAL INSTITUTE OF INDUSTRIAL ENGINEERING

VIHAR LAKE, MUMBAI - 400 087.

APPLICATION FOR CLAIMING REIMBURSEMENT OF MEDICAL EXPENSES

NB. SEPARATE FORM SHOULD BE USED FOR EACH PATIENT

1. Name and Designation of the Employee : _____
2. Amount of pay per month : _____ p. m.
3. Residential address : _____
4. Name of the patient and relationship with the employee : _____
5. Place of treatment : _____
6. Details of amount claimed : _____

	Particulars	No.	Date	Amount Claimed	For Office Use Only
a)	Medical Attendance 1) Consultation Fee - First Second Third Fourth 2) Injections 3) Cost of Medicines Purchased (see overleaf)				
b)	Laboratory Test / X-ray Charges				
c)	Hospital Charges 1) Accommodation 2) Operation (Surgeon fee) 3) Theatre 4) Anaesthesia 5) Laboratory Test / X-ray 6) Medicines / injections 7) Blood & Blood transfusion 8) Others *				
d)	SPECIALIST CHARGES CONSULTATION / VISITS				
e)	MATERNITY CHARGES				
	TOTAL AMOUNT OF CLAIM LESS : ADVANCE				
	NET AMOUNT OF CLAIM				

* Please specify nature of expenditure not covered by (a) to (e)

Sr. No.	Name of Medicine	Cash Memo No. & Date	Amount claimed	Amount disallowed	Amount Payble
TOTAL					

I hereby declare (a) that the statements made in this application are true to the best of my knowledge and belief and that the person, for whom the medical expenses were incurred, is actually dependent on me; (b) there is no Authorised Medical Attendant approved by NITIE within the radius of 5km from my residence ©* the person for whom medical reimbursement is claimed, is normally residing with me and that his / her income is less than Rs. 3500/- p.m., or income is Nil.

*Strike out whichever is not applicable.

Signature & Designation
of the Claimant

ESSENTIALITY CERTIFICATE

I certify that Shri / Mrs / Miss / Dr. _____ Wife /
Husband / son / daughter / father / mother of Shri / Mrs. / Miss / Dr. _____
aged _____ (in case of children only) employed in NITIE Mumbai - 400 087,
has been under my treatment for _____ from
_____ to _____ at his / her residence _____
Hospital / Clinic / Nursing Home / My consulting room and (a) that I charged and received
Rs. _____ for consultations on _____ (dates
to be given) at my consulting room / residence of the patient. (b) that I charged and received
Rs. _____ for administering _____ intermuscular / subcutaneous injection
on _____ (dates to be given), that the injections were / were
not for immunising or prophylactic purpose ; (c) that the undermentioned medicines prescribed by me
were essential for the recovery / prevention of serious deterioration of the same. The medicines are not stocked in
the hospital for supply to private patients and do not include proprietary preparations for which cheaper
substitutes of equal therapeutic value are available, nor are these preparations which are primarily
food, toilet or disinfectants (d) that I referred the patient to Dr _____ for specialist consultation ; (e) that the X-ray,
Laboratory Test, etc. for which an expenditure of Rs. _____
was incurred, were necessary and undertaken on my advice at _____
_____ Hospital.

Forwarded to M.O.

Signature of
Section Head

Signature of the

Registered Medical Practitioner

Reg. No. _____

Address _____
